

How the PPO Plans Compare — 2023

View a side-by-side comparison of what the UC PPO plans cover and how much you pay. This table is a summary of benefits only.

Covered Service	UC Care	Health Savings Plan	CORE
Health Savings Account (HSA) Contribution <i>You can use this money toward your deductible and other out-of-pocket costs. And it's yours to keep, even if you leave UC or retire.</i>	None	Every year UC contributes: \$500 (individual coverage) \$1,000 (family coverage)	None
Medical/Behavioral Health Calendar-Year Deductible (combined with prescription out-of-pocket expenses) <i>The amount you pay before the plan begins to share in the cost for covered services.</i>	UC Select N/A Anthem Preferred¹ Individual: \$500 Family: \$1,000 Out-of-network¹ Individual: \$750 Family: \$1,750	In-network Individual: \$1,500 Family: \$3,000 ⁴ Out-of-network² Individual: \$2,550 Family: \$5,100	\$3,000 per covered person ³
Medical/Behavioral Health Out-of-Pocket Maximum (combined with prescription out-of-pocket expenses) <i>Includes deductible where applicable. The most you pay for covered health care services in a calendar year.</i>	UC Select¹ Individual: \$6,100 Family: \$9,700 Anthem Preferred¹ Individual: \$7,600 Family: \$14,200 Out-of-network¹ Individual: \$9,600 Family: \$20,200	In-network Individual: \$4,000 Family: \$6,400 ⁴ Out-of-network² Individual: \$8,000 Family: \$16,000	Individual: \$6,350 Family: \$12,700
Preventive Care⁵	In-network <ul style="list-style-type: none"> • UC Select: \$0, deductible waived • Anthem Preferred: \$0, deductible waived Out-of-network 50% after deductible ⁶	In-network \$0, deductible waived Out-of-network 40% after deductible ⁶	In-network \$0, deductible waived Out-of-network 20% after deductible ⁶
Doctor and Specialist Visits	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: 30% after deductible Out-of-network 50% after deductible ⁸	In-network 20% after deductible Out-of-network 40% after deductible ⁸	In- and out-of-network 20% after deductible ⁸

Covered Service	UC Care	Health Savings Plan	CORE
Virtual Primary Care Through Accolade Care	No cost for first 12 primary care visits each year. Beginning with visit 13, you pay \$115 per visit. You can be reimbursed for your costs, less applicable copay or coinsurance. Submit claims for reimbursement through anthem.com/ca or through the Sydney mobile app. You are responsible for the cost of any related expenses (e.g., prescription medications, lab tests, follow-up appointments with specialists).		
Prescription Drugs	<p>In-network Retail: You pay \$5 for Tier 1 (preferred generics and some lower-cost brand products); \$25 for Tier 2 (preferred brand products and some high-cost non-preferred generics); \$40 for Tier 3 (non-preferred products, including some high-cost non-preferred generics); and 30% (up to \$150 maximum) for Tier 4 (specialty products). Fill up to a 90-day supply for the cost of 2 copayments (30-day limit on specialty products) through the mail service, a UC pharmacy or a UC Select retail pharmacy (Costco, CVS and more). Participating Retail 90 pharmacies offer a 90-day supply for 3 copayments.</p> <p>Out-of-network You pay 50% of the cost.</p>	<p>In-network Retail: You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 20% for most covered drugs. Fill up to a 90-day supply through the mail service, a UC pharmacy, or a Retail 90 pharmacy.</p> <p>Out-of-network You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 40% for most covered drugs.</p>	<p>In- and out-of-network Retail: You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 20% for most covered drugs. Fill up to a 90-day supply through the mail service, a UC pharmacy, or a Retail 90 pharmacy.</p>
Outpatient Behavioral Health Visits	<p>In-network Office visit: \$0 for first 3 visits, then \$20 per visit; deductible waived Other outpatient visits: \$20 per visit; deductible waived</p> <p>Out-of-network 50% after deductible⁸</p>	<p>In-network 20% after deductible</p> <p>Out-of-network 40% after deductible⁸</p>	<p>In- and out-of-network 20% after deductible⁸</p>
Virtual Behavioral Health Visits Through Accolade Care	No cost for first 12 therapy visits each year. Beginning with visit 13, you pay \$115 per visit. You can be reimbursed for your costs, less applicable copay or coinsurance. Submit claims for reimbursement through anthem.com/ca or through the Sydney mobile app. You are responsible for the cost of any related expenses (e.g., prescription medications, lab tests, follow-up appointments with specialists).		

