UNIVERSITY OF CALIFORNIA

Health and Insurance Coverage for Residents and Fellows

UCSF Health

SUMMARY OF BENEFITS

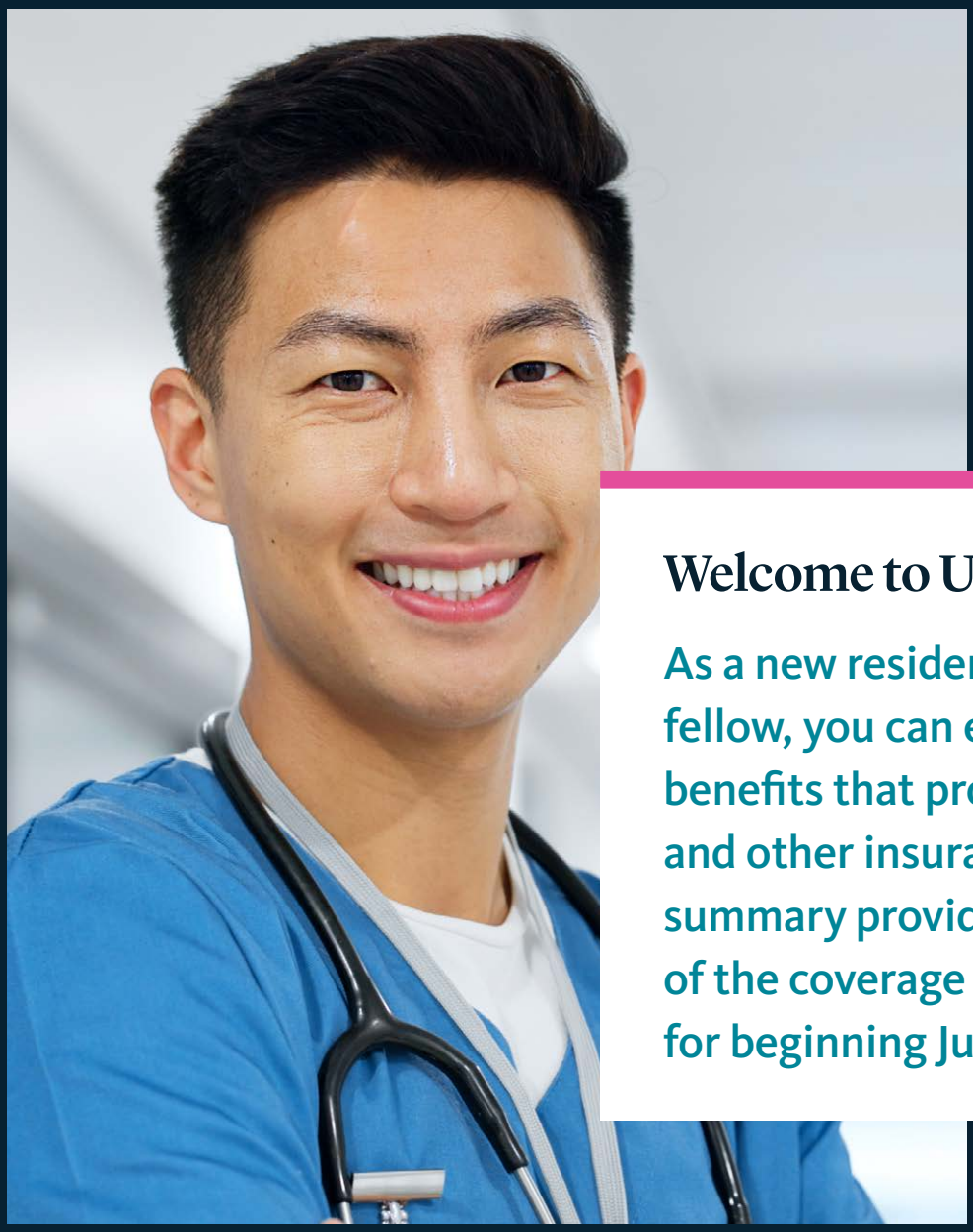
JULY 1, 2025 – JUNE 30, 2026

Your UC health and 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, 2025.

WHO IS COVERED BY THE PLANS?

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, behavioral health, life, AD&D and disability insurance plans**.

You can also cover your spouse or domestic partner, in addition to your dependent children up to age 26, in medical, dental, vision and behavioral health coverage.

COST OF COVERAGE

UC pays the entire cost of coverage for you and your enrolled dependents. Keep in mind that if you cover a domestic partner (and/or their children or grandchildren), you will be taxed on the full cost of their coverage (unless they are your tax dependents). This will be deducted from your paycheck each month. If you elect the Anthem Blue Cross PPO, you will pay a small monthly cost:

- $30 (you only)
- $60 (you + children)
- $60 (you + spouse or domestic partner)
- $90 (you + family)

INFORMATION AT YOUR FINGERTIPS

Learn more about all your benefits and watch a new hire presentation at **ucresidentbenefits.com**.

