

How the Plans Compare —2022

View a side-by-side comparison of what the plans cover and how much you pay. This table is a summary of benefits only. For information about UC Medicare Choice and Kaiser Senior Advantage, visit UCnet.

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
Premiums The amount you pay for coverage each month.	Lower than UC High Option Supplement to Medicare	No premium	Highest premium of the Medicare Supplement plans
Deductible The amount you pay before the plan begins to share in the cost. These plans cover the Medicare Part A and Part B deductibles in full. The deductibles noted below apply to services obtained through Benefits Beyond Medicare coverage.	\$100 per covered person	\$100 per covered person	\$50 per covered person
Out-of-Pocket Maximum The most you'll pay for covered medical or behavioral health services in a calendar year. ¹	\$1,500 per covered person (includes deductible)	\$1,500 per covered person (includes deductible)	\$1,050 per covered person (includes deductible)

What You Pay for Services

Preventive Care: Medicare covers 100% of the cost for the “Welcome to Medicare” preventive visit and annual wellness visits, as well as specific services Medicare considers preventive based on gender and age. Note that Medicare does not cover what is generally known as a physical exam. Learn more at [medicare.gov](https://www.medicare.gov).

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
Doctor and Specialist Visits	Medicare providers: 20% after Medicare	Medicare providers: 20% after Medicare	Medicare providers: \$0 after Medicare
Hospitalization	Facility: \$0 for up to 60 days, then 20% after Medicare, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: 20% after Medicare	Facility: \$0 for up to 60 days, then 20% after Medicare, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: 20% after Medicare	Facility: \$0, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible. Doctor: \$0 after Medicare
Deductible	None	N/A	None
Out-of-Pocket Maximum	None	N/A	\$1,000 ²
True Out-of-Pocket Maximum (TrOOP) The most you'll pay for covered Medicare Part D prescriptions in a calendar year.	\$7,050 ³	Prescription drugs are not covered under this plan.	\$7,050 ²
Retail Network Pharmacies (30-day supply)	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$10 Preferred brand products and some high cost non-preferred generics: \$30 Non-preferred products (including some high cost non-preferred generics): \$45 Specialty products⁴: \$30	Not covered	Select generic: \$0 (not all dosages are covered at a \$0 cost share) Preferred generic and some lower-cost brand products: \$10 Preferred brand products and some high cost non-preferred generics: \$30 Non-preferred products (including some high cost non-preferred generics): \$45 Specialty products⁴: \$30

Covered Service	UC Medicare PPO	UC Medicare PPO Without Prescription Drugs	UC High Option Supplement to Medicare
UC Pharmacies and Select Retail Pharmacies: CVS, Walgreens, Costco, Safeway/Vons, Walmart (90-day supply)	Select generic: \$0 Generic: \$20 Preferred brand: \$60 Non-preferred brand: \$90 Specialty drugs (generic and brand): \$60	Not covered	Select generic: \$0 Generic: \$20 Preferred brand: \$60 Non-preferred brand: \$90 Specialty drugs (generic and brand): \$60
Mail Service (90-day supply)	Select generic: \$0 Generic: \$20 Preferred brand: \$60 Non-preferred brand: \$90 Specialty drugs (generic and brand): \$60	Not covered	Select generic: \$0 Generic: \$20 Preferred brand: \$60 Non-preferred brand: \$90 Specialty drugs (generic and brand): \$60

1. Includes copayments for Medicare-covered services; copayments and deductibles for Benefits Beyond Medicare services; copayments and deductibles for Medicare-covered services not paid by Medicare. Does not include amounts in excess of plan maximum allowed amounts for Benefits Beyond Medicare services. This is separate of the prescription drug plan maximums.
2. High Option Supplement plan members: Once you reach the \$1,000 drug plan out-of-pocket maximum, you are no longer responsible for a copayment for prescription drugs until the next calendar year begins. Out-of-pocket costs for Extra Covered Drugs apply toward the \$1,000 out-of-pocket maximum but not the TrOOP. If you qualify for the Coverage Gap Discount, you could reach the \$7,050 TrOOP before the \$1,000 out-of-pocket maximum because out-of-pocket expenses covered by the Coverage Gap Discount apply toward the TrOOP but not the out-of-pocket maximum. If this happens, you will continue to pay a copayment for Extra Covered Drugs until you reach the \$1,000 out-of-pocket maximum. After that, the plan will pay 100% for all covered drugs (including Extra Covered Drugs).
3. Medicare PPO plan members: You continue to pay the cost of Extra Covered Drugs, even after the TrOOP is reached.
4. Specialty products are limited to a 30-day supply.