

*July 1, 2019–  
June 30, 2020*  
Benefits Summary



# Your UC Health & Insurance Coverage

Learn about the benefits available to you as a resident or fellow.

# Coverage for What's Important

Welcome to UC. As a resident or clinical fellow, you can enroll in benefits that provide health and other insurance. This guide provides an overview of the coverage you're eligible for beginning July 1, 2019. For more information, go to [ucresidentbenefits.com](http://ucresidentbenefits.com).



## WHO IS COVERED BY THE PLANS?

Active residents or clinical fellows enrolled in the Graduate Medical Education Training program working at least 20 hours a week are eligible for coverage in the UC medical, dental, vision, life and disability insurance plans. You can also cover your spouse or domestic partner and dependent children up to age 26 in medical, dental and vision coverage.



## TO ENROLL IN COVERAGE

**New residents: If you want medical, dental and/or vision coverage, you must enroll by June 30.** Once you enroll, your benefits will begin on your program start date and automatically continue until the last day of the month in which your contract expires. You're automatically enrolled in life, accident and disability insurance. You'll have the chance to review and make changes to your benefits (including whom you cover) during an open enrollment period each year in June.

**Current residents: If you don't do anything, your current benefits will automatically continue through June 30, 2020, covering the same family members that are covered today.** Your training program coordinator can provide a summary of the health and insurance plans you and your dependents (if any) are enrolled in.

You'll need to enroll if you want to:

- Add or drop medical, dental and/or vision coverage.
- Enroll or drop dependents from medical, dental and/or vision coverage.
- Change your beneficiaries for life and accident insurance benefits.



## COST OF COVERAGE

UC pays the entire cost of coverage for you and your enrolled dependents.



For questions about your benefits or if you need help enrolling, contact your Human Resources office at (916) 734-6387 or [hs-hrresidents@ucdavis.edu](mailto:hs-hrresidents@ucdavis.edu).

# Your Coverage Options

## Medical Plan

Your medical, pharmacy and behavioral health benefits are provided by Western Health Advantage HMO (health maintenance organization). You choose a primary care physician (PCP) from a UC Medical Center (UCMC) or the Western Health Advantage HMO network who coordinates your care. Except for emergencies, only care received from Western Health Advantage HMO doctors and facilities is covered. **UC pays the entire cost of coverage. You pay only the out-of-pocket costs for the care you receive.**

### WHAT YOU PAY FOR MEDICAL CARE

	Western Health Advantage Network Provider
Deductible	\$0 Individual \$0 Family
Annual out-of-pocket maximum	\$1,500 Individual \$2,500 Family
Lifetime maximum benefit	Unlimited
Office visit copay	\$20
Annual preventive exam	No charge
Specialist visit copay	\$20
Inpatient hospitalization	No charge
Outpatient surgery (office setting)	\$20 copay
Emergency room copay	\$100 (waived if admitted)
Diagnostic X-ray/lab	No charge
Complex imaging	No charge
Prosthetic devices	\$20 copayment
Mental health and substance abuse	Inpatient physician: No charge Office visit: \$20 copay
Prescription drugs	• \$10 for Tier 1—typically generic • \$30 for Tier 2—typically brand • \$50 for Tier 3—typically non-preferred brand • 20% (\$100 max) for Tier 4—typically specialty drugs
Mail order drugs (90-day supply)	2.5x Retail



## Dental Plan

You have the option to use any dentist you want, but you'll pay less when you visit a Delta Dental PPO (DPPO) in-network dentist, and there's no deductible to meet. You can also choose to get care from a Delta Dental Premier dentist or out-of-network dentist, but your costs will be higher, and you'll need to pay the deductible. **UC pays the entire cost of coverage. You pay only the out-of-pocket costs for the care you receive.**

### WHAT YOU PAY FOR DENTAL CARE

	Delta Dental PPO Dentist	Delta Dental Premier Dentist <sup>1</sup>	Out-of-Network Dentist <sup>1</sup>
<b>Calendar-year deductible</b> The amount you pay for services before the plan begins to share in the cost for covered services	\$0	\$50 Self \$150 Family	\$50 Self \$150 Family
<b>Calendar-year maximum</b> The maximum benefit the plan will pay for each member for all services combined	\$1,500	\$1,500	\$1,500
<b>Diagnostic and preventive care</b> Cleanings, exams and X-rays	\$0	\$0	\$0
<b>Basic services</b> Anesthesia, root canal, simple and surgical extractions	10%	20%	20%
<b>Major services</b> Crowns, inlays, veneers, implants, bridges	10%	20%	20%
<b>Orthodontia</b> For adults and children	50% plus any amount over the \$1,000 lifetime maximum		



ucresidentbenefits.com

1. In addition to any deductible and coinsurance, you are responsible for any billed charge that exceeds Delta Dental's maximum allowed amount for services provided by an out-of-network provider.