Your coverage options

Enroll in your medical plan through **PlanSource**.

Medical plan

You can choose between two medical plans. Both plans cover services such as preventive care, doctor's office visits, hospitalization and prescription drugs. However, there are important differences between them — both in your choice of providers and what you pay when you get care (your out-of-pocket costs).

- **Anthem Blue Cross HMO.** You choose a primary care physician (PCP) from the Anthem Blue Cross HMO network, who coordinates your care. Except for emergencies, only care received from Anthem HMO doctors and facilities is covered.
- **Anthem Blue Cross PPO.** You can get care from any doctor or facility, but you'll pay less out of pocket when you see a UC Health or Anthem provider.

MENTAL HEALTH CARE AT YOUR FINGERTIPS

Headspace is a mental health app that puts behavioral coaches, self-care resources, and video-based therapy and psychiatry services all in one place. **All UC residents and fellows and their dependents who are age 18 and older and enrolled in a UC medical plan are eligible to use Headspace.**

All conversations with your care team, plus your sign-up information, are confidential. **Headspace does not notify UC that you are signed up and does not share any information from your conversations with a coach, therapist or psychiatrist.**

Learn more about Headspace at ucresidentbenefits.com, including how you and your covered dependents can register with Headspace.

headspace

WHAT YOU PAY FOR MEDICAL CARE

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 in a benefit year for covered medical and behavioral health services, including prescription drugs.

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

	Anthem PPO			Anthem HMO
	UC Health Center	**Network Provider**	**Out-of-Network Provider**[1]	
Benefit-year deductible[2]	$0	**Self:** $100 **Family:** $200	**Self:** $200 **Family:** $500	$0
Out-of-pocket maximum	**Self:** $1,000 **Family:** $2,000	**Self:** $1,000 **Family:** $2,000	**Self:** $2,000 **Family:** $4,000	**Self:** $1,500 **Family:** $2,500
Preventive care[3]	$0	$0	$0	$0
Doctor, specialist and therapist office visits	$15 copayment	$15 copayment	30%	$10 copayment
Virtual care (LiveHealth Online and LiveHealth Online Psychology)	Not applicable	$15 per visit	Not applicable	$10 per visit
Urgent care visits	$15 copayment	$15 copayment	30%	$10 per visit
Emergency room facility services (waived if admitted)	$50 copayment	$50 copayment (deductible waived)	$50 copayment (deductible waived)	$100 copayment (waived if admitted)
Emergency room doctor and other services	$0	0% (deductible waived)	0% (deductible waived)	
Inpatient hospitalization[4]	$250 copayment	10%	30% plus any amount over Anthem's $600 maximum for non-emergencies	$0
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 Retail 90 pharmacies for 3 times the copayment.	50% of the cost (up to $250 per prescription, retail only)	• $10 for Tier 1 generic drugs • $20 for Tier 2 preferred brand drugs • $35 for Tier 3 non-preferred specialty drugs; drugs purchased at non-HMO pharmacies are covered at 50%, up to $250 per prescription
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	• $20 for Tier 1 generic drugs • $40 for Tier 2 preferred brand drugs • $70 for Tier 3 non-preferred specialty drugs

[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 health 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.

Enroll in your dental plan through **PlanSource**.

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[1]
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 and bridges	10%	20%	20%
Orthodontia For children and adults	50% plus any amount over the $1,000 lifetime maximum		

[1] 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.

Enroll in your vision plan through **PlanSource**.

Vision plan

Exams and lenses are covered once every 12 months, with a small copayment for each, when you see a VSP Vision Care 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: 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 $150 allowance	Any amount over the $110 allowance

FAMILY PLANNING

There's no one way to form a family. Whatever path you take to parenthood, UC wants to help you with the costs by reimbursing you up to a lifetime maximum of $30,000[1] toward eligible services received through our fertility partner, Carrot.

Carrot's comprehensive support and exclusive resources make fertility health care and family-forming resources more accessible and affordable to everyone, regardless of age, sex, sexual orientation, gender identity or location.

Visit ucresidentbenefits.com for more information and to get started on your journey to parenthood with Carrot.

The enrollment disclaimer outlines the tax implications associated with using Carrot services.

[1] Benefits paid under the program are treated as taxable wages for purposes of income and employment tax withholding.

CARROT

Group life, AD&D 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 New York Life — 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 disability or you reach Social Security normal retirement age.

Enroll in your flexible spending accounts through **UCPath**.

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. You can save tax-free money for expenses such as child care costs, doctor's office visits, and prescription copays.

You can choose to participate in one or both of the following: a Medical FSA to pay for health care expenses, and a Dependent Care FSA to pay for child care expenses. Both accounts are administered by WEX.

Residents and fellows who are partially funded by T32 grants received through the UCPath payroll system can make pretax deductions against their UC pay only. Your contributions to an FSA cannot exceed your monthly UC pay.

