

# How the Plans Compare —2022

View a side-by-side comparison of what the plans cover and how much you pay. This table is a summary of benefits only. For information about the UC Blue & Gold HMO plan, visit [uhealthplans.com/blueandgold](https://uhealthplans.com/blueandgold).

Covered Service	UC Care	UC Health Savings Plan	CORE
<b>UC Health Savings Account (HSA) Contribution</b> <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
<b>Medical/Behavioral Health Calendar-Year Deductible</b> (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>	<b>UC Select</b> N/A <b>Anthem Preferred<sup>1</sup></b> Individual: \$500 Family: \$1,000 <b>Out-of-network<sup>1</sup></b> Individual: \$750 Family: \$1,750	<b>In-network</b> Individual: \$1,400 Family: \$2,800 <b>Out-of-network<sup>2</sup></b> Individual: \$2,550 Family: \$5,100	\$3,000 per covered person <sup>3</sup>
<b>Medical/Behavioral Health Out-of-Pocket Maximum</b> (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>	<b>UC Select<sup>1</sup></b> Individual: \$6,100 Family: \$9,700 <b>Anthem Preferred<sup>1</sup></b> Individual: \$7,600 Family: \$14,200 <b>Out-of-network<sup>1</sup></b> Individual: \$9,600 Family: \$20,200	<b>In-network</b> Individual: \$4,000 Family: \$6,400 <sup>4</sup> <b>Out-of-network<sup>2</sup></b> Individual: \$8,000 Family: \$16,000	Individual: \$6,350 Family: \$12,700
<b>Preventive Care<sup>5</sup></b>	<b>In-network</b> <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> <b>Out-of-network</b> 50% after deductible <sup>6</sup>	<b>In-network</b> \$0, deductible waived <b>Out-of-network</b> 40% after deductible <sup>6</sup>	<b>In-network</b> \$0, deductible waived <b>Out-of-network</b> 20% after deductible <sup>6</sup>

Covered Service	UC Care	UC Health Savings Plan	CORE
<b>Doctor and Specialist Visits</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$20 copayment</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</sup>
<b>Prescription Drugs</b>	<b>In-network</b> 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 through the mail service, a UC pharmacy or select retail pharmacies: CVS, Walgreens, Costco, Safeway/Vons, Walmart. Participating Retail 90 pharmacies offer a 90-day supply for 3 copayments.  <b>Out-of-network</b> You pay 50% of the cost.	<b>In-network</b> 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.  <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.	<b>In- and out-of-network</b> 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.
<b>Outpatient Behavioral Health/Substance Abuse Visits</b>	<b>In-network</b> Office visit: \$0 for first 3 visits, then \$20 per visit; deductible waived Other outpatient visits: \$20 per visit; deductible waived  <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</sup>

Covered Service	UC Care	UC Health Savings Plan	CORE
<b>Chiropractic/Acupuncture</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$20 copayment</li> <li>• <b>Anthem Preferred:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> Chiropractic: 50% after deductible <sup>8</sup> Acupuncture: 30% after deductible <sup>8</sup> Limit 24 combined visits annually	<b>In-network</b> 20% after deductible <b>Out-of-network</b> Chiropractic: 40% after deductible <sup>8</sup> Acupuncture: 20% after deductible <sup>8</sup> Limit 24 combined visits annually	<b>In- and out-of-network</b> 20% after deductible <sup>8</sup> Limit 24 combined visits annually
<b>24/7 Virtual Care</b> LiveHealth Online	First visit each year is \$0; then \$20 per visit	\$59 per visit until deductible is met, then 20% coinsurance (\$11.80) per visit	\$59 per visit until deductible is met, then 20% coinsurance (\$11.80) per visit
<b>Retail Clinic</b> <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>Urgent Care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$20 copayment</li> <li>• <b>Anthem Preferred:</b> \$20 copayment; deductible waived</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 20% after deductible <b>Out-of-network</b> 40% after deductible <sup>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</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%; deductible waived	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> \$20 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>8</sup>	<b>In- and out-of-network</b> <sup>5</sup> 20% after deductible <sup>8</sup>

Covered Service	UC Care	UC Health Savings Plan	CORE
<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>8</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</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>8</sup>	<b>In-network</b> 20% after deductible  <b>Out-of-network</b> 40% after deductible <sup>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</sup>
<b>Maternity Care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select:</b><sup>7</sup> \$20 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>8</sup>	<b>In- and out-of-network</b> 20% after deductible <sup>8</sup>
<b>Coverage Outside the U.S.</b> <sup>9</sup>	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 UC HSP, 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. For family coverage, the full family deductible must be met before the enrollee or covered dependents can receive benefits for covered services. The out-of-pocket maximum includes the plan deductible. For family coverage, the full family out-of-pocket maximum must be met before the enrollee or covered dependents can receive 100% benefits for covered services.
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; UC HSP 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; UC HSP is \$360 per day; UC CORE is \$480 per day. UC Care and HSP: In-patient 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.