Health Net of California, Inc. (Health Net)

University of California

UC Blue & Gold

2026 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	$30
Specialist office visit	$30
Preventive care services[1]	$0
MinuteClinic[1]	$30
Telehealth services through Teladoc Health[2]	$0
Rehabilitation therapy[3]	$30
X-ray procedures[1]	$0
Laboratory procedures[1]	$0
Complex radiology (includes CT, SPECT, PET, MUGA, and MRI)	$0

	Benefit	Member responsibility
Facility services	Outpatient surgery (hospital or ambulatory surgery center)	$100
	Inpatient hospital	$250 per admit
	Skilled nursing facility (100-day maximum)	$0
Emergency services	Urgent care services	$30
	Emergency room facility	$125
	Ambulance services (ground and air)	$0
Family planning	Artificial insemination	Covered at plan benefits
	IVF/ZIFT/GIFT	Covered at plan benefits limited to a combined 3 completed oocyte retrievals per lifetime and unlimited transfers, per member

Note: Covered at plan benefits"indicates that the cost of the service will be applied to your plan's standard cost-sharing (e.g., your copay for office visits, inpatient hospital stays, or prescription drugs).

(continued)

	Benefit	Member responsibility
Mental health and substance use disorder services	Outpatient office visit	$0 (visits 1–3) $30 (visits 4+)
	Outpatient other (includes partial hospitalization/day treatment/intensive outpatient programs)	$0
Other services	Durable medical equipment	$0
	Diabetic equipment	$0
	Acupuncture and chiropractic services	$20 / 24 visits (combined)
Prescription drugs	Retail Pharmacy up to a 30-day supply	$10 Tier 1 $30 Tier 2 $50 Tier 3
	Mail Order/UC Walk-Up Service up to a 90-day supply	$20 Tier 1 $60 Tier 2 $100 Tier 3
	Specialty drugs up to a 30-day supply	30% coinsurance up to $150 maximum per drug
	Office based Injectable drugs	$30
	Infertility drugs	Covered at plan benefits

Note: Covered at plan benefits"indicates that the cost of the service will be applied to your plan's standard cost-sharing (e.g., your copay for office visits, inpatient hospital stays, or prescription drugs).

UC Health Benefit Navigator

(800) 539-4072
Monday through Friday,
8:00 a.m. to 8:00 p.m. (Pacific)

healthnet.com/uc

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[1]Preventive 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.

[2]Listed 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.

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

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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