MEDICAL FLEXIBLE SPENDING ACCOUNT (FSA)

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

- Copayments and coinsurance for doctor's office visits, lab tests, and hospital stays
- 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 and contact lenses

Contribution Limits

In 2025, you can set aside up to $3,200 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 2025 will be available to you after your plan effective date.
- You have until April 15, 2026, to submit claims for reimbursement of expenses incurred between your plan effective date (usually your program start date) and Dec. 31, 2026.

Use it or (mostly) lose it! You can roll over up to $660 each benefit year. Any balance over that amount is forfeited, so carefully estimate your expenses through Dec. 31, 2025. You can submit claims for eligible expenses incurred through your last day of 2025. You can make changes to your election *only if* you have a qualifying life event.

DEPENDENT CARE FSA

The Dependent Care FSA lets you set aside pretax dollars from your paycheck to pay 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, your combined total 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 on to your dependent care expense receipts and submit them later in the year, after you've saved 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 April 15, 2026, to submit claims for reimbursement of expenses incurred between your plan effective date (usually your program start date) and March 15, 2026.

Use it or lose it! Any money remaining in your account after April 15, 2026, is forfeited, so carefully estimate your expenses through March 15, 2026. You can submit claims for eligible expenses incurred through March 15, 2026. You can make changes to your election *only if* you have a qualifying life event.

To learn more about the flexible spending accounts, watch a short video presentation at ucresidentbenefits.com.

To-do's for new hires

You can enroll in your health and insurance benefits beginning on your program start date, and you have 30 days to enroll. If you miss the 30-day deadline, your next opportunity to enroll in benefits is during Open Enrollment or if you have a **qualifying life event**.

If your program hire date is **before** July 1, you'll be required to enroll **twice**: once for the current 2024/25 benefit year and once for the upcoming 2025/26 benefit year. You will see this prompt in PlanSource when you enroll.

Your First 30 Days Requires Three Actions

1. EVALUATE YOUR NEEDS.

Do you want medical, dental and vision coverage?

UC covers the cost of all three, so nothing is deducted from your paycheck. To enroll in these benefits, visit PlanSource.

Do you need to cover anyone else in addition to yourself?

You can add your spouse or domestic partner and any dependent children up to age 26 in PlanSource.

Do you want a flexible spending account (FSA)?

You can choose to participate in one or both of the following: the Medical FSA, which lets you save pretax money that you can use to cover eligible health care expenses, and the Dependent Care FSA, which you can use to cover eligible dependent care expenses. To enroll in an FSA, visit UCPath.

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.

2. ENROLL IN BENEFITS.

Medical, dental, vision coverage

For more information on how to enroll in medical, dental and vision coverage, view step-by-step instructions at ucresidentbenefits.com.

Flexible spending accounts

Enroll in the Medical FSA and/or the Dependent Care FSA through UCPath. You can enroll once you are set up in the UCPath payroll system. Visit **UCPath > Enroll in Benefits** and select the **Open** button to make your FSA elections. You should receive a confirmation email. If you do not receive the email, go back into UCPath and press **Submit**.

3. UPDATE YOUR INFORMATION.

Address and beneficiaries

Do not ignore this step. While logged in to PlanSource, you'll be prompted to update your address and beneficiary information. Your address is needed for ID cards and new benefit information, as well as tax documents. The person or persons you designate as beneficiaries are the ones who will receive benefit payouts (life insurance and disability benefits) in the event you die.

You are automatically enrolled in life, accidental death and dismemberment (AD&D), and short-term and long-term disability insurance.

ID cards: If you enroll in coverage for the first time, you'll receive a new medical ID card in the mail within 10 business days of your completed enrollment.

Resources to support you

UCSF BENEFITS OFFICE

Sharon Mendonça
(415) 476-6529

ENROLL

PlanSource
benefits.plansource.com

UCPath
ucpath.universityofcalifornia.edu

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.

Anthem HMO members can call toll-free **(833) 674-9257**, Monday through Friday, 8 a.m. to 8 p.m. PT.

App Store | Google Play

ON-DEMAND MENTAL HEALTH CARE

Headspace
caresupport@headspace.com
App Store | Google Play

DENTAL

Delta Dental
deltadentalins.com
(800) 765-6003
App Store | Google Play

VISION

VSP
vsp.com
(800) 877-7195
App Store | Google Play

VIRTUAL CARE

LiveHealth Online
anthem.com/ca > Log In > LiveHealth Online
(888) 548-3432
App Store | Google Play

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)

FAMILY PLANNING

Carrot
get-carrot.com/employee-support
(855) 459-0059
Monday through Friday
5 a.m. to 3 p.m. PT
App Store | Google Play

LIFE, AD&D AND DISABILITY

New York Life
newyorklife.com/contact-us
(800) 362-4462
Life: FLX-968370
AD&D: OK-969845
STD: LK-752332
LTD: LK-965664

FLEXIBLE SPENDING ACCOUNTS

WEX
wexinc.com > Products > WEX Benefits Platform > FSA
(866) 451-3399
App Store | Google Play

ucresidentbenefits.com

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 2025 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, 2025. 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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UCSF Health