

Your Coverage Options

Medical Plans

You can choose between two medical plans. Both plans cover services such as preventive care, doctors' office visits, hospitalization and prescription drugs. However, there are important differences between them—both in your choice of providers and what you pay when you get care (your out-of-pocket costs). **UC pays the entire cost of coverage in the HMO. You pay only the out-of-pocket costs for the care you receive.** You have the option to enroll in the PPO for a small monthly premium (in addition to your out-of-pocket costs for care). To see your cost for PPO coverage, go to ucresidentbenefits.com.

- **Anthem Blue Cross HMO.** You choose a primary care physician (PCP) from a UC Medical Center (UCMC) or the Anthem Blue Cross HMO network who coordinates your care. Except for emergencies, only care received from Anthem HMO doctors and facilities is covered.
- **Anthem Blue Cross PPO.** You can get care from any doctor or facility. But you'll pay less out of pocket when you see a UC Medical Center (UCMC) or Anthem provider.

WHAT YOU PAY FOR MEDICAL CARE

	Anthem PPO			Anthem HMO
	UC Medical Center	Network Provider	Out-of-Network Provider ¹	
Benefit-year deductible² The amount you pay for medical and behavioral health services before the plan begins to share in the cost for covered services	\$0	\$100 Self \$200 Family	\$200 Self \$500 Family	\$0
Out-of-pocket maximum The most you'll pay for covered medical or behavioral health services, including prescription drugs, in a benefit year	\$1,000 Self \$2,000 Family	\$1,000 Self \$2,000 Family	\$2,000 Self \$4,000 Family	\$1,500 Self \$2,500 Family
Preventive care³ Annual screening and lab tests based on your age and gender	\$0	\$0	\$0	\$0
Doctor, specialist and therapist office visits	\$15 copayment	\$15 copayment	30%	\$10 copayment
Virtual care (LiveHealth Online and LiveHealth Online Psychology)	Not applicable	\$15 per visit	Not applicable	\$10 per visit
Urgent care visits	\$15 copayment	\$15 copayment	30%	\$10 copayment
Emergency room visits	\$0	\$100 copayment (waived if admitted)	\$100 copayment (waived if admitted)	\$100 copayment (waived if admitted)
Inpatient hospitalization	\$250 copayment ⁴	10%	30% plus any amount over Anthem's \$600 maximum for non-emergencies	\$0
Prescription drugs: Retail (30-day supply)	<ul style="list-style-type: none"> • \$10 for Tier 1 generic drugs • \$20 for Tier 2 preferred brand drugs • \$40 for Tier 3 non-preferred brand / generic and specialty drugs 	<ul style="list-style-type: none"> • \$10 for Tier 1 generic drugs • \$20 for Tier 2 preferred brand drugs • \$40 for Tier 3 non-preferred brand / generic and specialty drugs <p>You can get 90-day fills at Anthem Retail⁹⁰ pharmacies for 3 times the copay.</p>	50% of the cost (up to \$250 per prescription, retail only)	<ul style="list-style-type: none"> • \$10 for Tier 1 generic drugs • \$20 for Tier 2 preferred brand drugs • \$35 for Tier 3 non-preferred specialty drugs; drugs purchased at non-HMO pharmacies are covered at 50%, up to \$250 per prescription
Prescription drugs: Mail Service (90-day supply)	<ul style="list-style-type: none"> • \$10 for Tier 1 generic drugs • \$30 for Tier 2 preferred brand drugs • \$50 for Tier 3 non-preferred brand / generic and specialty drugs 	<ul style="list-style-type: none"> • \$10 for Tier 1 generic drugs • \$30 for Tier 2 preferred brand drugs • \$50 for Tier 3 non-preferred brand / generic and specialty drugs 	Not covered	<ul style="list-style-type: none"> • \$20 for Tier 1 generic drugs • \$40 for Tier 2 preferred brand drugs • \$70 for Tier 3 non-preferred specialty drugs

