Medical Benefits Summary: 2012

HOSPITAL SERVICES

40%

No charge (up to 100 days/

Visits 1–3: No copayment.

$75 per visit

$15

No charge up to age 7

20%

$20

No charge

Hospice Inpatient

No mail order benefit

Visits 1–3: No copayment.

20%

$50

No charge

Surgeon/Assistant

No charge

At non-participating pharmacies:

20%

20%

Hospital Visit

Outpatient

20%

OTHER BENEFITS

No charge

$250 copayment

20% ($500 penalty

No mail order benefit

No charge

No charge If part of a

40% ($200 penalty

Chiropractor

Generic: $10

Not covered

40%

No charge if part of a

40% ($200 penalty

Substance Abuse Outpatient

No charge (up to 100

20% ($200 penalty

20% (up to 120 days/

40% ($200 penalty

Maternity

No charge to age 2

Well Baby Care

No charge

Routine physical exam

20% (20 visit

30% (age 7 and older)

20% (up to 100 visits/

40% (deductible waived)

40% (deductible

30% (age 7 and older)

Home Health Care

No charge

Exam

40%

Non-Medicare

Medical Benefits Summary: 2012

Core

In-Network

Out-of-Network

Anthem Blue Cross PPO

Out-of-Network

Health Net Primary EPO

(Non-Medicare)

(Non-Medicare)

University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.

policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, an

thereafter an "employee or student" means a person with ongoing relationship to the University (e.g., an employee,

a certain period of time at applicable monthly COBRA rates if you, your spouse, or your dependents lose

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provides for continued coverage for

Source documents are available for inspection upon request (1-800-888-8267). What is written here does

Unlimited annual rollover. Covered eligible expenses include medical, prescription and behavioral health

8M

10/11

Note: This document is provided for informational purposes only. It is not intended to serve as professional or legal advice, nor should it be relied upon for specific health, benefits or legal advice. It is designed to be a quick reference for University employees and their dependents. It is not a substitute for the actual plan documents and should not be considered a legal contract. Your actual benefits are determined by the plan documents. Your cost-sharing and eligibility rules may vary depending on your plan, your location and plan type. For more information, please refer to the plan documents provided by your plan sponsor or plan administrator.
### 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 January 1, 2011. This structure allows UC to provide larger monthly employer contributions for those earning less to help alleviate a disproportionate premium burden on them.

**FOR THOSE WITH FULL-TIME SALARY RATE OF $48,001 – $96,000**

<table>
<thead>
<tr>
<th>Plan</th>
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**FOR THOSE WITH FULL-TIME SALARY RATE OF $96,001 – $144,000**

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**FOR THOSE WITH FULL-TIME SALARY RATE OF $144,001 – $288,000**

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**FOR THOSE WITH FULL-TIME SALARY RATE OF $288,000 OR MORE**

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**ANNUAL OUT-OF-POCKET MAXIMUM: (Non-Medicare)**

- **Individual: $3,000**
- **Family: $6,000**

**Medical Benefits Summary: 2012**

- **Annual Deductible**: $1,000
- **Annual Out-of-Pocket Maximum**: $4,000
- **Cap on Deductible (Non-Medicare)**
  - **Individual: $2,500**
  - **Family: $5,000**
- **Cap on Deductible (Medicare)**
  - **Individual: $1,500**
  - **Family: $3,000**