

# How the PPO plans compare — 2026

View this side-by-side comparison of what the UC PPO plans cover and how much you pay. This table is only a summary of benefits. For more detailed benefits, coverage and contact information, visit UCnet.

Covered service	UC Care	HealthSavings+
<b>2026 UC Health Savings Account (HSA) contribution</b> You can use this money toward your deductible and other out-of-pocket costs. It's yours to keep, even if you leave UC or retire.	None	Up to \$750 (self-only coverage) Up to \$1,500 (family coverage) Amounts prorated for new hires or enrollment during the year.
<b>Medical, behavioral health and prescription drug calendar-year deductible</b> The amount you pay before the plan begins to share in the cost for covered services.	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b> N/A</li> <li>• <b>Blue Shield PPO Tier 2:</b><sup>1</sup> Self-only: \$500 Family: \$1,000</li> </ul> <b>Out-of-network</b> <sup>1</sup> Self-only: \$750 Family: \$1,750	<b>In-network</b> Self-only: \$2,500 Family: \$5,000 <sup>2</sup> <b>Out-of-network</b> <sup>3</sup> Self-only: \$4,000 Family: \$8,000
<b>Medical, behavioral health and prescription drug calendar-year out-of-pocket maximum</b> (includes deductible where applicable) The most you pay for covered health care services in a calendar year.	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1</b><sup>1</sup> Self-only: \$6,100 Family: \$9,700</li> <li>• <b>Blue Shield PPO Tier 2:</b><sup>1</sup> Self-only: \$7,600 Family: \$14,200</li> </ul> <b>Out-of-network</b> <sup>1</sup> Self-only: \$9,600 Family: \$20,200	<b>In-network</b> Self-only: \$6,700 Family: \$13,400 <sup>2</sup> <b>Out-of-network</b> <sup>3</sup> Self-only: \$8,000 Family: \$16,000
<b>Preventive care</b> <sup>4</sup>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b> \$0, deductible waived</li> <li>• <b>Blue Shield PPO Tier 2:</b> \$0, deductible waived</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>5</sup>	<b>In-network</b> \$0, deductible waived <b>Out-of-network</b> 50% after deductible <sup>5</sup>
<b>Doctor and specialist visits</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$30 copayment</li> <li>• <b>Blue Shield PPO Tier 2:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>7</sup>	<b>In-network</b> 30% after deductible <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>24/7 virtual primary care</b> (provided through Accolade Care)	<b>Accolade Care</b> No cost for first 12 visits each year	<b>Accolade Care</b> \$30 per visit before deductible 30% after deductible

Covered service	UC Care	HealthSavings+
<b>Virtual behavioral health</b> provided through Accolade Care	<b>Accolade Care</b> No cost for first 12 visits each year	<b>Accolade Care</b> \$30 per visit before deductible 30% after deductible
<b>Outpatient behavioral health visits</b>	<b>In-network</b> <b>Office visit:</b> \$0 for first 3 visits, then \$30 per visit; deductible waived <b>Other outpatient visits:</b> \$30 per visit; deductible waived  <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>Infertility treatment</b> (provided through WINFertility) All infertility services are subject to medical necessity and prior authorization by WINFertility: (877) 451-3077. <sup>7</sup>	<b>In-network</b> IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of 2 treatment cycles per lifetime, per member Amounts spent on infertility treatment do not apply toward out-of-pocket maximum All infertility services are subject to medical necessity and prior authorization	<b>In-network</b> IVF, GIFT and ZIFT covered at 50% after deductible, up to a combined limit of 2 treatment cycles per lifetime, per member Amounts spent on infertility treatment do not apply toward out-of-pocket maximum All infertility services are subject to medical necessity and prior authorization
<b>Chiropractic/acupuncture</b>	<b>In-network</b> • <b>UC Select Tier 1:</b> <sup>6</sup> Available only through Blue Shield PPO providers. • <b>Blue Shield PPO Tier 2:</b> 30% after deductible  <b>Out-of-network</b> <b>Chiropractic:</b> 50% after deductible <sup>8</sup> <b>Acupuncture:</b> 30% after deductible <sup>8</sup> Limited to 24 combined visits annually	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> <b>Chiropractic:</b> 50% after deductible <sup>8</sup> <b>Acupuncture:</b> 30% after deductible <sup>8</sup> Limited to 24 combined visits annually
<b>Retail clinic</b> (on-site health clinics located in retail stores and pharmacies) Benefits listed are for in-network providers.	<b>UC Select Tier 1</b> N/A  <b>Blue Shield PPO Tier 2</b> 30% after deductible	30% after deductible
<b>Virtual second opinion services</b> (provided through 2nd.MD)	<b>2nd.MD</b> No cost for a virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.	<b>2nd.MD</b> No cost for a virtual second opinion from a leading specialist about a new diagnosis, surgery, treatment plan or medication.

