

**RESIDENTS & FELLOWS BENEFITS COMPARISON SUMMARY 2017 - 2018**  
 Plan Year July 1, 2017 to June 30, 2018

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
<b>Physician Requirements</b>	Must utilize Health Net physicians	Physician of your choice either PPO or Non-PPO
<b>Pre-existing Conditions</b>	Not applicable	Not applicable
<b>Claim Forms</b>	None	PPO: None; Non-PPO: forms required
<b>Plan Year Deductibles</b>	None	PPO: None; Non-PPO: \$200 Individual Deductible*
<b>Out-of-Pocket maximum (excluding deductible)</b>	\$1,500 single; \$4,500 family	PPO: \$1,000 single; \$2,000 family Non-PPO: \$3,000 single; \$6,000 family
<b>Maximum Lifetime Benefit</b>	Unlimited	Unlimited
<b>Plan Benefits (outpatient)</b>	\$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
<b>Preventive Care</b>	No charge	PPO: 100%, Non-PPO: 60%
<b>Hospitalization</b>	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
<b>Emergency Room</b>	\$100 copay (waived if admitted)	\$50 copayment for PPO or Non-PPO (waived if admitted)
<b>Home Health Care</b>	\$20 copay when authorized by medical group	PPO: 80%, Non-PPO: 60% (100 visits per plan year)
<b>Durable Medical Equipment</b>	No charge	PPO: 80%, Non-PPO: 60%
<b>Maternity Care</b>	Plan pays as any other medical condition	Plan pays as any other medical condition
<b>Outpatient</b>	\$20 copay	PPO: \$20 copay, Non-PPO: 60%
<b>Inpatient</b>	No charge	PPO: 80%, Non-PPO: 60%, same as hospitalization benefits above
<b>Mental Health / Substance Abuse</b>	Plan pays as any other medical condition	Plan pays as any other medical condition
<b>Outpatient</b>	\$20 copay (\$10 copay for group therapy)	PPO: \$20 copay, Non-PPO: 60% Pre-service review required after the 12th visit
<b>Inpatient</b>	No charge - Semi-private room & board	PPO: 80%, Non-PPO: 60%, same as hospitalization benefits above Subject to utilization review; waived for emergency admissions
<b>Prescription Drugs</b>	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  Mail Order Copay - \$10 for Tier 1, 2 x copay for Tier 2 and Tier 3, 20% to \$300 copay per fill for Tier 4 (up to 30 day supply)
<b>Out-of-Area Service</b>	Emergency services covered worldwide	Emergency services covered worldwide

\*\$600 Family Deductible

## UCSF RESIDENTS & FELLOWS BENEFITS SUMMARY (continued)

<b>DENTAL PLAN</b>	Preventative care covered at 100%; most other services @ 90% DPO dentists/80% other providers
<b>Automatic coverage/enrollment by DELTA DENTAL of all enrollees</b>	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.  <b>If your dental work will cost more than \$300, please ask your dentist to request a predetermination.</b>

<b>VISION PLAN</b>	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
<b>Automatic coverage by VSP of all enrollees</b>	

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

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

*This document provides a brief description of UCSF Residents & Fellows plans as of July 1, 2017. The actual Plan Documents and Summary Plan descriptions govern at all times.*