## Standard Benefit Plan Features

### Anthem Blue Cross PPO

<table>
<thead>
<tr>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL DEDUCTIBLE</td>
<td>$300</td>
</tr>
<tr>
<td>ANNUAL OUT-OF-POCKET</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

### Hospital Medical Services

- **Inpatient**
  - 85% after deductible
  - 60% after deductible

- **Outpatient medical care**
  - 85% after deductible
  - 60% after deductible

- **Skilled Nursing Facility**
  - 85% after deductible, 100 days annual max
  - 60% after deductible, 100 days annual max

- **Hospice Care**
  - 85% after deductible, $5,000 annual max
  - 60% after deductible, $5,000 annual max

- **Home Health Care**
  - 100% after deductible, 100 visits annual max
  - 60% after deductible, 100 visits annual max

### Physician Medical Services

- **Hospital & skilled nursing facility visits**
  - 85% after deductible
  - 60% after deductible

- **Surgeon & surgeon assistant, anesthesiologist**
  - 85% after deductible
  - 60% after deductible

- **Office visits-Primary Care Physicians**
  - $25 copay, then 100%
  - 60% after deductible

- **Office visits-Specialists & Consultants**
  - $25 copay, then 100%
  - 60% after deductible

- **Physical Therapy, Physical Med,**
  - $25 co-pay, $5,000 annual max
  - 60% after deductible, $1,000 annual max

- **Occupational Therapy, Speech Therapy**

- **Chiropractic, Osteopathic manipulation**
  - $25 copay, Unlimited
  - 60% after deductible, Unlimited

- **Acupuncture**
  - $25 copay, Unlimited
  - 60% after deductible, Unlimited

### General Medical Services

- **Radiology & Laboratory testing**
  - 85% after deductible
  - 60% after deductible

- **Durable Medical Equipment**
  - 85% after deductible, $5,000 annual max
  - 60% after deductible, $5,000 annual max

- **Hearing Aids**
  - 85% after deductible
  - Not Covered

### Preventive Care

- **Well child care (birth through age 18)**
  - 100% if within practice protocols of TPA
  - Not Covered

- **Specified immunization**
  - 100% if within guidelines for age
  - Not Covered

- **Routine physical exam**
  - 100% if within practice protocols of SHC
  - 60% after deductible

- **Routine gyn exams, including Pap Smear and Mammograms**
  - 100%
  - 60% after deductible

- **Hearing exams**
  - 85% after deductible
  - 60% after deductible

### Emergency Care*

- **Emergency services & supplies**
  - $125 copay then 100%, waived if admitted
  - $125 co-pay + amts exceeding max allow

- **Urgent Care Center**
  - $25 copay then 100%
  - 60% after deductible

- **Ground Ambulance**
  - 85% if patient receives emergency care or hospitalized
  - 85% if patient receives emergency care or hospitalized

- **Air Ambulance**
  - 100% if patient receives emergency care or hospitalized
  - 100% if patient receives emergency care or hospitalized

### Pregnancy & Maternity Care

- **Physician office visits (pre-natal)**
  - After $25 copay for first office visit;
  - 100% for office visits, deductible waived

- **Inpatient services**
  - 85% after deductible
  - 60% after $500 copay

### Behavioral Health/Substance Use Disorder

- **Outpatient services**
  - $20 copay, then 100%
  - 60% after deductible

- **Inpatient services**
  - 85% after deductible
  - 60% after $500 copay

### Prescription Drugs (30 day supply)

- **Generic**
  - $5
  - $10

- **Brand formulary**
  - $25
  - $40

- **Brand non formulary**
  - $40
  - $60 (+ any amount over the contracted rate)

- **Specialty products**
  - $60
  - $80

- **Plan year maximum**
  - No Limit
  - No Limit

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**This is only a brief summary of benefits. Refer to the policy for full coverage details at [www.ucop.edu/ucship](http://www.ucop.edu/ucship)**

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### Quarterly Premium

- **Undergraduates**
  - $961 (x3 $2,883/yr)
  - ($240/mo)

- **Graduates**
  - $1,476 (x3 $4,428/yr)
  - ($369/mo)

### Coverage Dates Per Quarter

- **Fall 9/23/17 – 1/4/18**
- **Winter 1/5/18 – 4/1/18**
- **Spring/Summer 4/2/18 – 9/21/18**