Covered service	UC Care	HealthSavings+
<b>Urgent care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$30 copayment</li> <li>• <b>Blue Shield PPO Tier 2:</b> \$30 copayment; deductible waived</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>Emergency care</b>	\$300 copayment per visit if not admitted; \$250 if admitted	30% after deductible
<b>Ambulance emergency transport</b>	\$200 copayment per trip; deductible waived	30% after deductible
<b>X-ray and lab procedures</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$30 copayment</li> <li>• <b>Blue Shield PPO Tier 2:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> <sup>4</sup> 50% after deductible <sup>5</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> <sup>4</sup> 50% after deductible <sup>8</sup>
<b>Outpatient surgery</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$100 copayment</li> <li>• <b>Blue Shield PPO Tier 2:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>Hospitalization</b> (medical and behavioral health)	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$250 per admission</li> <li>• <b>Blue Shield PPO Tier 2:</b> Medical: 30% after deductible Behavioral health: \$250 per admission</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>8</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>Maternity care</b>	<b>In-network</b> <ul style="list-style-type: none"> <li>• <b>UC Select Tier 1:</b><sup>6</sup> \$30 for initial visit; \$0 for childbirth/delivery services; \$250 copayment for hospital admission</li> <li>• <b>Blue Shield PPO Tier 2:</b> 30% after deductible</li> </ul> <b>Out-of-network</b> 50% after deductible <sup>5</sup>	<b>In-network</b> 30% after deductible  <b>Out-of-network</b> 50% after deductible <sup>8</sup>
<b>Coverage outside the U.S.</b> <sup>9</sup>	You pay 30% of the cost after the deductible	You pay 30% of the cost after the deductible

Covered service	UC Care	HealthSavings+
<b>Prescription drugs</b> (provided through Navitus)	<b>In-network</b> <b>Preferred pharmacies</b> (select UC Medical Center pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart) <b>and Costco mail order</b> <b>Tier 1 (preferred generics):</b> \$10 (30-day supply) \$20 (31–90-day supply) <b>Tier 2 (preferred brand):</b> \$30 (30-day supply) \$60 (31–90-day supply) <b>Tier 3 (non-preferred):</b> \$50 (30-day supply) \$100 (31–90-day supply) <b>Tier 4 (specialty products):</b> 30%, up to \$150 (30-day supply) <b>All other Navitus in-network pharmacies</b> (participating pharmacies) <b>Tier 1 (preferred generics):</b> \$10 (30-day supply) \$20 (31–60-day supply) \$30 (61–90-day supply) <b>Tier 2 (preferred brand):</b> \$30 (30-day supply) \$60 (31–60-day supply) \$85 (61–90-day supply) <b>Tier 3 (non-preferred):</b> \$50 (30-day supply) \$100 (31–60-day supply) \$130 (61–90-day supply) <b>Out-of-network</b> You pay 50% of the cost.	<b>In-network</b> <b>Participating pharmacies</b> <b>Retail:</b> You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 30% for most covered drugs. Fill up to a 90-day supply through Costco mail order, a UC Medical Center pharmacy, or a Retail 90 pharmacy. <b>Out-of-network</b> You pay the full cost of prescriptions until you reach the plan deductible. After that, you pay 50% for most covered drugs.

<sup>1</sup> The UC Select and Blue Shield PPO Tier 2 in-network deductibles and out-of-network deductibles and out-of-pocket maximums do not cross-accumulate (that is, they are separate and do not count toward each other). In-network (UC Select Tier 1 and Blue Shield PPO Tier 2) medical and prescription drug out-of-pocket copayment maximums do count toward each other.

<sup>2</sup> The self-only deductible and out-of-pocket maximum apply only to individuals enrolled under self-only coverage. For family coverage, the cost shares of all family members apply to one shared family deductible and family out-of-pocket maximum.

<sup>3</sup> With the HealthSavings+, amounts paid toward the in-network deductible and in-network out-of-pocket maximum also count toward the out-of-network deductible and out-of-pocket maximum, and amounts paid for out-of-network emergency services count toward the in-network out-of-pocket maximum. However, the out-of-network deductible and the out-of-network out-of-pocket maximum do not count toward the in-network deductible or in-network out-of-pocket maximum.

<sup>4</sup> Not all services provided during a preventive care visit may be considered preventive health. For more information about what services are covered, go to blueshieldca.com.

<sup>5</sup> Note about out-of-network providers: In addition to any deductible and coinsurance, you are responsible for any billed charge that exceeds Blue Shield's maximum allowed amount for services. These additional amounts do not apply toward your out-of-pocket maximum.

<sup>6</sup> Not all services are available through UC Select Tier 1 providers but can be obtained through the Blue Shield PPO Tier 2 provider network.

<sup>7</sup> If found medically necessary by WINFertility, IUI is a covered service of your infertility benefit if utilized prior to exhausting the lifetime maximum of 2 cycles of treatment.

<sup>8</sup> For outpatient nonemergency services in an out-of-network facility or ambulatory surgery center, the plan will pay a per-visit maximum of: UC Care \$175; HealthSavings+ \$210. For inpatient nonemergency services in an out-of-network facility, the plan will pay a per-day maximum of: UC Care \$300; HealthSavings+ \$360. UC Care: Inpatient per-day maximum does not apply to mental/behavioral and substance use services.

<sup>9</sup> When services are coordinated through the Blue Cross Blue Shield Global Core network.