

## Medical / Rx Insurance

### Anthem Blue Cross Blue Shield NV BlueSecure

The Medical Plan provides comprehensive medical and prescription drug coverage. The plan is considered a preferred provider organization plan (a “PPO”), which takes advantage of network providers that have negotiated lower rates with the plan’s PPO network. The plan offers different benefits depending on if you choose an in-network provider or out-of-network provider when you seek care.

For non-participating providers, you must pay the difference between the maximum allowed amount and the non-participating provider’s billed charges, unless noted otherwise. Charges in excess of the maximum allowed amount do not count toward the satisfaction of the deductible. Please see the section of your certificate entitled About Your Health Coverage for details about cost sharing requirements.

### COST OF COVERAGE

USC pays 100% of the cost of Employee-Only coverage. If you elect to cover your eligible dependent(s), you will pay \$100 per month.

Quick Facts	
<b>ELIGIBILITY</b>	<ul style="list-style-type: none"> <li>Full-time benefit-eligible employees, working 36 or more hours per week (excluding on-call hours), are covered on the first day of the month, coinciding with or next following 60 days of continuous employment</li> <li>Eligible dependents include your Spouse or Registered Domestic Partner (RDP) and children under age 26</li> </ul>
<b>INSURANCE COMPANY</b>	<ul style="list-style-type: none"> <li>Anthem Blue Cross Blue Shield (NV)</li> </ul>
<b>SPECIAL NOTE</b>	<ul style="list-style-type: none"> <li>When you enroll for medical insurance, you (and any covered dependents) will automatically be enrolled in the Anthem Blue Cross Blue Shield Prime Dental and BlueView Vision coverage.</li> </ul>

Benefits	Anthem Blue Cross Blue Shield of Nevada BlueSecure PPO Providers	Non-Network Providers
<b>Calendar Year Deductibles</b> – Each Individual / Family Maximum	\$250 / \$750 One member may not contribute any more than the individual deductible toward the family deductible.	\$500 / \$1,500
<b>Out-of-Pocket Annual Maximum</b> – Each Individual / Family Maximum	\$2,250 / \$4,750 One member may not contribute any more than the individual out-of-pocket annual maximum toward the family out-of-pocket annual maximum.	\$4,500 / \$9,500
<b>Lifetime Maximum Benefit</b>	No Lifetime Maximum	
<b>Physician Office Visits</b>		
> PCP	\$15 copay (\$200 for the 1st prenatal care visit)	40% coinsurance after deductible
> Specialist	\$30 copay	40% coinsurance after deductible
- Preventive Care	No copay	40% coinsurance after deductible
- Well Baby Visits	No copay	40% coinsurance after deductible
<b>Urgent Care Centers</b>	\$30 copay	40% coinsurance after deductible
<b>Emergency Care</b> (waived if admitted)	10% coinsurance after \$200 copay per visit	10% coinsurance after \$200 copay per visit
<b>Ambulance</b>	10% coinsurance after deductible	
<b>Diagnostic X-Ray / Laboratory</b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Inpatient Hospital Services</b>	All hospital admissions are subject to the Prior Authorization Program	
- Facility	10% coinsurance after deductible	40% coinsurance after deductible
- Surgery/doctor visits	10% coinsurance after deductible	40% coinsurance after deductible
<b>Skilled nursing facility</b>	All SNF admissions are subject to the Prior Authorization Program / 100 Day/Yr. Limit	
	10% coinsurance after deductible	40% coinsurance after deductible
<b>Ambulatory Surgery</b> (facility/physician)	10% coinsurance after deductible	40% coinsurance after deductible
<b>Durable Medical Equipment</b>	10% coinsurance after deductible	40% coinsurance after deductible
<b>Behavioral Health / Substance Use</b>		
- Inpatient - Facility	10% coinsurance after deductible	40% of UCR, after deductible
- Inpatient - Physician	10% coinsurance after deductible	40% of UCR, after deductible
- Outpatient - Facility	10% coinsurance after deductible	40% of UCR, after deductible
- Outpatient - Professional	\$15	40% of UCR, after deductible
<b>Prescription Drugs</b>		
- generic	\$15 copay	50%
- brand / no generic	\$45 copay	50%
- brand / generic available	\$75 copay	50%
- specialty drug	30% up to \$500 copay	30% up to \$1,000 copay