## Vision Plan

Exams and lenses are covered once every 12 months, with a small copay for each, when you see a Vision Service Plan (VSP) provider. The plan also covers a portion of the cost of contact lenses and frames. **UC pays the entire cost of coverage. You pay only the out-of-pocket costs for the care you receive.**

### WHAT YOU PAY FOR VISION CARE

	VSP Provider	Out-of-Network Provider
<b>Annual eye exam and vision screening</b> (once every 12 months)	\$10 copayment	Any amount over the \$50 allowance
<b>Prescription glasses</b>	\$25 copayment	Not applicable
<b>Frames</b> (once every 24 months)	Any amount over the max allowance (up to \$150 depending on the frame), plus a 20% savings after the allowance	Any amount over the \$70 allowance
<b>Lenses</b> (once every 12 months)	Included in prescription glasses copayment: <ul style="list-style-type: none"> <li>• Single-vision, lined bifocal and trifocal lenses</li> <li>• Polycarbonate lenses for covered children</li> <li>• Tints and photochromics</li> <li>• Standard progressive lenses</li> </ul> Enhancements: <ul style="list-style-type: none"> <li>• Premium progressive lenses: \$80–\$90</li> <li>• Custom progressive lenses: \$120–\$160</li> </ul> Discount of 35%–40% on other lens enhancements	Single: Any amount over the \$50 allowance Lined bifocal: Any amount over the \$75 allowance Lined trifocal: Any amount over the \$100 allowance Progressive lenses: Any amount over the \$75 allowance Tints: Any amount over the \$5 allowance
<b>Contact lenses</b> (once every 12 months)	In lieu of frame and lenses: <ul style="list-style-type: none"> <li>• Fitting and evaluation: Up to \$60 copayment</li> <li>• Lenses: Any amount over the \$130 allowance</li> </ul>	Any amount over the \$110 allowance



ucresidentbenefits.com

## Group Life and Disability Insurance

You're automatically enrolled in life, accidental death and dismemberment (AD&D) and disability insurance at no cost to you. These plans—administered by Cigna Insurance Company—may pay a cash benefit if you die or become seriously injured.

### GROUP LIFE AND AD&D

The Group Life and AD&D benefit amounts are each \$50,000.

### SHORT- AND LONG-TERM DISABILITY

If you can't work for 30 continuous days because of a disability, your Short-Term Disability (STD) benefits may pay up to 66.67% of your salary (\$1,200 weekly maximum) for up to 22 weeks.

If you are still disabled after 22 weeks, you may be eligible for Long-Term Disability (LTD) benefits that replace up to 66.67% of your salary (\$5,000 monthly maximum) until you no longer meet the definition of disability or reach Social Security Normal Retirement Age.



ucresidentbenefits.com

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the benefit plan summary. If there is a difference between this summary and the benefit plan summary, the benefit plan summary will prevail.

# Resources to Support You

## Medical

**Western Health Advantage**  
westernhealth.com  
(888) 563-2250

---

## Dental

**Delta Dental**  
deltadentalins.com  
(800) 765-6003

Download the mobile app from the App Store or Google Play.

---

## Life and Disability

**Cigna**  
cigna.com  
800-36-CIGNA (800-362-4462)

## Vision

**Vision Service Plan (VSP)**  
vsp.com  
(800) 877-7195

---

## Human Resources

(916) 734-6387  
hs-hrresidents@ucdavis.edu



[ucresidentbenefits.com](http://ucresidentbenefits.com)

UNIVERSITY OF CALIFORNIA HEALTHCARE PLAN NOTICE OF PRIVACY PRACTICES — SELF-FUNDED PLANS The University of California offers various health care options to its employees, retirees and their eligible family members, through the UC Healthcare Plan. Several options are self-funded group health plans for which the university acts as its own insurer and provides funding to pay the claims; these options are referred to as the "Self-Funded Plans." The Privacy Rule of the federal Health Insurance Portability and Accountability Act of 1996, also known as HIPAA, requires the Self-Funded Plans to make a Notice of Privacy Practices available to plan members. The University of California Healthcare Plan Notice of Privacy Practices—Self-Funded Plans (Notice) describes the uses and disclosure of protected health information, members' rights and the Self-Funded Plans responsibilities with respect to protected health information.

UC's self-funded plans for 2019 include: UC Resident and Fellow PPO Plan, UC Resident and Fellow HMO Plan, Delta Dental PPO and Vision Service Plan (VSP). A copy of the updated Notice is posted on the [ucresidentbenefits.com](http://ucresidentbenefits.com) website or you may obtain a paper copy of this Notice by contacting your campus GME office. The Notice was updated to reflect the current health care plan options effective July 1, 2018. If you have questions or for further information regarding this privacy Notice, contact the UC Healthcare Plan HIPAA Privacy Officer at [policyoffice@ucop.edu](mailto:policyoffice@ucop.edu).