

Medical Plan Benefit Summary 2014-2015				
Key Benefits	The Ashe Center	UC Family*†	In-Network*	Out-of-Network*
Benefit Year Deductible	N/A	N/A	\$300	\$500
Annual Out-of-Pocket Maximum	\$2,000		\$3,000	\$6,000
Physician Office Visit	\$0	\$10	\$25 (ded. waived)*	40%*
Specialist Copay	\$0	\$15	\$40 (ded. waived)	40%
Lab and X-ray				
• CT, MRI, PET scans	N/A	10%	20%	40%
• Lab	10%	10%	20%	40%
• X-Ray	\$0	10%	20%	40%
Hospitalization				
• In-patient	N/A	10%	\$250 per Admit + 20%	\$500 + 40%
• Out-patient	N/A	10%	\$125 per Admit + 20%	\$250 + 40%
Emergency Room	N/A	\$125	\$125 (ded. waived)	\$125-anything above allowed amount (ded. waived)
Urgent Care	\$0	\$25	\$25 (ded. waived)	40%
Mental Health/Substance Abuse	Counseling and Psychological Services (CAPS) + BHS	Counseling and Psychological Services (CAPS) + BHS	Counseling and Psychological Services (CAPS) + BHS	Counseling and Psychological Services (CAPS) + BHS
Physical & Occupational Therapy	\$15	\$15	\$40 (ded. waived)	40%
Acupuncture	\$15	\$15	\$40	40%
Chiropractor	N/A	\$15	\$40	40%
Other Professional Services	10%	10%	20%	40%
Prescription Drugs	\$5 generic \$25 brand-name formulary, 30-day supply \$40 brand-name non-formulary, 30-day supply	\$10 generic \$40 brand-name formulary, 30-day supply \$60 brand-name non-formulary, 30-day supply	\$10 generic \$40 brand-name formulary, 30-day supply \$60 brand-name non-formulary, 30-day supply	\$10 generic \$40 brand-name formulary, 30-day supply \$60 brand-name non-formulary, 30-day supply +amounts exceeding Ventegra maximums
Note: 100% prescription coverage for FDA-approved generic prescription contraceptives and brand-name prescription contraceptives when a generic equivalent is not available only at a Ventegra pharmacy network provider.				

*Ashe Referral Required

† UC Family includes Ronald Reagan UCLA Medical Center, UCLA Medical Center, Santa Monica, UCI, UCSD, UCSF, and UCD.

Call us at (310) 825-4073 or visit www.studenthealth.ucla.edu for plan details.

