HOSPITAL SERVICES

PHYSICIAN VISITS

(Non-Medicare)

In-Network: Anthem CORE (PPO)

Out-of-Network: UC Care (HMO) UC Blue & Gold HMO

Inpatient Surgeon/maximum payment:

50% (non-preferred maximum payment per admittance)

50% Facility: $200 copay per calendar year

No charge (not subject to deductible)

ER Physician Services:

No visit not resulting in maximum payment

$200/trip (not covered under Anthem Preferred)

Preventive

Maternity

hospitals subject to calendar year deductible)

$200 copayment

40% Not covered unless prior authorization. If authorized,

20% 20% (out-of-network not subject to calendar year)

50% 50% (non-preferred year deductible)

50% 50% (up to 100 days/20% 20% (up to 100 visits/100 days/20% 20% (up to 100 visits/visits 4+: $20

*20%* 20% 20% (24 visit limit/calendar year)

*20%* 20% 20% 20% (preferred amount and 24 visits combined with acupuncture)

*20%* 20% 20% (up to allowed 20% (24 visit limit/calendar year)

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Employee Medical Plan Costs
UC will continue to pay the greater portion of monthly medical plan premiums in 2019, and employees will pay the balance as shown in the tables.

Four Rate Levels Based on Salary
Four rate tables (“pay bands”) are shown here. Your pay band, and thus your premium, is based on your full-time salary rate as of Jan. 1, 2018. UC provides larger monthly employer contributions for those earning in excess of the allowable amount. (Out-of-network providers may bill members for amounts in excess of the allowable amount.)

Retiree Medical Plan Costs
Retirees can find their monthly premiums for the months listed here online at ucals/reitreepremiums.