Your summary of benefits

Anthem

Anthem Blue Cross

Effective: January 1, 2023

Your Plan: University of California High Option Supplement to Medicare

Please Note: this medical plan is a complement to your existing Medicare plan. Medicare benefits are primary and then the benefits of this plan are calculated to coordinate up to the Medicare allowable expense.

This document only includes information about medical benefits. Visit uchealthplans.com for information about prescription drug coverage.

Covered Medical Benefits	Your Cost
Calendar Year Deductible *Deductible applies to Medicare covered services and services not covered by Medicare but covered by this plan. (This Plan also covers Medicare Part A and B Deductibles in full)*	$50 individual
Calendar Year Out-of-Pocket Limit *Out-of-Pocket Limit applies to all medical plan Member liability within Medicare allowable amount for Medicare covered services and Plan allowed amounts for non-Medicare covered services that are covered by this Plan. When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of the calendar year.*	$1,050 individual (includes deductible)
Doctor Home and Office Services	
Preventive care/screening/immunization (See details below)	No charge
Primary care visit to treat an injury or illness	No charge
Specialist care visit	No charge
Prenatal and Post-natal Care	No charge
Other practitioner visits:	
LiveHealth Online (www.livehealthonline.com) - *Deductible does not apply. These services are not covered by Medicare but are covered by your UC plan.*	$20 copay per visit
Chiropractor services	No charge
Acupuncture - *Coverage is limited to 24 visits per benefit period.* *Note: Some acupuncture services may be covered by Medicare. See your "Medicare & You" handbook for details.*	20% coinsurance
Other services in an office:	
Allergy testing	No charge
Chemo/radiation therapy	No charge
Hemodialysis	No charge
Office based injectables - *for the drugs itself dispensed in the office thru infusion/injection when covered by Medicare Part B*	No charge
Diagnostic Services	
Lab:	
Office	No charge
Freestanding Lab	No charge
Outpatient Hospital	No charge
X-ray:	
Office	No charge
Freestanding Radiology Center	No charge
Outpatient Hospital	No charge

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Advanced diagnostic imaging (for example, MRI/PET/CAT scans):	
Office	No charge
Freestanding Radiology Center	No charge
Outpatient Hospital	No charge
Emergency and Urgent Care	
Emergency room facility services	No charge
Emergency room doctor and other services	No charge
Ambulance (air and ground)	No charge
Urgent Care (office setting)	No charge
Outpatient Mental/Behavioral Health and Substance Abuse	
Doctor office visit when covered by Medicare	No charge
Doctor office visit when not covered by Medicare	20% coinsurance
Facility fees	No charge
Outpatient Surgery	
Facility fees:	
Hospital or Freestanding Surgical Center	No charge
Doctor and other services	No charge
Hospital Stay (all inpatient stays including maternity, mental / behavioral health, and substance abuse)	
Facility fees (for example, room & board)	No charge
Facility fees beyond lifetime reserve ***(These services are not covered by Medicare but are covered by your UC plan)***	20% coinsurance
Doctor and other services	No charge
Recovery & Rehabilitation	
Home health care	No charge
Rehabilitation services (for example, physical/speech/occupational therapy):	
Office	No charge
Outpatient hospital	No charge
Habilitation services	No charge
Cardiac rehabilitation	
Office	No charge
Outpatient hospital	No charge
Skilled nursing care (in a facility) 21st through 100th day 101st day and after *(These services are not covered by Medicare but are covered by your UC plan)*	 No charge 20% coinsurance
Exhausted Medicare Benefits *When you have reached a Medicare Benefit limit or cap limit, the Plan will provide additional benefits. See your plan SPD for specific criteria that must be satisfied.*	20% coinsurance
Hospice	No charge
Durable Medical Equipment	No charge
Prosthetic Devices	No charge

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Covered Medical Benefits	Your Cost
Hearing Aids *Coverage is limited to 2 hearing aids per 36 months. These services are not covered by Medicare but are covered by your UC plan.*	20% coinsurance

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal UC High Option Supplement to Medicare Benefit Booklet. If there is a difference between this summary and the UC High Option Supplement to Medicare Benefit Booklet, the UC High Option Supplement to Medicare Benefit Booklet will prevail.

Notes:

- Only retirees, or dependents of, enrolled in Medicare parts A & B are eligible for this plan.
- Medicare will always pay primary for Medicare covered services.
- All medical services subject to a coinsurance are also subject to the annual medical deductible unless otherwise noted.
- Annual Out-of-Pocket Maximums include deductible and coinsurance.
- 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 "yearly physical" or "physical exam.") For more information, go to medicare.gov. You can also learn more about wellness and preventive coverage by reading a blog on the uchealthplans.com website. Just go to the site and search for "wellness visits".
- Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.
- Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health coverage so that the services received from all group coverage do not exceed 100% of the covered expense