

How the PPO Plans Compare

While all the plans cover services such as preventive care, doctors' office visits, hospitalization and prescription drugs, there are important differences between them—both in what you pay for coverage (the premium that comes out of your paycheck) and what you pay when you get care (your out-of-pocket costs).

In general, plans that offer low premiums have higher out-of-pocket costs when you get care. That's because these plans typically have higher deductibles and coinsurance. Plans with higher premiums usually have lower out-of-pocket costs.

For a more personalized comparison of costs, go to comparemyhsa.com/uc.

	UC Health Savings Plan	UC Care	CORE
Premiums The amount that comes out of your paycheck for coverage.	Higher premium than CORE, but lower than UC Care.	Highest premium of the PPO plans.	UC pays 100% of the premium.
Health Savings Account Contribution Money from UC that you can use to pay health care expenses and save for the future.	\$500 (individual coverage)/ \$1,000 (family coverage)	Not available	Not available
Deductible The amount you pay for medical, behavioral health and prescriptions before the plan begins to share in the cost for covered services.	In-network \$1,350 (individual coverage)/ \$2,700 (family coverage) Out-of-network³ \$2,550 (individual coverage)/ \$5,100 (family coverage) For family coverage, the full family deductible must be met before the plan pays benefits for any family member.	In-network¹ UC Select² None Anthem Preferred \$250 (individual coverage)/ \$750 (family coverage) ³ Out-of-network³ \$500 (individual coverage)/ \$1,500 (family coverage) ³ In-network and out-of-network deductibles are separate—what you pay toward one doesn't count toward the other.	In- and out-of-network³ \$3,000 per covered person Each covered person must meet the deductible before the plan pays benefits for that person.
Out-of-Pocket Maximum The most you'll pay for covered medical or behavioral health services, including prescription drugs, in a calendar year.	In-network \$4,000 (individual coverage)/ \$6,400 (family coverage); includes deductible Out-of-network³ \$8,000 (individual coverage)/ \$16,000 (family coverage); includes deductible For family coverage, the family out-of-pocket maximum must be met before the plan pays 100% of covered expenses.	In-network UC Select² \$5,100 (individual coverage)/ \$8,700 (family coverage) ⁴ Anthem Preferred \$6,600 (individual coverage)/ \$13,200 (family coverage) ⁴ Out-of-network³ \$8,600 (individual coverage)/ \$19,200 (family coverage) ⁴ In-network and out-of-network maximums are separate—what you pay toward one doesn't count toward the other.	In- and out-of-network³ \$6,350 (individual coverage)/ \$12,700 (family coverage)

WHAT YOU PAY FOR CARE

<p>Preventive care⁵</p>	<p>In-network \$0, no deductible</p> <p>Out-of-network³ 40% after deductible</p>	<p>In-network UC Select² No copayment</p> <p>Anthem Preferred \$0, no deductible</p> <p>Out-of-network³ 50% after deductible</p>	<p>In-network \$0, no deductible</p> <p>Out-of-network³ 20% after deductible</p>
<p>Doctor and specialist visits</p>	<p>In-network 20% after deductible</p> <p>Out-of-network³ 40% after deductible</p>	<p>In-network UC Select² \$20 copayment</p> <p>Anthem Preferred 20% after deductible</p> <p>Out-of-network³ 50% after deductible</p>	<p>In- and out-of-network³ 20% after deductible</p>
<p>Hospitalization</p>	<p>In-network 20% after deductible</p> <p>Out-of-network³ 40% after deductible</p>	<p>In-network UC Select² \$250 per admission</p> <p>Anthem Preferred 20% after deductible</p> <p>Out-of-network³ 50% after deductible</p>	<p>In- and out-of-network³ 20% after deductible</p>

WHAT YOU PAY FOR PRESCRIPTION DRUGS

<p>Prescription Drugs</p>	<p>In-network Retail: You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 20% for most covered drugs.</p> <p>The mail service offers convenient refills delivered by mail to your home.</p> <p>Out-of-network You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 40% for most covered drugs.</p>	<p>In-network Retail: You pay \$5 for Tier 1 (typically generic) drugs; \$25 for Tier 2 (typically preferred/brand name) drugs; \$40 for Tier 3 (typically non-preferred and some specialty) drugs, and 30% (up to \$150 maximum) for Tier 4 speciality drugs.</p> <p>You can save by using the mail service or an Anthem Retailgo pharmacy. You can get a 90-day supply for three copayments.</p> <p>Out-of-network You pay 50% of the cost.</p>	<p>In- and out-of-network Retail: You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 20% for most covered drugs.</p>
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1. In-network and out-of-network calendar-year deductibles are separate—what you pay toward one doesn't count toward the other. The Anthem Preferred deductible does apply toward the in-network out-of-pocket copayment maximum. The out-of-network deductible applies toward the out-of-network out-of-pocket copayment maximum.
2. Some services are not available in UC Select, but can be obtained through the Anthem Preferred network.
3. In addition to any deductible and coinsurance, you are responsible for any billed charge that exceeds Anthem's maximum allowed amount for services provided by an out-of-network provider. For outpatient non-emergency services or surgery in an out-of-network facility, the maximum plan payment amount is \$210 per day under HSP, \$175 per day under UC Care and \$280 per day under CORE. For outpatient surgery in an out-of-network ambulatory surgical center, the maximum plan payment amount is \$280 per day under HSP, \$175 per day under UC Care and \$280 per day under CORE. For inpatient non-emergency services in an out-of-network facility, the maximum plan payment amount is \$360 per day under HSP, \$300 per day under UC Care and \$480 per day under CORE.
4. In-network (Anthem Preferred and UC Select) medical and prescription drug out-of-pocket copayment maximums count toward each other. In-network and out-of-network medical copayment maximums are separate—what you pay toward one doesn't count toward the other. Annual out-of-pocket maximums include deductibles, copayments, coinsurance and prescription drug charges.
5. Not all services provided during a preventive care visit are considered preventive health benefits. For more information about what services are covered, go to [anthem.com/ca](https://www.anthem.com/ca).