

RESIDENTS & FELLOWS BENEFITS COMPARISON SUMMARY 2008 - 2009

Plan Year July 1, 2008 to June 30, 2009

MEDICAL PLANS - a choice to be made	BLUE CROSS (PPO) Requires monthly premium of \$30 - single; \$60 - single+Spouse; \$60 - single+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
Physician Requirements	Physician of your choice either in or out-of-network	Must utilize Health Net physicians
Pre-existing Conditions	Not applicable	Not applicable
Claim Forms	None for PPO Providers; forms required out-of-network	None
Deductibles	PPO Provider - none; Out-of-Network - \$200 Individual Deductible ¹	None
Stop Loss Limit	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
Plan Benefits (outpatient)	PPO - Office visits, well child & adult care - 100% after \$20 copay; services other than office visits covered at 80% Out-of-Network - Covered at 60% after deductible	\$20 co-payment \$50 co-payment for urgent care center (professional or facility)
Maximum Lifetime Benefit	\$5,000,000	Unlimited
Hospitalization	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
Emergency Room	\$50 copayment for PPO or Out-of-Network	\$100 copay (waived if admitted)
Home Health Care	80% PPO, 60% Out-of-Network ² (100 visits per plan year)	\$20 copayment when authorized by medical group
Durable Medical Equipment	80% PPO, 60% Out-of-Network	No charge
Maternity Care	Plan pays as any other medical condition	\$20 copayment
Well-child Care	² 100% PPO after \$20 copay (age schedule) up to age 16 ² 60% Out-of-Network after deductible (age schedule) up to age 16	\$20 copayment
Mental Health Care (outpatient) (inpatient) Severe Mental Health Care is covered as any other illness	\$20 copay to 30 visits per year (Deductible waived) \$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 No charge to 30 days per plan year COMBINED WITH ALCOHOL & DRUG ABUSE
Alcohol & Drug Abuse (outpatient) (inpatient)	100% up to 30 visits per plan year/maximum 80% (PPO only) to 30 day max per plan year (Deductible waived) COMBINED WITH MENTAL HEALTH CARE	\$20 copay to 30 visits per year No charge to 30 days per plan year COMBINED WITH MENTAL HEALTH CARE
Prescription Drugs	Retail Copay - \$10 for Generic/\$20 for Brand/\$40 for non-formulary up to 34 day supply Mail Order Copay - 2 times Retail Copay up to 90 day supply	Retail Copay - \$10 for Generic/\$20 for Brand \$35 for non-formulary up to 34 day supply Mail Order Copay - 2 times Retail up to 90 day supply
Out-of-Area Service	Emergency services covered worldwide	Emergency services covered worldwide

¹\$600 Family Deductible²\$500 policy year maximum applies to services not covered in the state mandate under Blue Cross

UCSF RESIDENTS & FELLOWS BENEFITS SUMMARY (continued)

DENTAL PLAN	Preventative care covered at 100%; most other services @ 90% DPO dentists/80% other providers
automatic coverage/enrollment by DELTA DENTAL of all enrollees	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. If your dental work will cost more than \$300, please ask your dentist to request a predetermination.

VISION PLAN	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
automatic coverage by VSP of all enrollees	

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

LONG TERM DISABILITY (LTD)	LTD coverage described below included in premium structure for principal insurees (no dependent coverage)	
Automatic coverage by Reliance Standard of primary enrollees		
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, 2008. The actual Plan Documents and Summary Plan descriptions govern at all times.