UC Medicare PPO, UC Medicare PPO without Prescription Drugs and UC High Option

**Inpatient**
- **Substance Abuse Services**: 20% (maximum 24 visits per calendar year)
- **Medicare pays 80% of approved services (20% deductible applies)**
- **Aids**: 20% (maximum 2 hearing aids every 36 months, other frequencies not covered)
- **Medicare pays 80% of Medicare allowable**
- **Deductible**: $2,500 maximum per ear (medically necessary)
- **For services covered by Medicare**: You pay 20% (deductible applies)
- **Medicare only); covered as medically necessary when approved by a plan provider**
- **Local Anesthesia**: $20; covered as medically necessary when approved by a plan provider
- **Therapy Services**: 
  - **Outpatient**: $20 per visit
  - **Inpatient**: $250 copay per admittance; $20 for individual visit
  - **Medicare pays 80% of approved services (20% deductible applies)**

**Outpatient**
- **Mental Health Services**: 20% (maximum 24 visits per calendar year)
- **Medicare pays 80% of approved services (20% deductible applies)**
- **Aids**: 20% (maximum 2 hearing aids every 36 months, other frequencies not covered)
- **Medicare pays 80% of Medicare allowable**
- **Deductible**: $2,500 maximum per ear (medically necessary)
- **For services covered by Medicare**: You pay 20% (deductible applies)
- **Medicare only); covered as medically necessary when approved by a plan provider**
- **Therapy Services**: 
  - **Outpatient**: $20 per visit
  - **Inpatient**: $250 copay per admittance; $20 for individual visit
  - **Medicare pays 80% of approved services (20% deductible applies)**

**Exam**
- **Preventive Physical (deductible waived)**: 
  - **Outpatient**: $20 (no charge if part of a routine physical exam)
  - **Medicare pays 80% of Medicare allowable**
  - **For services covered by Medicare**: You pay any remaining balance
  - **Plan pays 80% of the balance (Medicare allowable)**

**Deductible**
- **Calendar Year Deductible**: 
  - **Individual**: $1,500
  - **Family**: $2,550 (per member)
  - **Medicare allowable**
  - **For services not covered by Medicare**: You pay nothing for services or tests

**Prescription Drugs**
- **Copay**: $20 (maximum 60 lifetime reserve days)
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies

**Office Visits**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies
- **Medicare allowable**
- **Plan pays 80% of the balance (Medicare allowable)**

**Emergency Room Services**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies
- **Medicare allowable**
- **Plan pays 80% of the balance (Medicare allowable)**

**Non-Participating Provider Office Visits**
- **Outpatient**: $20 (no charge if part of a routine physical exam)
- **Medicare pays 80% of Medicare allowable**
- **For services not covered by Medicare**: You pay nothing for services or tests

**Office Visits**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies
- **Medicare allowable**
- **Plan pays 80% of the balance (Medicare allowable)**

**Hospitalized and ER Services**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay nothing for services or tests

**Medication Reimbursement**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies
- **Medicare allowable**
- **Plan pays 80% of the balance (Medicare allowable)**

**Ambulatory Surgery Center**
- **Outpatient**: $10 for group visit
- **Medicare pays 80% of the Medicare allowable**
- **For services not covered by Medicare**: You pay nothing for services or tests

**Premiums**
- **Individual**: $0 Individual: $1,500
- **Family**: $0 Individual: $1,050
- **Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies

**Services Covered by Medicare**
- **Medicare allowable**
- **For services not covered by Medicare**: You pay nothing for services or tests

**Prescription Drug Out-of-Pocket Maximums**
- **Outpatient**: $20
- **Medicare allowable**
- **For services not covered by Medicare**: You pay 20% and deductible applies

**Assistance Programs**
- **Senior Advantage UC Medicare PPO1**
  - **No charge if part of a routine physical exam**
  - **Medicare allowable**
  - **For services covered by Medicare**: You pay any remaining balance
  - **Plan pays 80% of the balance (Medicare allowable)**

**Source Documents**
- 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 definitions may apply.

**Phone Numbers**
- 1-844-437-0486
- 1-800-539-4072
- 1-844-437-0486
- 1-800-443-0815

**Medicare**
- Medicare 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, union contract eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for certain types of breaks in eligibility when a benefit-eligible employee leaves employment. The University of California conducts a special enrollment period for COBRA enrollment before the end of the month in which the employee last performed services. For those employees not eligible or not eligible to re-enroll in COBRA under the special enrollment rules described earlier, COBRA is not available. For more information, contact your Benefits Representative.

**UC Retirement Administration Service Center**
- To call the UC Retirement Administration Service Center (800-888-8267).

**Affirmative Action and Equal Opportunity**
- The University of California is an affirmative action/equal opportunity employer. Please send inquiries regarding the University’s affirmative action/equal opportunity policies for staff to Systemwide AA/EEO Policy Officer, Office of the President, 1001 Commonwealth Avenue, Suite 500, Berkeley, CA 94720-6035 (510-642-3300).
**Medical Benefits Summary: 2017**

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**UC Medicare PPO**

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