

RESIDENTS & FELLOWS BENEFITS COMPARISON SUMMARY 2009 - 2010
Plan Year July 1, 2009 to June 30, 2010

| MEDICAL PLANS - a choice to be made | BLUE CROSS (PPO) Requires monthly premium of \$30 - single; \$60 - single+Spouse; \$60 - single+child(ren); \$90 - family | HEALTH NET (HMO) |
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| <i>Types of plans and features...</i> | Hospital & provider networks available; benefit levels improved through use of PPO providers | A health maintenance organization |
| Physician Requirements | Physician of your choice either in or out-of-network | Must utilize Health Net physicians |
| Pre-existing Conditions | Not applicable | Not applicable |
| Claim Forms | None for PPO Providers; forms required out-of-network | None |
| Deductibles | PPO Provider - none; Out-of-Network - \$200 Individual Deductible ¹ | None |
| Stop Loss Limit | After Blue Cross makes \$5,000 total payment in a policy year, covered medical expenses are paid at 100% for the rest of the policy year | \$1,500 out-of-pocket maximum |
| Plan Benefits (outpatient) | PPO - Office visits, well child & adult care - 100% after \$20 copay; services other than office visits covered at 80% Out-of-Network - Covered at 60% after deductible | \$20 co-payment \$50 co-payment for urgent care center (professional or facility) |
| Maximum Lifetime Benefit | \$5,000,000 | Unlimited |
| Hospitalization | 80% PPO, 60% Out-of-Network, based on semi-private room & board \$500 penalty for out-of-network hospital without pre-certification | No charge - Semi-private room & board |
| Emergency Room | \$50 copayment for PPO or Out-of-Network | \$100 copay (waived if admitted) |
| Home Health Care | 80% PPO, 60% Out-of-Network ² (100 visits per plan year) | \$20 copayment when authorized by medical group |
| Durable Medical Equipment | 80% PPO, 60% Out-of-Network | No charge |
| Maternity Care | Plan pays as any other medical condition | \$20 copayment |
| Well-child Care | ² 100% PPO after \$20 copay (age schedule) up to age 16 ² 60% Out-of-Network after deductible (age schedule) up to age 16 | \$20 copayment |
| Mental Health Care (outpatient) (inpatient) | \$20 copay to 30 visits per year (Deductible waived) \$250 copay per admission, 80% to 30 days max per plan year (Deductible waived) COMBINED WITH ALCOHOL & DRUG ABUSE | \$20 copay to 30 visits per year - services through MHN No charge to 30 days per plan year COMBINED WITH ALCOHOL & DRUG ABUSE |
| Severe Mental Health Care is covered as any other illness | | |
| Alcohol & Drug Abuse (outpatient) (inpatient) | 100% up to 30 visits per plan year/maximum 80% (PPO only) to 30 day max per plan year (Deductible waived) COMBINED WITH MENTAL HEALTH CARE | \$20 copay to 30 visits per year No charge to 30 days per plan year COMBINED WITH MENTAL HEALTH CARE |
| Prescription Drugs | Retail Copay - \$10 for Generic/\$20 for Brand/\$40 for non-formulary up to 34 day supply Mail Order Copay - 2 times Retail Copay up to 90 day supply | Retail Copay - \$10 for Generic/\$20 for Brand \$35 for non-formulary up to 34 day supply Mail Order Copay - 2 times Retail up to 90 day supply |
| Out-of-Area Service | Emergency services covered worldwide | Emergency services covered worldwide |

¹\$600 Family Deductible²\$500 policy year maximum applies to services not covered in the state mandate under Blue Cross

UCSF RESIDENTS & FELLOWS BENEFITS SUMMARY (continued)

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| DENTAL PLAN | Preventative care covered at 100%; most other services @ 90% DPO dentists/80% other providers |
| automatic coverage/enrollment by DELTA DENTAL of all enrollees | No deductible at DPO dentists/\$50 deductible for non-DPO dentists; \$1,500 annual max benefit; orthodontia @ 50% for dependent children to age 19 & adults with \$1,000 lifetime max; TMJ & Implants separate max of \$1,500 each. If your dental work will cost more than \$300, please ask your dentist to request a predetermination. |

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| VISION PLAN | Exam and lens every 12 months + frames every 24 months; copay limited to \$10 for exam and \$25 for materials; free choice of provider from extensive VSP list, no referral necessary |
| automatic coverage by VSP of all enrollees | |

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| LIFE INSURANCE and AD&D | Life insurance coverage = \$50,000 for principal insuree (no dependent coverage available) |
| Automatic coverage by Sun Life primary enrollees | Accidental death& dismemberment principal sum = \$50,000 |

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| LONG TERM DISABILITY (LTD) | LTD coverage described below included in premium structure for principal insurees (no dependent coverage) | |
| Automatic coverage by Sun Life primary enrollees | | |
| Elimination period | | 30 days |
| Benefit percentage | | 66.67% |
| Monthly benefit maximum | | \$3,000 |
| Maximum covered earnings | | \$4,500 |
| Benefit duration | | to age 65 |
| Definition of disability | 2 year Own Occupation, any occupation thereafter | |
| Integration | | social security |
| Cost-of-living increases | | 3% for 5 yrs |
| Limitation/exclusion | benefits payable while residing in US or Canada only | |
| Survivor income benefit | | 6 mo lump sum payment |
| Pre-existing condition | | 30 pre-emp; waived after day 5 |
| Mental & Nervous limit | | 2 year |
| Group conversion available | | yes |

This document provides a brief description of UCSF Residents & Fellows plans as of July 1, 2008. The actual Plan Documents and Summary Plan descriptions govern at all times.