UNIVERSITY OF CALIFORNIA

Health and Insurance Coverage for Residents and Fellows

UCDAVIS HEALTH

July 1, 2021 – June 30, 2022
Summary of Benefits

Your **UC Health** & **Insurance Coverage**

Learn about the benefits available to you as a new University of California resident or fellow.

ucresidentbenefits.com

Get to Know Your UC Benefits

Welcome to UC. As a new resident or clinical fellow, you can enroll in benefits that provide health and other insurance. This summary provides an overview of the coverage you're eligible for beginning July 1, 2021.

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.

Cost of Coverage

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

Information at Your Fingertips

Learn more about all your benefits and watch new hire presentations at ucresidentbenefits.com › **New Hire Benefits Presentation Video**.

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, 2021. The plan covers services such as preventive care, doctor's 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 or Anthem provider.

What You Pay for Medical Care

	Tier 1: UC Medical Center	Tier 2: Anthem PPO Network Provider	Tier 3: Out-of-Network Provider[1]
Benefit-year deductible[2]	$0	Self: $100 Family: $200	Self: $200 Family: $500
Out-of-pocket maximum	Self: $1,000 Family: $2,000	Self: $1,000 Family: $2,000	Self: $2,000 Family: $4,000
Preventive care[3]	$0	$0	$0
Doctor, specialist and therapist office visits	$15 copayment	$15 copayment	30%
Virtual care (LiveHealth Online and LiveHealth Online Psychology)	Not applicable	$15 per visit	Not applicable
Urgent care visits	$15 copayment	$15 copayment	30%
Emergency room visits	$0	$100 copayment (waived if admitted)	$100 copayment (waived if admitted)
Inpatient hospitalization[4]	$250 copayment	10%	30% plus any amount over Anthem's $600 maximum for non-emergencies
Prescription drugs: Retail (30-day supply)	• $10 for Tier 1 generic drugs • $20 for Tier 2 preferred brand drugs • $40 for Tier 3 non-preferred brand/ generic and specialty drugs	• $10 for Tier 1 generic drugs • $20 for Tier 2 preferred brand drugs • $40 for Tier 3 non-preferred brand/ generic and specialty drugs You can get 90-day fills at Anthem Retail90 pharmacies for 3 times the copayment.	50% of the cost (up to $250 per prescription, retail only)
Prescription drugs: Mail service (90-day supply)	• $10 for Tier 1 generic drugs • $30 for Tier 2 preferred brand drugs • $50 for Tier 3 non-preferred brand/ generic and specialty drugs	• $10 for Tier 1 generic drugs • $30 for Tier 2 preferred brand drugs • $50 for Tier 3 non-preferred brand/ generic and specialty drugs	Not covered

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**.
4. An additional copayment of $250 applies if you do not receive preauthorization for out-of-network providers.

Definitions

Benefit-year deductible: The amount you pay for medical and behavioral health services before the plan begins to share in the cost for covered services.

Out-of-pocket maximum: The most you pay for covered medical and behavioral health services, including prescription drugs, in a benefit year.

Preventive care: Annual screening and lab tests based on your age and gender.

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	Out-of-Network Dentist[5]
Calendar-year deductible The amount you pay for services before the plan begins to share in the cost for covered services	$0	Self: $50 Family: $150	Self: $50 Family: $150
Calendar-year maximum The maximum benefit the plan pays for each member for all services combined	$1,500	$1,500	$1,500
Diagnostic and preventive care Cleanings, exams and X-rays	$0	$0	$0
Basic services Anesthesia, root canals, simple and surgical extractions	10%	20%	20%
Major services Crowns, inlays, veneers, implants, bridges	10%	20%	20%
Orthodontia For children and adults	50% plus any amount over the $1,000 lifetime maximum		

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.

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
Annual eye exam and vision screening (once every 12 months)	$10 copayment	Any amount over the $50 allowance
Prescription glasses	$25 copayment	Not applicable
Frames (once every 24 months)	Any amount over the maximum allowance (up to $150 depending on the frame), plus a 20% savings after the allowance	Any amount over the $70 allowance
Lenses (once every 12 months)	Included in prescription glasses copayment: • Single-vision, lined bifocal and trifocal lenses • Polycarbonate lenses for covered children • Tints and photochromics • Standard progressive lenses Enhancements: • Premium progressive lenses: $80–$90 • Custom progressive lenses: $120–$160 Discount of 35%–40% on other lens enhancements	Single-vision: 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
Contact lenses (once every 12 months)	In lieu of frame and lenses: • Fitting and evaluation: Up to $60 copayment • Lenses: Any amount over the $130 allowance	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 insurance 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 disabled or you reach Social Security normal retirement age.

Flexible Spending Accounts

Flexible spending accounts (FSAs) allow you to set aside pretax dollars from your paycheck to use toward eligible health care and dependent care expenses. Essentially, you pay yourself back with tax-free money for expenses you'd have anyway, such as for doctor's office visits and prescriptions, or child care expenses.

