

How the PPO Plans Compare — 2024

View this side-by-side comparison of what the UC PPO plans cover and how much you pay. This table is only a summary of benefits. For more detailed benefits, coverage and contact information, visit uhealthplans.com.

Covered Service	UC Care	UC Health Savings Plan	CORE
<p>Health Savings Account (HSA) Contribution</p> <p><i>You can use this money toward your deductible and other out-of-pocket costs. It's yours to keep, even if you leave UC or retire.</i></p>	None	Every year UC contributes: \$500 (individual coverage) \$1,000 (family coverage)	None
<p>Medical/Behavioral Health Calendar-Year Deductible (combined with prescription out-of-pocket expenses)</p> <p><i>The amount you pay before the plan begins to share in the cost for covered services.</i></p>	<p>In-network</p> <ul style="list-style-type: none"> • UC Select N/A • Anthem Preferred:¹ Individual: \$500 Family: \$1,000 <p>Out-of-network¹ Individual: \$750 Family: \$1,750</p>	<p>In-network Individual: \$1,600 Family: \$3,200²</p> <p>Out-of-network³ Individual: \$2,600 Family: \$5,200</p>	\$3,000 per covered person ⁴
<p>Medical/Behavioral Health Out-of-Pocket Maximum (combined with prescription out-of-pocket expenses)</p> <p><i>Includes deductible where applicable.</i> <i>The most you pay for covered health care services in a calendar year.</i></p>	<p>UC Select¹ Individual: \$6,100 Family: \$9,700</p> <p>Anthem Preferred¹ Individual: \$7,600 Family: \$14,200</p> <p>Out-of-network¹ Individual: \$9,600 Family: \$20,200</p>	<p>In-network Individual: \$4,000 Family: \$6,400²</p> <p>Out-of-network³ Individual: \$8,000 Family: \$16,000</p>	Individual: \$6,350 Family: \$12,700
<p>Preventive Care⁵</p>	<p>In-network</p> <ul style="list-style-type: none"> • UC Select: \$0, deductible waived • Anthem Preferred: \$0, deductible waived <p>Out-of-network 50% after deductible⁶</p>	<p>In-network \$0, deductible waived</p> <p>Out-of-network 40% after deductible⁶</p>	<p>In-network \$0, deductible waived</p> <p>Out-of-network 20% after deductible⁶</p>
<p>Doctor and Specialist Visits</p>	<p>In-network</p> <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: 30% after deductible <p>Out-of-network 50% after deductible⁸</p>	<p>In-network 20% after deductible</p> <p>Out-of-network 40% after deductible⁸</p>	In- and out-of-network 20% after deductible ⁸

Covered Service	UC Care	UC Health Savings Plan	CORE
Virtual Primary Care — provided through Accolade	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year
Prescription Drugs — provided through Navitus	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. Out-of-network You pay 50% of the cost.	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. 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.	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.
Outpatient Behavioral Health Visits	In-network Office visit: \$0 for first 3 visits, then \$20 per visit; deductible waived Other outpatient visits: \$20 per visit; deductible waived 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
Virtual Behavioral Health Visits — provided through Accolade	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year
Infertility Treatment — provided through WINFertility	In-network IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of 2 treatment cycles per lifetime, per member Amounts spent on infertility treatment do not apply toward out-of-pocket maximum 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 2 treatment cycles per lifetime, per member Amounts spent on infertility treatment do not apply toward out-of-pocket maximum 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 2 treatment cycles per lifetime, per member Amounts spent on infertility treatment do not apply toward out-of-pocket maximum All infertility services are subject to medical necessity and prior authorization

Covered Service	UC Care	UC Health Savings Plan	CORE
Chiropractic/Acupuncture	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: 30% after deductible Out-of-network Chiropractic: 50% after deductible ⁸ Acupuncture: 30% after deductible ⁸ Limited to 24 combined visits annually	In-network 20% after deductible Out-of-network Chiropractic: 40% after deductible ⁸ Acupuncture: 20% after deductible ⁸ Limited to 24 combined visits annually	In- and out-of-network 20% after deductible ⁸ Limited to 24 combined visits annually
24/7 Virtual Care — provided through Accolade	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year	Accolade Care No cost for first 12 visits each year
Retail Clinic On-site health clinics located within retail stores and pharmacies. <i>Benefits listed are for in-network providers.</i>	UC Select N/A Anthem Preferred 30% after deductible	20% after deductible	20% after deductible
Virtual Second Opinion Services — provided through 2nd.MD	2nd.MD Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.	2nd.MD Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.	2nd.MD Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.
Urgent Care	In-network <ul style="list-style-type: none"> • UC Select:⁷ \$20 copayment • Anthem Preferred: \$20 copayment; deductible waived 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
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
X-Ray and Lab Procedures	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

Covered Service	UC Care	UC Health Savings Plan	CORE
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: <u>Medical:</u> 30% after deductible <u>Behavioral health:</u> \$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. The UC Select and Anthem Preferred deductible and out-of-network deductible and out-of-pocket maximums do not cross-accumulate (that is, 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. The individual deductible and out-of-pocket maximum apply 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.
3. With the UC 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.
4. The CORE plan has one deductible and one, separate, out-of-pocket maximum. Both in- and out-of-network care count toward the deductible and 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, the plan will pay a maximum of: UC Care \$175 per visit; UC Health Savings Plan \$210 per visit; CORE \$280 per visit. For inpatient non-emergency services in an out-of-network facility, the plan will pay a maximum of: UC Care \$300 per day; UC Health Savings Plan \$360 per day; UC CORE \$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.