

**JULY 1, 2020 – JUNE 30, 2021**  
**BENEFITS SUMMARY**



**YOUR UC HEALTH &  
INSURANCE COVERAGE**

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

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

# GET TO KNOW YOUR UC BENEFITS

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, 2020. For more information, go to [ucresidentbenefits.com](https://ucresidentbenefits.com).



## WHO IS COVERED BY THE PLANS?

Active residents and clinical fellows enrolled in a Graduate Medical Education (GME) Training program and 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

Beginning in May, you can enroll in or make changes to your benefits. Look for an email in May from your GME office about Open Enrollment.

### To make changes or enroll

1. **Log in to PlanSource:** [benefits.plansource.com](https://benefits.plansource.com).
2. **Your temporary username** is the first letter of your first name + the first 6 letters of your last name + the last 4 digits of your Social Security number.  
*Example:* Username for John Hancock (Social Security number is 123-45-6789) is: jhancoc6789.  
Your password is your birthdate (YYYYMMDD). You'll be prompted to change your temporary username and password following your initial login.
3. **All current and new residents:** Enroll yourself and dependent(s) in coverage, add dependents, and update address and beneficiaries.
4. **ID cards:** Within 10 days of your effective date, you'll receive a new ID card. Your effective date of coverage is your program start date. You can check PlanSource for your effective date if needed.



## 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) 734-1499 or [hrsingleteary@ucdavis.edu](mailto:hrsingleteary@ucdavis.edu).

# YOUR COVERAGE OPTIONS

## Medical Plan

Medical and behavioral health benefits will be provided through the Anthem Blue Cross PPO (preferred provider organization) starting July 1, 2020. The plan covers services such as preventive care, doctor office visits, hospitalization and prescription drugs. You can get care from any doctor or facility. But you'll pay less out of pocket when you see a UC Medical Center (UCMC) or Anthem provider.

**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

	Tier 1: UC Medical Center	Tier 2: From an Anthem PPO Network Provider	Tier 3: From an Out-of-Network Provider <sup>1</sup>
<b>Benefit-year deductible<sup>2</sup></b> The amount you pay for medical and behavioral health services before the plan begins to share in the cost for covered services	\$0	Self: \$100 Family: \$200	Self: \$200 Family: \$500
<b>Out-of-pocket maximum</b> The most you pay for covered medical and behavioral health services, including prescription drugs, in a benefit year	Self: \$1,000 Family: \$2,000	Self: \$1,000 Family: \$2,000	Self: \$2,000 Family: \$4,000
<b>Preventive care<sup>3</sup></b> Annual screening and lab tests based on your age and gender	\$0	\$0	\$0
<b>Doctor, specialist and therapist office visits</b>	\$15 copayment	\$15 copayment	30%
<b>Virtual care (LiveHealth Online and LiveHealth Online Psychology)</b>	Not applicable	\$15 per visit	Not applicable
<b>Urgent care visits</b>	\$15 copayment	\$15 copayment	30%
<b>Emergency room visits</b>	\$0	\$100 copayment (waived if admitted)	\$100 copayment (waived if admitted)
<b>Inpatient hospitalization<sup>4</sup></b>	\$250 copayment	10%	30% plus any amount over Anthem's \$600 maximum for non-emergencies
<b>Prescription drugs: Retail</b> (30-day supply)	<ul style="list-style-type: none"> <li>\$10 for Tier 1 generic drugs</li> <li>\$20 for Tier 2 preferred brand drugs</li> <li>\$40 for Tier 3 non-preferred brand/generic and specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$10 for Tier 1 generic drugs</li> <li>\$20 for Tier 2 preferred brand drugs</li> <li>\$40 for Tier 3 non-preferred brand/generic and specialty drugs</li> </ul> You can get 90-day fills at Anthem Retail 90 pharmacies for 3 times the copayment.	50% of the cost (up to \$250 per prescription, retail only)
<b>Prescription drugs: Mail service</b> (90-day supply)	<ul style="list-style-type: none"> <li>\$10 for Tier 1 generic drugs</li> <li>\$30 for Tier 2 preferred brand drugs</li> <li>\$50 for Tier 3 non-preferred brand/generic and specialty drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$10 for Tier 1 generic drugs</li> <li>\$30 for Tier 2 preferred brand drugs</li> <li>\$50 for Tier 3 non-preferred brand/generic and specialty drugs</li> </ul>	Not covered

## Vision Plan

Exams and lenses are covered once every 12 months, with a small copayment 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

## 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 PROGRAM

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 you reach Social Security Normal Retirement Age.

1. 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 at an out-of-network facility, the maximum plan payment amount is \$350 per day. For outpatient surgery at an out-of-network ambulatory surgical center, the maximum plan payment amount is \$350 per day. For inpatient non-emergency services at an out-of-network facility, the maximum plan payment amount is \$600 per day.
2. In-network and out-of-network benefit-year deductibles are separate—what you pay toward one doesn't count toward the other. UC Medical Center deductibles apply to the Anthem PPO in-network deductible. The deductible and out-of-pocket maximum reset every year on July 1.
3. 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).
4. An additional copayment of \$250 applies if you do not receive preauthorization for out-of-network providers.
5. 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.

## Dental Plan

You have the option to see 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 an 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>5</sup>	Out-of-Network Dentist <sup>5</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	Sel: \$50 Family: \$150	Self: \$50 Family: \$150
<b>Calendar-year maximum</b> The maximum benefit the plan pays 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 canals, 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		

## Your 2020 Checklist

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 If you're currently enrolled in the Western Health Advantage (WHA) medical plan, chances are your current providers also participate in the Anthem network. Be sure to visit [anthem.com/ca](https://www.anthem.com/ca) to confirm this is the case or to choose new Anthem PPO network providers.
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 Request refills of any ongoing medication through WHA to last through July 1, 2020.
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 Watch for new Anthem medical ID cards in the mail.
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 On July 1, provide your new ID card to your provider(s) or in-network pharmacy on your first visit.

Note: You don't have to select a primary care physician (PCP) with your Anthem PPO medical coverage.

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/Pharmacy/Behavioral Health

### Anthem

[anthem.com/ca](https://www.anthem.com/ca)

Anthem PPO members can call toll-free **(833) 674-9256**, Monday through Friday, 8:00 a.m. to 8:00 p.m. (Pacific). Pharmacy representatives are help available 24/7.

## Dental

### Delta Dental

[deltadentalins.com](https://www.deltadentalins.com)

**(800) 765-6003**

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

## Life and Disability

### Cigna

[cigna.com](https://www.cigna.com)

**800-36-CIGNA (800-362-4462)**

## Virtual Care

### LiveHealth Online

[anthem.com/ca](https://www.anthem.com/ca) > Member Log In > LiveHealth Online  
**(855) 603-7985**

### LiveHealth Online Psychology

[anthem.com/ca](https://www.anthem.com/ca) > Member Log In > LiveHealth Online > LiveHealth Online Psychology  
**(844) 784-8409**

7:00 a.m. to 11:00 p.m. (in any time zone)

## Vision

### VSP

[vsp.com](https://www.vsp.com)

**(800) 877-7195**

## Human Resources

### Holly Singleteary

[hrsingleteary@ucdavis.edu](mailto:hrsingleteary@ucdavis.edu)

**(916) 734-1499**



[ucresidentbenefits.com](https://www.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 2020 include the UC Resident and Fellow PPO Plan, the UC Resident and Fellow HMO Plan, the Delta Dental PPO and the Vision Service Plan (VSP). A copy of the updated Notice is posted on the [ucresidentbenefits.com](https://www.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, 2020. 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).