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.

<table>
<thead>
<tr>
<th>Covered Service</th>
<th>UC Care</th>
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<th>CORE</th>
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</table>
| **Health Savings Account (HSA) Contribution**
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. | 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)
The amount you pay before the plan begins to share in the cost for covered services. | UC Select
N/A | In-network
Individual: $1,500
Family: $3,000 |
| **Out-of-network**
Individual: $750
Family: $1,750 | $3,000 per covered person
3 |
| **Medical/Behavioral Health Out-of-Pocket Maximum**
(combined with prescription out-of-pocket expenses)
Includes deductible where applicable.
The most you pay for covered health care services in a calendar year. | UC Select
N/A | In-network
Individual: $6,100
Family: $9,700 |
| **Anthem Preferred**
Individual: $500
Family: $1,000 | Individual: $4,000
Family: $6,400 |
| **Out-of-network**
Individual: $7,600
Family: $14,200 | Individual: $8,000
Family: $16,000 |
| **Out-of-network**
Individual: $9,600
Family: $20,200 | Individual: $6,350
Family: $12,700 |
| **Preventive Care**
| In-network
• UC Select: $0, deductible waived
• Anthem Preferred: $0, deductible waived | In-network
$0, deductible waived |
| **Out-of-network**
50% after deductible | In-network
40% after deductible |
| **Doctor and Specialist Visits** | In-network
• UC Select: $20 copayment
• Anthem Preferred: 30% after deductible | In-network
20% after deductible |
| **Out-of-network**
40% after deductible | In-network
20% after deductible | In-network
20% after deductible |
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<tr>
<td><strong>Virtual Primary Care Through Accolade Care</strong></td>
<td>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).</td>
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<tr>
<td><strong>Prescription Drugs</strong></td>
<td><strong>In-network</strong>&lt;br&gt; 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.</td>
<td><strong>In-network</strong>&lt;br&gt; 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. <strong>Out-of-network</strong>&lt;br&gt; You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 40% for most covered drugs.</td>
<td><strong>In- and out-of-network</strong>&lt;br&gt; 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.</td>
</tr>
<tr>
<td><strong>Outpatient Behavioral Health Visits</strong></td>
<td><strong>In-network</strong>&lt;br&gt; Office visit: $0 for first 3 visits, then $20 per visit; deductible waived&lt;br&gt; Other outpatient visits: $20 per visit; deductible waived</td>
<td><strong>In-network</strong>&lt;br&gt; 20% after deductible&lt;br&gt; <strong>Out-of-network</strong>&lt;br&gt; 40% after deductible&lt;sup&gt;8&lt;/sup&gt;</td>
<td><strong>In- and out-of-network</strong>&lt;br&gt; 20% after deductible&lt;sup&gt;8&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Virtual Behavioral Health Visits Through Accolade Care</strong></td>
<td>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).</td>
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| Infertility Treatment           | In-network
IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member
All infertility services are subject to medical necessity and prior authorization | In-network
IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member
All infertility services are subject to medical necessity and prior authorization | In-network
IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of two treatment cycles per lifetime, per member
All infertility services are subject to medical necessity and prior authorization |
| Chiropractic/Acupuncture        | In-network
• UC Select:
  N/A
• Anthem Preferred:
  30% after deductible
Out-of-network
Chiropractic: 50% after deductible
Acupuncture: 30% after deductible
Limit 24 combined visits annually | In-network
20% after deductible
Out-of-network
Chiropractic: 40% after deductible
Acupuncture: 20% after deductible
Limit 24 combined visits annually | In- and out-of-network
20% after deductible
Limit 24 combined visits annually |
| Telephonic Nurse Support        | No cost to you. Call (866) 406-1182 Monday–Friday, 5 a.m.–8 p.m. PT     |                                                                                     |                                                                       |
| Retail Clinic                   | UC Select
N/A
Anthem Preferred
30% after deductible | 20% after deductible | 20% after deductible |
| Urgent Care                     | In-network
• UC Select:
  $20 copayment
• Anthem Preferred:
  $20 copayment; deductible waived
Out-of-network
50% after deductible | In-network
20% after deductible
Out-of-network
40% after deductible | In- and out-of-network
20% after deductible |
<p>| Emergency Care                  | $300 copayment per visit if not admitted; $250 if admitted | 20% after deductible | 20% after deductible |
| Ambulance Emergency Transport   | $200 copayment per trip; deductible waived | 20% after deductible | 20%; deductible waived |</p>
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<td><strong>X-Ray and Lab Procedures</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-and-out-of-network</strong></td>
</tr>
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<td>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.</td>
<td>• UC Select: $20 copayment</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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<td></td>
<td>• Anthem Preferred: 30% after deductible</td>
<td>Out-of-network: 40% after deductible</td>
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<tr>
<td></td>
<td>Out-of-network: 50% after deductible</td>
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<tr>
<td><strong>Outpatient Surgery</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-and-out-of-network</strong></td>
</tr>
<tr>
<td></td>
<td>• UC Select: $100 copayment</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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<td></td>
<td>• Anthem Preferred: 30% after deductible</td>
<td>Out-of-network: 40% after deductible</td>
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<td>Out-of-network: 50% after deductible</td>
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<td><strong>Hospitalization</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-and-out-of-network</strong></td>
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<tr>
<td>(medical and behavioral health)</td>
<td>• UC Select: $250 per admission</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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<td></td>
<td>• Anthem Preferred: Medical: 30% after deductible</td>
<td>Out-of-network: 40% after deductible</td>
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<td></td>
<td>Behavioral health: $250 per admission</td>
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<td></td>
<td>Out-of-network: 50% after deductible</td>
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<tr>
<td><strong>Maternity Care</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-network</strong></td>
<td><strong>In-and-out-of-network</strong></td>
</tr>
<tr>
<td></td>
<td>• UC Select: $20 for initial visit; $0 for childbirth/delivery services; $250 copayment for hospital admission</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
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<tr>
<td></td>
<td>• Anthem Preferred: 30% after deductible</td>
<td>Out-of-network: 40% after deductible</td>
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<td></td>
<td>Out-of-network: 50% after deductible</td>
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<tr>
<td><strong>Coverage Outside the U.S.</strong></td>
<td><strong>You pay 20% of the cost after the deductible</strong></td>
<td><strong>Only urgent and emergency services covered</strong></td>
<td><strong>You pay 20% of the cost after the deductible</strong></td>
</tr>
</tbody>
</table>

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.

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.