

RESIDENTS & FELLOWS BENEFITS COMPARISON SUMMARY 2016 - 2017
Plan Year July 1, 2016 to June 30, 2017

| MEDICAL PLANS - a choice to be made | HEALTH NET (HMO) No monthly premiums | ANTHEM BLUE CROSS (PPO) Requires monthly premium of \$30 - single; \$60 - single+Spouse; \$60 - single+child(ren); \$90 - family |
|---|--|--|
| <i>Types of plans and features...</i> | A health maintenance organization (HMO) | Preferred Provider Organization (PPO): hospital & doctor networks Benefit levels improved through use of PPO providers |
| Physician Requirements | Must utilize Health Net physicians | Physician of your choice either PPO or Non-PPO |
| Pre-existing Conditions | Not applicable | Not applicable |
| Claim Forms | None | PPO: None; Non-PPO: forms required |
| Plan Year Deductibles | None | PPO: None; Non-PPO: \$200 Individual Deductible* |
| Out-of-Pocket maximum (excluding deductible) | \$1,500 single; \$4,500 family | PPO: \$1,000 single; \$2,000 family Non-PPO: \$3,000 single; \$6,000 family |
| Maximum Lifetime Benefit | Unlimited | Unlimited |
| Plan Benefits (outpatient) | \$20 co-payment \$50 co-payment for urgent care center (professional or facility) | PPO: Office visits 100% after \$20 copay; services other than office visits covered at 80% Non-PPO: Covered at 60% after deductible |
| Preventive Care | No charge | PPO: 100%, Non-PPO: 60% |
| Hospitalization | No charge - Semi-private room & board | PPO: 80%, Non-PPO: 60%, based on semi-private room & board \$500 penalty for Non-PPO hospital without pre-certification |
| Emergency Room | \$100 copay (waived if admitted) | \$50 copayment for PPO or Non-PPO (waived if admitted) |
| Home Health Care | \$20 copay when authorized by medical group | PPO: 80%, Non-PPO: 60% (100 visits per plan year) |
| Durable Medical Equipment | No charge | PPO: 80%, Non-PPO: 60% |
| Maternity Care | Plan pays as any other medical condition | Plan pays as any other medical condition |
| Outpatient | \$20 copay | PPO: \$20 copay, Non-PPO: 60% |
| Inpatient | No charge | PPO: 80%, Non-PPO: 60%, same as hospitalization benefits above |
| Mental Health / Substance Abuse | Plan pays as any other medical condition | Plan pays as any other medical condition |
| Outpatient | \$20 copay (\$10 copay for group therapy) | PPO: \$20 copay, Non-PPO: 60% Pre-service review required after the 12th visit |
| Inpatient | No charge - Semi-private room & board | PPO: 80%, Non-PPO: 60%, same as hospitalization benefits above Subject to utilization review; waived for emergency admissions |
| Prescription Drugs | Retail Copay - \$10 for Generic / \$20 for Brand / \$35 for Non-formulary up to 34 day supply Mail Order Copay - 2 times Retail up to 90 day supply | Retail Copay - \$10 Tier 1 / \$20 Tier 2 / \$40 Tier 3 up to 34 day supply; 20% to \$150 copay per fill, max \$3,500 copay for Tier 4 up to 30 day supply Mail Order Copay - \$10 for Tier 1, 2 x copay for Tier 2 and Tier 3 up to 90 day supply |
| Out-of-Area Service | Emergency services covered worldwide | Emergency services covered worldwide |

*\$600 Family Deductible

UCSF RESIDENTS & FELLOWS BENEFITS SUMMARY (continued)

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|---|---|
| DENTAL PLAN | Preventative care covered at 100%; most other services @ 90% DPO dentists/80% other providers |
| Automatic coverage/enrollment by DELTA DENTAL of all enrollees | No deductible at DPO dentists/\$50 deductible for non-DPO dentists; \$1,500 annual max benefit; orthodontia @ 50% for dependent children to age 19 & adults with \$1,000 lifetime max; TMJ & Implants separate max of \$1,500 each. If your dental work will cost more than \$300, please ask your dentist to request a predetermination. |

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| VISION PLAN | Exam and lens every 12 months + frames every 24 months; copay limited to \$10 for exam and \$25 for materials; free choice of provider from extensive VSP list, no referral necessary |
| Automatic coverage by VSP of all enrollees | |

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| LIFE INSURANCE and AD&D | Life insurance coverage = \$50,000 for principal insuree (no dependent coverage available) |
| Automatic coverage by CIGNA primary enrollees only (no dependent coverage) | Accidental death& dismemberment principal sum = \$50,000 |

| DISABILITY INSURANCE | ShortTerm Disability | Long Term Disability |
|---|-----------------------------|--|
| Automatic coverage by CIGNA primary enrollees only (no dependent coverage) | | |
| Elimination Period | 30 days | 180 days |
| Benefit Percentage | 66.67% | 66.67% |
| Benefit Maximum | \$700 per week | \$3,000 per month |
| Benefit Duration | 22 weeks | to age 65 |
| Definition of disability | Own occupation | 2 year own occupation, any occupation thereafter |
| Integration | None | social security |
| Cost-of-Living Increases | N/A | 3% for 5 years |
| Limitation/Exclusion | N/A | Benefits payable while residing in US or Canada only |
| Survivor Income Benefit | N/A | 6 month lump sum payment |
| Pre-existing Condition | N/A | 30 days prior to coverage effective date; waived after day 5 |
| Mental & Nervous limit | N/A | 2 year |
| Group Conversion Available | N/A | Yes |

This document provides a brief description of UCSF Residents & Fellows plans as of July 1, 2016. The actual Plan Documents and Summary Plan descriptions govern at all times.