

Medical Benefits Summary: 2017

(for members with Medicare)

PLAN	COSTS											
	Preventive Physical Exam	Durable Medical Equipment	Routine Vision Screenings	Hearing Exams/Hearing Aids	Chiropractor	Acupuncture	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient	Substance Abuse Outpatient	Calendar Year Deductible	Annual Out-of-Pocket Maximum—Medical Benefits ⁵
Health Net Seniority Plus 1-800-539-4072	No charge	No charge	\$20 (no charge if part of a routine physical exam)	Exam: \$20 (no charge if part of a routine physical exam) Aids: 2 standard hearing aids (analog or digital) every 36 months at no charge (maximum \$2,000)	\$20 (20 visit limit/calendar year)	Not covered (discount program available)	\$250 copay per admittance	\$20 for individual visit \$10 for group visit	\$250 copay per admittance; no charge for intensive outpatient care and partial hospitalization	\$20 for individual visit \$10 for group visit	\$0	\$1,500 per member per year
Kaiser Permanente Senior Advantage 1-800-443-0815	No charge	No charge	\$20 (no charge if part of a routine physical exam)	Exam: \$20 (no charge if part of a routine physical exam) Aids: Standard hearing aids every 36 months, \$2,500 maximum per ear (medically necessary)	\$20 (manual manipulation as covered by Medicare only); covered as medically necessary when approved by a plan provider	\$20; covered as medically necessary when approved by a plan provider	\$250 copay per admittance	\$20 for individual visit \$10 for group visit	\$250 copay per admittance for detoxification; \$100 copayment per admission for home transitional residential recovery services	\$20 for individual visit \$5 for group visit	\$0	Individual: \$1,500 Family (3 members or more): \$3,000
UC Medicare PPO¹ 1-844-437-0486	No charge (deductible waived)	<ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance 	No charge if part of a routine physical exam, otherwise not covered.	Exam: No charge if part of a routine physical exam (deductible waived) Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital)	<ul style="list-style-type: none"> Medicare pays 80% of approved services (manual manipulation of the spine) Plan pays 80% of balance You pay the remainder and all costs for other services or tests 	You pay 20% (deductible applies) (24 visit limit/calendar year)	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	\$100 per member	\$1,500 per member
UC Medicare PPO without Prescription Drugs^{1,2} 1-844-437-0486	No charge (deductible waived)	<ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance 	No charge if part of a routine physical exam, otherwise not covered.	Exam: No charge if part of a routine physical exam (deductible waived) Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital)	<ul style="list-style-type: none"> Medicare pays 80% of approved services (manual manipulation of the spine) Plan pays 80% of balance You pay the remainder and all costs for other services or tests 	You pay 20% (deductible applies) (24 visit limit/calendar year)	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	For services covered by Medicare: <ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of the balance You pay any remaining balance For services not covered by Medicare, you pay 20% and deductible applies.	\$100 per member	\$1,500 per member
UC High Option Supplement to Medicare¹ 1-844-437-0486	No charge (deductible waived)	No charge, if covered by Medicare	No charge if part of a routine physical exam, otherwise not covered.	Exam: No charge if part of a routine physical exam Aids: 20% (maximum 2 hearing aids every 36 months, analog or digital)	<ul style="list-style-type: none"> Medicare pays 80% of approved services (manual manipulation of the spine) Plan pays balance You pay nothing You pay all costs for other services or tests 	You pay 20% (deductible applies) (24 visit limit/calendar year)	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	You pay nothing for services provided by Medicare; otherwise you pay 20% and deductible applies.	\$50 per member	\$1,050 per member

¹ UC Medicare PPO, UC Medicare PPO without Prescription Drugs and UC High Option Supplement to Medicare examples assume that you have met your annual deductible, and that your doctor accepts Medicare assignment. After you meet your annual out-of-pocket maximum, your plan will pay 100% of your covered expenses. Actual charges for office visits are usually higher than the Medicare allowable amount. If your doctor does not accept Medicare assignment, you are also responsible for balance billing. Call the plan for details.

² Retirees may enroll in this plan only if: all family members have Medicare, and all family members have outpatient prescription drug coverage (as verified by CMS) through another Medicare Part D prescription drug plan.

³ Does not apply if your permanent address is outside the U.S.

⁴ Costs are different if using 60 lifetime reserve days. See plan booklet for details.

⁵ For prescription drug out-of-pocket maximums, see information on reverse.

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose group medical, dental, or vision coverage because you terminate employment (for reasons other than gross misconduct); your work hours are reduced below the eligible status for these benefits; you die, divorce, or are legally separated; or a child ceases to be an eligible dependent. Note: The continuation period is calculated from the earliest of these qualifying events and runs concurrently with any other UC options for continued coverage. See your Benefits Representative for more information.

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, CA 94607, and for faculty to the Office of Academic Personnel, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.

Which Medicare plan is right for you?

2017 QUICK REFERENCE GUIDE

UNIVERSITY OF CALIFORNIA



Retiree Medical Plan Costs

Retirees can find their monthly premiums for the medical plans listed here online at ucal.us/retireepremiums

THIS IS A SUMMARY ONLY.

Important details—such as limitations, exclusions, exceptions and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, provider information and plan booklets.

Service Areas: To determine if a plan provides service where you live, call the plan directly or see their website.

Website Links: For plan website links, visit the UCnet website (ucnet.universityofcalifornia.edu/contacts/plan-contacts.html).

Note: For more information on how UC-sponsored medical plans coordinate with Medicare and on “balance billing,” see UC’s *Medicare Fact Sheet* available at ucal.us/medicarefacts.

Anthem Blue Cross is the administrator of the UC Medicare PPO, UC Medicare PPO without Prescription Drugs and UC High Option Supplement to Medicare plans.

