

University of California
 Medicare PPO with Prescription Drugs
 Medicare PPO without Prescription Drugs

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Blue Shield of California

Effective January 1, 2015

Highlights: A description of the prescription drug coverage is provided separately.

| | Participating Providers | Non-Participating Providers |
|--|-------------------------|-----------------------------|
| Calendar Year Medical Deductible (All providers combined) (Deductible applies to non-Medicare covered services only) | \$100 per individual | |
| Calendar Year Out-of-Pocket (Includes the plan deductible) | \$1,500 per individual | |
| LIFETIME BENEFIT MAXIMUM | None | |

**MEDICARE (PART A)
 HOSPITAL SERVICES-PER BENEFIT PERIOD**

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|--|---|------------------------------------|------------------------------------|
| HOSPITALIZATION- Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but \$1,260** | \$1,260** (Part A deductible) | \$0 |
| 61st through 90th day | All but \$315 day** | 80% of eligible expenses | 20% of eligible expenses |
| 91st day and after: While using 60 lifetime reserve days | All but \$608 day** | 80% of eligible expenses | 20% of eligible expenses |
| Once lifetime reserve days are used | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| <ul style="list-style-type: none"> Additional days Beyond the additional 365 days | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| SKILLED NURSING FACILITY CARE- You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | \$0 | \$0 |
| 21st through 100th day | All but \$157.50 a day** | 80% of remaining eligible expenses | 20% of remaining eligible expenses |
| 101st day and after | \$0 | \$0 | All costs |
| BLOOD | | | |
| First 3 pints | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| Additional amounts | 100% | \$0 | \$0 |
| HOSPICE CARE | | | |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care | 80% of remaining eligible expenses | 20% of remaining eligible expenses |

**MEDICARE (PART B)
MEDICAL SERVICES-PER CALENDAR YEAR**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---------------|------------------------------------|------------------------------------|
| MEDICAL EXPENSES- IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment. | | | |
| First \$147 of Medicare-approved amounts | \$0 | \$147** (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | 80% of remaining eligible expenses | 20% of remaining eligible expenses |
| Part B excess charges (above plan-approved amounts) | \$0 | \$0 | All costs |
| BLOOD | | | |
| First 3 pints | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| Remainder of Medicare-approved amounts | 80% | 80% of remaining eligible expenses | 20% of remaining eligible expenses |
| CLINICAL LABORATORY SERVICES-TESTS FOR DIAGNOSTIC SERVICES | | | |
| | 80% | 80% of remaining eligible expenses | 20% of remaining eligible expenses |
| ADDITIONAL BENEFITS – NON-MEDICARE COVERED SERVICES. | | | |
| Acupuncture Benefits (Acupuncture by a certificated acupuncturist / Up to 24 visits per calendar year) | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| Covered outpatient office visits with Marriage, Family, and Child counselors (MFT, MFCC) | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| Inpatient Residential Treatment | \$0 | 80% of eligible expenses | 20% of eligible expenses |
| Hearing Aids (2 hearing aids per 36 months, analog or digital) | \$0 | 80% of eligible expenses | 20% of eligible expenses |

- Only retirees enrolled in Medicare parts A & B are eligible for this plan.
- Medicare will always pay primary for Medicare covered services.
- The plan will always coordinate with Medicare, paying secondary, for Medicare covered services..
- The plan may cover some services not covered by Medicare, the plan contract should be consulted for detailed description of coverage benefits and limitations.