There are two accounts to choose from: a Medical FSA, used to pay for health care expenses, and a Dependent Care FSA, used to pay for child care expenses. Both accounts are administered by **WEX**.

Residents and fellows who are partially funded on T32 grants received through the UCPath payroll system can make pretax deductions against their UC pay only. Monthly election amounts cannot exceed your monthly UC pay.

Medical Flexible Spending Account (FSA)

The Medical FSA lets you set aside pretax money from your paycheck to use for eligible health care expenses, such as:

- Copayments and coinsurance for doctor's office visits, lab tests, hospital stays and more
- Prescription drugs and over-the-counter medications, like allergy, asthma and cold/flu medicines
- Birthing and Lamaze classes
- Dental and orthodontia treatment
- Vision care, including glasses, contact lenses and more

Contribution Limits

In 2021, you can set aside up to $2,062 in your Medical FSA. Consider your health care expenses from previous years to estimate how much you should contribute to your account, and keep this in mind:

- You can enroll as of your program start date, and then file claims incurred on or after the first of the following month.
- The full amount you elect to contribute for the remainder of 2021 will be available to you starting July 1, 2021.
- You have until March 15, 2022, to submit claims for reimbursement of expenses incurred between your plan effective date (usually your program start date) and December 31, 2021.

Use it or (mostly) lose it! You can roll over up to $550 each benefit year. Any balance over that amount is forfeited. Carefully plan expenses up until December 31, 2021. You may submit claims for eligible expenses incurred through your last day of 2021. You may only make changes to your election if you have a qualifying status change.

Dependent Care FSA

The Dependent Care FSA lets you set aside pretax dollars from your paycheck to use for eligible out-of-pocket child care expenses, such as day care, after-school programs and day camps for dependents up to the age of 13. It also covers care costs for disabled dependents of any age, including your spouse.

Contribution Limits

You can contribute up to $5,000 ($2,500 if married and filing a separate tax return) each benefit year. This maximum limit applies to your entire household, so if you are married or have a domestic partner who also contributes to a Dependent Care FSA, the combined total you both can contribute is $5,000. When considering how much to contribute, keep this in mind:

- You can enroll as of your program start date, and then file claims incurred on or after the first of the following month.
- You can request reimbursement up to your account balance. You will likely need to hold your dependent care expenses and submit them later in the year to build enough money in your account for reimbursement. Or, you can submit all of your dependent care expenses at the end of the benefit year and receive one lump-sum reimbursement.
- You have until March 15, 2022, to submit claims for reimbursement of expenses incurred between your plan effective date (usually your program start date) and December 31, 2021.

Use it or lose it! Any money remaining in your account after April 1, 2022, is forfeited. Carefully plan expenses up until December 31, 2021. You may submit claims for eligible expenses incurred through your last day of 2021. You may only make changes to your election if you have a qualifying status change.

Watch a short presentation to learn more about flexible spending accounts at ucresidentbenefits.com > Flexible Spending Accounts.

How to **Enroll**

You can enroll in your health and insurance benefits beginning June 1, and you have until June 15 to complete your enrollment. You will receive your medical ID card shortly afterward and can begin using your benefits on your program start date.

To enroll in health and insurance benefits:

1. **Log in to PlanSource:** 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.
3. Example: Username for John Hancock (Social Security number is 123-45-6789) is **jhancoc6789**.
4. Your password is your birthdate (**YYYYMMDD**). You'll be prompted to change your temporary username and password following your initial login.
5. Enroll yourself and dependent(s) in coverage, then add your address and beneficiaries for life insurance benefits.
6. **ID cards:** You'll receive a new ID card from Anthem within 10 days of your effective date. Your program start date (your effective date) is also when your coverage begins. You can view your effective date on PlanSource.

To enroll in a flexible spending account (FSA):

Once you are set up in the UCPath payroll system, you can enroll in the FSAs. Visit **UCPath** › Benefit Enrollment. Click the **Open** button to make your FSA elections. It may take a few seconds for you to see the FSA options.

For questions about your benefits or if you need help enrolling, contact your Human Resources office at (916) 734-1499 or hrsingleteary@ucdavis.edu.

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

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

Dental

Delta Dental
deltadentalins.com
(800) 765-6003
Download the mobile app from the App Store or Google Play.

Vision

VSP
vsp.com
(800) 877-7195

Virtual Care

LiveHealth Online
anthem.com/ca › Log In › LiveHealth Online
(855) 603-7985

LiveHealth Online Psychology
anthem.com/ca › Log In › LiveHealth Online › LiveHealth Online Psychology
(844) 784-8409
7 a.m. to 11 p.m. (in any time zone)

Life and Disability

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

Flexible Spending Accounts

WEX
wexinc.com › Products › WEX Benefits Platform › FSA
(866) 451-3399

Human Resources

Holly Singleteary
hrsingleteary@ucdavis.edu
(916) 734-1499

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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 2021 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** 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, 2021. If you have questions or for further information regarding this privacy Notice, contact the UC Healthcare Plan HIPAA Privacy Officer at **policyoffice@ucop.edu**.

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