

# How the PPO plans compare — 2025

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 [uchealthplans.com](https://uchealthplans.com).

Covered service	UC Care	UC Health Savings Plan	CORE
<p><b>Health Savings Account (HSA) contribution</b></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 you are enrolled in the plan, UC contributes: \$500 (individual coverage) \$1,000 (family coverage)	None
<p><b>Medical/behavioral health calendar-year deductible</b> (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><b>In-network</b></p> <ul style="list-style-type: none"> <li>• <b>UC Select:</b> N/A</li> <li>• <b>Anthem Preferred:</b><sup>1</sup> Individual: \$500 Family: \$1,000</li> </ul> <p><b>Out-of-network</b><sup>1</sup> Individual: \$750 Family: \$1,750</p>	<p><b>In-network</b> Individual: \$1,650 Family: \$3,300<sup>2</sup></p> <p><b>Out-of-network</b><sup>3</sup> Individual: \$2,600 Family: \$5,200</p>	\$3,000 per covered person <sup>4</sup>
<p><b>Medical/behavioral health out-of-pocket maximum</b> (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><b>In-network</b></p> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>1</sup> Individual: \$6,100 Family: \$9,700</li> <li>• <b>Anthem Preferred:</b><sup>1</sup> Individual: \$7,600 Family: \$14,200</li> </ul> <p><b>Out-of-network</b><sup>1</sup> Individual: \$9,600 Family: \$20,200</p>	<p><b>In-network</b> Individual: \$4,000 Family: \$6,400<sup>2</sup></p> <p><b>Out-of-network</b><sup>3</sup> Individual: \$8,000 Family: \$16,000</p>	Individual: \$6,350 Family: \$12,700
<p><b>Preventive care</b><sup>5</sup></p>	<p><b>In-network</b></p> <ul style="list-style-type: none"> <li>• <b>UC Select:</b> \$0, deductible waived</li> <li>• <b>Anthem Preferred:</b> \$0, deductible waived</li> </ul> <p><b>Out-of-network</b> 50% after deductible<sup>6</sup></p>	<p><b>In-network</b> \$0, deductible waived</p> <p><b>Out-of-network</b> 40% after deductible<sup>6</sup></p>	<p><b>In-network</b> \$0, deductible waived</p> <p><b>Out-of-network</b> 20% after deductible<sup>6</sup></p>
<p><b>Doctor and specialist visits</b></p>	<p><b>In-network</b></p> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$30 copayment</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <p><b>Out-of-network</b> 50% after deductible<sup>8</sup></p>	<p><b>In-network</b> 20% after deductible</p> <p><b>Out-of-network</b> 40% after deductible<sup>9</sup></p>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>
<p><b>24/7 virtual primary care</b> provided through Accolade Care</p>	<p><b>Accolade Care</b> No cost for first 12 visits each year</p>	<p><b>Accolade Care</b> \$30 per visit before deductible 20% after deductible</p>	<p><b>Accolade Care</b> No cost for first 12 visits each year</p>

Covered service	UC Care	UC Health Savings Plan	CORE
<b>Virtual behavioral health</b> provided through Accolade Care	<b>Accolade Care</b> No cost for first 12 visits each year	<b>Accolade Care</b> \$30 per visit before deductible 20% after deductible	<b>Accolade Care</b> No cost for first 12 visits each year
<b>Outpatient behavioral health visits</b>	<b>In-network</b> <b>Office visit:</b> \$0 for first 3 visits, then \$30 per visit; deductible waived <b>Other outpatient visits:</b> \$30 per visit; deductible waived <b>Out-of-network</b> 50% after deductible <sup>9</sup>	<b>In-network</b> 20% after deductible <b>Out-of-network</b> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>
<b>Infertility treatment</b> provided through WINFertility All infertility services are subject to medical necessity and prior authorization by WINFertility (877) 451-3077. <sup>8</sup>	<b>In-network</b> 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	<b>In-network</b> 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	<b>In-network</b> 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
<b>Chiropractic/acupuncture</b>	<b>In-network</b> • <b>UC Select:</b> <sup>7</sup> Available only through Anthem Preferred providers. • <b>Anthem Preferred:</b> 30% after deductible <b>Out-of-network</b> <b>Chiropractic:</b> 50% after deductible <sup>9</sup> <b>Acupuncture:</b> 30% after deductible <sup>9</sup> Limited to 24 combined visits annually	<b>In-network</b> 20% after deductible <b>Out-of-network</b> <b>Chiropractic:</b> 40% after deductible <sup>9</sup> <b>Acupuncture:</b> 20% after deductible <sup>9</sup> Limited to 24 combined visits annually	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup> Limited to 24 combined visits annually
<b>Retail clinic</b> On-site health clinics located within retail stores and pharmacies. <i>Benefits listed are for in-network providers.</i>	<b>UC Select</b> N/A <b>Anthem Preferred</b> 30% after deductible	20% after deductible	20% after deductible
<b>Virtual second opinion services</b> provided through 2nd.MD	<b>2nd.MD</b> Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.	<b>2nd.MD</b> Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.	<b>2nd.MD</b> Get a no-cost, virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.

