



**SUMMARY OF THE UNIVERSITY OF THE PACIFIC OVER 65 RETIREE MEDICAL PLAN BENEFITS
MUST BE ENROLLED IN MEDICARE PART A AND B TO BE ELIGIBLE FOR THIS PLAN
Deductibles, Out-of-Pocket and Lifetime Maximums**

The chart below shows the portion of expenses for which **YOU** will be responsible.

YOUR MEDICAL PLAN BENEFITS

Plan Benefits	OVER 65 PPO	
	Network	Non-Network
Lifetime Maximum	Unlimited	
Calendar Year Deductible	\$300 Individual \$900 Family* *Family deductible is considered met when 3 family members satisfy their individual deductible.	
	\$1,500 Individual \$3,000 Family	\$1,500 Individual \$3,000 Family
	Non-Network does not combine with Network	
Office Visits	No Charge	20% coinsurance
Preventive Care	No Charge Deductible waived	20% coinsurance
Acupuncture	No Charge 12 visits per Calendar year	20% coinsurance 12 visits per Calendar year
Chiropractor	\$10 copay 30 visits per Calendar year	20% coinsurance 30 visits per Calendar year
Durable Medical Equipment(DME)	No Charge	20% coinsurance
Lab & X-Ray	No Charge	20% coinsurance
Lab & X-Ray - Preventive	No Charge Deductible waived	20% coinsurance

Inpatient Hospital	No Charge	20% coinsurance
Outpatient Surgery	No Charge	20% of \$350 max per day
Emergency Room Facility – Physician -	\$100 copay Waived if admitted No Charge	\$100 copay Waived if admitted No Charge
Emergency Transportation	20% coinsurance	20% coinsurance

YOUR PRESCRIPTION PLAN BENEFITS THROUGH ANTHEM BLUE CROSS

PRESCRIPTIONS	PPO
	30 days
Retail Supply	
Generic	\$15
Brand Name	\$25
Non-Formulary	\$45
Self-Administered Injectables	20% coinsurance to max \$100
Mail Order Supply	90 days
Generic	\$15
Brand Name	\$25
Non-Formulary	\$45
Self-Administered Injectables	20% coinsurance to max \$150

