

UC Blue & Gold HMO

2024 PLAN OVERVIEW

Plan maximums



Benefit	Member responsibility
Out-of-pocket maximum (combined with Rx)	\$1,000 individual / \$3,000 family



Professional services

Benefit	Member responsibility
PCP office visit ¹	\$20
Specialist office visit ¹	\$20
Preventive care services ¹	\$0
MinuteClinic ¹	\$20
Telehealth services through Teladoc ²	\$0
Rehabilitation therapy ³	\$20
X-ray procedures ¹	\$0
Laboratory procedures ¹	\$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	\$0



Facility services

Benefit	Member responsibility
Outpatient surgery (hospital)	\$100
Outpatient surgery (ambulatory surgery center)	\$100
Inpatient hospital	\$250 per admit
Skilled nursing facility (100-day maximum)	\$0



Emergency services

Benefit	Member responsibility
Urgent care services	\$20
Emergency room facility	\$125
Ambulance services (ground and air)	\$0



Family planning⁴

Benefit	Covered at
Artificial insemination	50%
IVF/ZIFT/GIFT	50% (limited to a combined 2 treatment cycles per lifetime, per member)

(continued)



Mental health and substance use disorder services

Benefit	Member responsibility
Outpatient office visit	\$0 (visits 1–3) \$20 (visits 4+)
Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	\$0
Inpatient	\$250 per admit



Other services

Benefit	Member responsibility
Durable medical equipment ¹	\$0
Diabetic equipment	\$0
Acupuncture and chiropractic services	\$20 / 24 visits (combined)

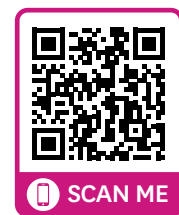


Prescription drugs

Benefit	Member responsibility
Retail Pharmacy up to a 30-day supply (includes Specialty Drugs)	\$5 Tier 1 \$25 Tier 2 \$40 Tier 3
Mail Order/UC Walk-Up Service up to a 90-day supply	\$10 Tier 1 \$50 Tier 2 \$80 Tier 3
Self-injectable drugs up to a 30-day supply	\$20



Get more information about what Health Net offers at our website just for UC members – healthnet.com/uc, or to speak to a dedicated UC Customer Service representative about benefit questions, call our **Health Benefit Navigator team Monday through Friday, 8 a.m.–8 p.m. PT at 800-539-4072.**



¹Preventive care services are covered for children and adults based on guidelines from the U.S. Preventive Services Task Force Grade A and B recommendations; the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC); and the guidelines for infants, children, adolescents, and women’s preventive health care as supported by the Health Resources and Services Administration (HRSA). Preventive care services at MinuteClinic locations are covered at no cost.

²Listed cost share is for services provided through Teladoc; for all other providers, telehealth cost share mirrors in-person cost share based on type of service provided.

³Rehabilitation therapy includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy.

⁴Infertility cost-share does not apply to the member’s Out of Pocket Maximum.

This is merely a brief summary of benefits. It does not include all covered services, limitations or exclusions. Please refer to the *Evidence of Coverage (EOC)* for all terms and conditions of coverage.

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