Covered service	UC Care	UC Health Savings Plan	CORE
<b>Urgent care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$30 copayment</li> <li>• <b>Anthem Preferred:</b> \$30 copayment; deductible waived</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>9</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>
<b>Emergency care</b> (medical and behavioral health)	\$300 copayment per visit if not admitted; \$250 if admitted	20% after deductible	20% after deductible
<b>Ambulance emergency transport</b> (medical and behavioral health)	\$200 copayment per trip; deductible waived	20% after deductible	20%; deductible waived
<b>X-ray and lab procedures</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$30 copayment</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> <sup>5</sup> 50% after deductible <sup>6</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> <sup>5</sup> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> <sup>5</sup> 20% after deductible <sup>9</sup>
<b>Outpatient surgery</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$100 copayment</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>9</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>
<b>Hospitalization</b> (medical and behavioral health)	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$250 per admission</li> <li>• <b>Anthem Preferred:</b> Medical: 30% after deductible Behavioral health: \$250 per admission</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>9</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>
<b>Maternity care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$30 for initial visit; \$0 for childbirth/delivery services; \$250 copayment for hospital admission</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>6</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>9</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>9</sup>

Covered service	UC Care	UC Health Savings Plan	CORE
<b>Coverage outside the U.S.<sup>10</sup></b>	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
<b>Prescription drugs</b> provided through Navitus	<p><b>In-network</b></p> <p><b>Preferred pharmacies</b> (select UC Medical Center pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart) <b>and Costco mail order</b></p> <p><b>Tier 1 (preferred generics):</b> \$10 (30-day supply) \$20 (31–90-day supply)</p> <p><b>Tier 2 (preferred brand):</b> \$30 (30-day supply) \$60 (31–90-day supply)</p> <p><b>Tier 3 (non-preferred):</b> \$50 (30-day supply) \$100 (31–90-day supply)</p> <p><b>Tier 4 (specialty products):</b> 30%, up to \$150 (30-day supply)</p> <p><b>All other Navitus in-network pharmacies</b> (participating pharmacies)</p> <p><b>Tier 1 (preferred generics):</b> \$10 (30-day supply) \$20 (31–60-day supply) \$30 (61–90-day supply)</p> <p><b>Tier 2 (preferred brand):</b> \$30 (30-day supply) \$60 (31–60-day supply) \$85 (61–90-day supply)</p> <p><b>Tier 3 (non-preferred):</b> \$50 (30-day supply) \$100 (31–60-day supply) \$130 (61–90-day supply)</p> <p><b>Out-of-network</b> You pay 50% of the cost.</p>	<p><b>In-network</b></p> <p><b>Participating pharmacies</b></p> <p><b>Retail:</b> 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 Costco mail order, a UC pharmacy, or a Retail 90 pharmacy.</p> <p><b>Out-of-network</b> You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 40% for most covered drugs.</p>	<p><b>In- and out-of-network Retail:</b> 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 Costco mail order, a UC pharmacy, or a Retail 90 pharmacy.</p>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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](http://anthem.com/ca/preventive-care).

<sup>6</sup> 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.

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

<sup>8</sup> If found medically necessary by WINFertility, IUI is a covered service of your infertility benefit if utilized prior to exhausting the lifetime maximum of 2 cycles of treatment.

<sup>9</sup> 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 use services.

<sup>10</sup>When services are coordinated through the Blue Cross Blue Shield Global Core network.