DEFINITIONS

Calendar Year Deductible: The calendar year deductible is the amount you must pay before the medical plan begins to pay a percentage of the total cost of benefits. Until the deductible is met, you pay the total cost of services not covered by Medicare. Review each plan’s annual deductible and monthly premium to decide which plan is best for you.

Annual Out-of-Pocket Maximum: The out-of-pocket maximum is the annual ceiling for your copayments or coinsurance during the calendar year. After this amount is reached, the plan may pay medical or prescription drug benefits at 100 percent after Medicare (where applicable). Some expenses do not apply toward the maximum (see plan booklets).

Medicare Allowable: The Medicare approved amount for a covered service.

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	Doctor Visit	Hospitalization	Emergency	Lab Work	Prescription Drug Copay (Generic/Brand/Non-Formulary)	Prescription Drugs: Calendar Year Out-of-Pocket Maximums	Medical Services when Traveling Outside of U.S. ³	
Health Net Seniority Plus 1-800-539-4072	You pay \$20 copay; Medicare and plan pay the rest.	You pay \$250 copay per admittance. Medicare and plan pay the rest.	You pay \$65 copay (waived if admitted); Medicare and plan pay the rest.	No charge	Retail (up to 30-day supply): \$5/\$25/\$40; Mail Order (up to 90-day supply): \$10/\$50/\$80; Specialty and self-injectable drugs: \$25	\$2,000 per member	Emergencies/urgent care covered; inpatient care requires authorization from the plan. (PCP/HMO must be notified, you may need to file for reimbursement.) For other services you pay full costs: plan and Medicare do not pay.	
Kaiser Permanente Senior Advantage 1-800-443-0815	You pay \$20 copay; Medicare and plan pay the rest.	You pay \$250 copay per admittance. Medicare and plan pay the rest.	You pay \$65 copay (waived if admitted); Medicare and plan pay the rest.	No charge	Retail (up to 30-day supply): \$5/\$25; 31–60-day supply: \$10/\$50; 61–100-day supply: \$15/\$75; Mail Order: Refills can be arranged up to 30-day supply: \$5/\$25; 31–100-day supply: \$10/\$50	\$4,950 per member	Emergencies/urgent care covered; inpatient care requires authorization from the plan. HMO must be notified. You may need to file for reimbursement. For other services, the plan does not pay.	
UC Medicare PPO¹ 1-844-437-0486	<ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of remaining eligible expenses You pay 20% of remaining eligible expenses plus any excess charges 	Example: Medicare allowable: ¹ \$150 Medicare pays: \$120 Plan pays 80% of balance: \$24 You pay: \$6	First 60 days: <ul style="list-style-type: none"> Plan pays Medicare Part A Deductible (\$1,288 in 2016) Medicare pays the balance Days 61–90: <ul style="list-style-type: none"> Medicare pays all but \$322 per day Plan pays 80% of \$322 per day You pay 20% (\$64.40) of \$322 per day Days 91 and beyond⁴: <ul style="list-style-type: none"> Plan pays 80% of eligible expenses You pay 20% of eligible expenses 	<ul style="list-style-type: none"> Medicare pays 80% Then plan pays 80% of the eligible balance You pay amount remaining 	<ul style="list-style-type: none"> You pay nothing for Medicare-approved services Medicare pays 100% 	Retail (30-day supply): \$10/\$30/\$45 Mail Order (90-day supply): \$20/\$60/\$90	\$4,950 per member	You pay 20% of billed charges after deductible.
UC Medicare PPO without Prescription Drugs^{1,2} 1-844-437-0486	<ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan pays 80% of remaining eligible expenses You pay 20% of remaining eligible expenses plus any excess charges 	Example: Medicare allowable: ¹ \$150 Medicare pays: \$120 Plan pays 80% of balance: \$24 You pay: \$6	First 60 days: <ul style="list-style-type: none"> Plan pays Medicare Part A Deductible (\$1,288 in 2016) Medicare pays the balance Days 61–90: <ul style="list-style-type: none"> Medicare pays all but \$322 per day Plan pays 80% of \$322 per day You pay 20% (\$64.40) of \$322 per day Days 91 and beyond⁴: <ul style="list-style-type: none"> Plan pays 80% of eligible expenses You pay 20% of eligible expenses 	<ul style="list-style-type: none"> Medicare pays 80% Then plan pays 80% of the eligible balance You pay amount remaining 	<ul style="list-style-type: none"> You pay nothing for Medicare-approved services Medicare pays 100% 	No prescription drug benefits	NA	You pay 20% of billed charges after deductible.
UC High Option Supplement to Medicare¹ 1-844-437-0486	<ul style="list-style-type: none"> Medicare pays 80% of Medicare allowable Plan generally pays remaining 20% 	Example: Medicare allowable: ¹ \$150 Medicare pays: \$120 Plan pays: \$30 You pay: \$0	First 60 days: <ul style="list-style-type: none"> Plan pays Medicare Part A Deductible (\$1,288 in 2016) Medicare pays the balance Days 61–90: <ul style="list-style-type: none"> Medicare pays all but \$322 per day Plan pays \$322 per day You pay nothing Days 91 and beyond⁴: <ul style="list-style-type: none"> Plan pays 80% of eligible expenses You pay 20% of eligible expenses 	<ul style="list-style-type: none"> You pay nothing Medicare and plan pay 100% 	<ul style="list-style-type: none"> You pay nothing for Medicare-approved services Medicare pays 100% 	Retail (30-day supply): \$10/\$30/\$45 Mail Order (90-day supply): \$20/\$60/\$90	\$1,000 per member	You pay 20% of billed charges after deductible.