Covered Service	UC Care	Health Savings Plan	CORE
Infertility Treatment	<p>In-network</p> <p>IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member</p> <p>All infertility services are subject to medical necessity and prior authorization</p>	<p>In-network</p> <p>IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member</p> <p>All infertility services are subject to medical necessity and prior authorization</p>	<p>In-network</p> <p>IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member</p> <p>All infertility services are subject to medical necessity and prior authorization</p>
Chiropractic/Acupuncture	<p>In-network</p> <ul style="list-style-type: none"> • UC Select: N/A • Anthem Preferred: 30% after deductible <p>Out-of-network</p> <p>Chiropractic: 50% after deductible⁸</p> <p>Acupuncture: 30% after deductible⁸</p> <p>Limit 24 combined visits annually</p>	<p>In-network</p> <p>20% after deductible</p> <p>Out-of-network</p> <p>Chiropractic: 40% after deductible⁸</p> <p>Acupuncture: 20% after deductible⁸</p> <p>Limit 24 combined visits annually</p>	<p>In- and out-of-network</p> <p>20% after deductible⁸</p> <p>Limit 24 combined visits annually</p>
Telephonic Nurse Support Available 24/7	No cost to you. Call (866) 406-1182 Monday–Friday, 5 a.m.–8 p.m. PT		
<p>Retail Clinic</p> <p>On-site health clinics located within retail stores and pharmacies.</p> <p><i>Benefits listed are for in-network providers.</i></p>	<p>UC Select</p> <p>N/A</p> <p>Anthem Preferred</p> <p>30% after deductible</p>	20% after deductible	20% after deductible
Urgent Care	<p>In-network</p> <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: \$20 copayment; deductible waived <p>Out-of-network</p> <p>50% after deductible⁸</p>	<p>In-network</p> <p>20% after deductible</p> <p>Out-of-network</p> <p>40% after deductible⁸</p>	In- and out-of-network 20% after deductible ⁸
Emergency Care (medical and behavioral health)	\$300 copayment per visit if not admitted; \$250 if admitted	20% after deductible	20% after deductible
Ambulance Emergency Transport (medical and behavioral health)	\$200 copayment per trip; deductible waived	20% after deductible	20%; deductible waived

Covered Service	UC Care	Health Savings Plan	CORE
X-Ray and Lab Procedures For diagnostic services, you may incur an additional copay or coinsurance if separate, unique professional services are performed by either the same or a different provider.	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: 30% after deductible Out-of-network ⁵ 50% after deductible ⁶	In-network 20% after deductible Out-of-network ⁵ 40% after deductible ⁸	In- and out-of-network ⁵ 20% after deductible ⁸
Outpatient Surgery	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$100 copayment • Anthem Preferred: 30% after deductible Out-of-network 50% after deductible ⁸	In-network 20% after deductible Out-of-network 40% after deductible ⁸	In- and out-of-network 20% after deductible ⁸
Hospitalization (medical and behavioral health)	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$250 per admission • Anthem Preferred: Medical: 30% after deductible Behavioral health: \$250 per admission Out-of-network 50% after deductible ⁸	In-network 20% after deductible Out-of-network 40% after deductible ⁸	In- and out-of-network 20% after deductible ⁸
Maternity Care	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$20 for initial visit; \$0 for childbirth/delivery services; \$250 copayment for hospital admission • Anthem Preferred: 30% after deductible Out-of-network 50% after deductible ⁶	In-network 20% after deductible Out-of-network 40% after deductible ⁸	In- and out-of-network 20% after deductible ⁸
Coverage Outside the U.S. ⁹	You pay 20% of the cost after the deductible	Only urgent and emergency services covered You pay 20% of the cost after the deductible	You pay 20% of the cost after the deductible

1. UC Select/Anthem Preferred deductible and out-of-network deductible and out-of-pocket maximums do not cross-accumulate (i.e., they are separate and do not count toward each other). In-network (UC Select and Anthem Preferred) medical and prescription drug out-of-pocket copayment maximums count toward each other.

2. With the Health Savings Plan, amounts paid toward the in-network deductible and in-network out-of-pocket maximum also count toward the out-of-network deductible and out-of-pocket maximum, and amounts paid for out-of-network emergency services count toward the in-network out-of-pocket maximum. However, the out-of-network deductible and the out-of-network out-of-pocket maximum do not count toward the in-network deductible or in-network out-of-pocket maximum.

3. The CORE plan has a single deductible and out-of-pocket maximum. Both in- and out-of-network care count toward the deductible and out-of-pocket maximum.

4. The individual deductible and out-of-pocket maximum applies only to individuals enrolled under single coverage. For family coverage, the cost shares of all family members apply to one shared family deductible and family out-of-pocket maximum.

5. Not all services provided during a preventive care visit may be considered preventive health. For more information about what services are covered, go to [anthem.com/ca/preventive-care](https://www.anthem.com/ca/preventive-care).

6. Note about out-of-network providers: In addition to any deductible and coinsurance, you are responsible for any billed charge that exceeds Anthem's maximum allowed amount for services. These additional amounts do not apply toward your out-of-pocket maximum.

7. Not all services are available through UC Select providers but can be obtained through the Anthem Preferred network.

8. For outpatient non-emergency services in an out-of-network facility or ambulatory surgery center, these are the maximum plan payment amounts: UC Care is \$175 per visit; Health Savings Plan is \$210 per visit; CORE is \$280 per visit. For inpatient non-emergency services in an out-of-network facility, these are the maximum plan payment amounts: UC Care is \$300 per day; Health Savings Plan is \$360 per day; UC CORE is \$480 per day. UC Care and HSP: Inpatient per day maximum does not apply to mental/behavioral and substance abuse services.

9. When services are coordinated through the Blue Cross Blue Shield Global Core network.