

# UCSF Human Resources

## RESIDENTS & POSTDOCTORAL SCHOLARS CONTINUING AS 3370s BENEFITS COMPARISON SUMMARY 2006 - 2007 Plan Year July 1, 2006 to June 30, 2007

| MEDICAL PLANS - a choice to be made   | BLUE CROSS (PPO)<br>Requires monthly premium of \$30 - single;<br>\$60 - two adults; \$60 - self+child(ren); \$90 - family   | HEALTH NET (HMO)  |
|---|--|---|
| <i>Types of plans and features...</i>   | Hospital & provider networks available; benefit levels improved through use of PPO providers   | A health maintenance organization   |
| <b>Physician Requirements</b>   | Physician of your choice either in or out-of-network   | Must utilize Health Net physicians  |
| <b>Pre-existing Conditions</b>  | Not applicable   | Not applicable  |
| <b>Claim Forms</b>  | None for PPO Providers; forms required out-of-network  | None  |
| <b>Deductibles</b>  | PPO Provider - none; Out-of-Network - \$200 Individual Deductible <sup>1</sup>   | None  |
| <b>Stop Loss Limit</b>  | After Blue Cross makes \$5,000 total payment in a policy year, covered medical expenses are paid at 100% for the rest of the policy year                                   | \$1,500 out-of-pocket maximum   |
| <b>Plan Benefits (outpatient)</b>   | PPO - Office visits, well child & adult care - 100% after \$20 copay; services other than office visits covered at 80%<br>Out-of-Network - Covered at 60% after deductible | \$20 co-payment<br>\$50 co-payment for urgent care center (professional or facility)  |
| <b>Maximum Lifetime Benefit</b>   | \$5,000,000  | Unlimited   |
| <b>Hospitalization</b>  | 80% PPO, 60% Out-of-Network, based on semi-private room & board \$500 penalty for out-of-network hospital without pre-certification  | No charge - Semi-private room & board   |
| <b>Emergency Room</b>   | \$50 copayment for PPO or Out-of-Network   | \$100 copay (waived if admitted)  |
| <b>Home Health Care</b>   | 80% PPO, 60% Out-of-Network <sup>2</sup> (100 visits per plan year)  | \$20 copayment when authorized by medical group   |
| <b>Durable Medical Equipment</b>  | 80% PPO, 60% Out-of-Network  | No charge   |
| <b>Maternity Care</b>   | Plan pays as any other medical condition   | \$20 copayment  |
| <b>Well-child Care</b>  | <sup>2</sup> 100% PPO after \$20 copay (age schedule) up to age 16<br><sup>2</sup> 60% Out-of-Network after deductible (age schedule) up to age 16                         | \$20 copayment  |
| <b>Mental Health Care (outpatient)<br/>(inpatient)</b><br>Severe Mental Health Care is covered as any other illness | \$20 copay to 30 visits per year (Deductible waived)<br>\$250 copay per admission, 80% to 30 days max per plan year (Deductible waived) COMBINED WITH ALCOHOL & DRUG ABUSE | \$20 copay to 30 visits per year - services through MHN<br>No charge to 30 days per plan year<br>COMBINED WITH ALCOHOL & DRUG ABUSE                   |
| <b>Alcohol &amp; Drug Abuse (outpatient)<br/>(inpatient)</b>  | 100% up to 30 visits per plan year/maximum<br>80% (PPO only) to 30 day max per plan year (Deductible waived)<br>COMBINED WITH MENTAL HEALTH CARE                           | \$20 copay to 30 visits per year<br>No charge to 30 days per plan year<br>COMBINED WITH MENTAL HEALTH CARE  |
| <b>Prescription Drugs</b>   | Retail Copay - \$10 for Generic/\$20 for Brand/\$40 for non-formulary up to 34 day supply<br>Mail Order Copay - 2 times Retail Copay up to 90 day supply                   | Retail Copay - \$10 for Generic/\$20 for Brand<br>\$35 for non-formulary up to 34 day supply<br>Mail Order Copay - 2 times Retail up to 90 day supply |
| <b>Out-of-Area Service</b>  | Emergency services covered worldwide   | Emergency services covered worldwide  |

<sup>1</sup>\$600 Family Deductible

<sup>2</sup>\$500 policy year maximum applies to services not covered in the state mandate under Blue Cross

## UCSF RESIDENTS & POSTDOCTORAL SCHOLARS CONTINUING AS 3370s BENEFITS SUMMARY (continued)

|   |   |
|---|---|
| <b>DENTAL PLAN</b>  | Preventative care covered at 100%; most other services @ 90% DPO dentists/80% other providers   |
| <b>automatic coverage/enrollment by DELTA DENTAL of all enrollees</b> | No deductible at DPO dentists/\$50 deductible for non-DPO dentists; \$1,500 annual max benefit; orthodontia @ 50% for dependent children to age 19 & adults with \$1,000 lifetime max; TMJ & Implants separate max of \$1,500 each.<br><b>If your dental work will cost more than \$300, please ask your dentist to request a predetermination.</b> |

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|---|---|
| <b>VISION PLAN</b>                                | Exam and lens every 12 months + frames every 24 months; copay limited to \$10 for exam and \$25 for materials; free choice of provider from extensive VSP list, no referral necessary |
| <b>automatic coverage by VSP of all enrollees</b> |   |

|   |  |
|---|--|
| <b>LIFE INSURANCE and AD&amp;D</b>                                  | Life insurance coverage = \$50,000 for principal insuree (no dependent coverage available) |
| <b>Automatic coverage by Reliance Standard of primary enrollees</b> | Accidental death& dismemberment principal sum = \$50,000                                   |

|   |   |  |
|---|---|--|
| <b>LONG TERM DISABILITY (LTD)</b>                                   | LTD coverage described below included in premium structure for principal insurees (no dependent coverage) |  |
| <b>Automatic coverage by Reliance Standard of primary enrollees</b> |   |  |
| Elimination period  | 30 days   |  |
| Benefit percentage  | 66.67%  |  |
| Monthly benefit maximum   | \$3,000   |  |
| Maximum covered earnings  | \$4,500   |  |
| Benefit duration  | to age 65   |  |
| Definition of disability  | 2 year Own Occupation, any occupation thereafter  |  |
| Integration   | social security   |  |
| Cost-of-living increases  | 3% for 5 yrs  |  |
| Limitation/exclusion  | benefits payable while residing in US or Canada only  |  |
| Survivor income benefit   | 6 mo lump sum payment   |  |
| Pre-existing condition  | 30 pre-emp; waived after day 5  |  |
| Mental & Nervous limit  | 2 year  |  |
| Group conversion available  | yes   |  |

*This document provides a brief description of UCSF Residents & Fellows plans as of July 1, 2006. The actual Plan Documents and Summary Plan descriptions govern at all times.*

over for MEDICAL coverage info...