

# How the plans compare – 2026

View a side-by-side comparison of what the UC Medicare Supplement PPO plans cover and how much you pay. This table is a summary of benefits only. Medicare is your primary coverage. These medical plans are a supplement to Original Medicare. When you receive a Medicare-covered service, Medicare pays first. Then your plan pays a portion of the remaining expense based on the Medicare-allowable amount. For more details about benefits and coverage, and for contact information, visit UCnet.

Covered service	UC Medicare Supplement PPO	UC Medicare Supplement PPO Without Prescription Drugs	UC High Option Supplement to Medicare
<b>Medicare Part A and Part B deductibles</b>  These three plans cover the Medicare Part A and Part B deductibles in full.	<b>Deductible:</b> \$0	<b>Deductible:</b> \$0	<b>Deductible:</b> \$0
<b>Benefits Beyond Medicare deductible</b>  The amount you pay before the plan begins to share in the cost.  The plan pays for certain services that Medicare does not cover at all or for which Medicare limits have been reached, such as inpatient hospital care beyond Medicare limits.	<b>Deductible:</b> \$100 per covered person	<b>Deductible:</b> \$100 per covered person	<b>Deductible:</b> \$50 per covered person
<b>Out-of-pocket maximum</b>  The most you'll pay for covered medical and behavioral health services in a calendar year. <sup>1</sup>	\$1,500 per covered person (includes deductible for Benefits Beyond Medicare)	\$1,500 per covered person (includes deductible for Benefits Beyond Medicare)	\$1,050 per covered person (includes deductible for Benefits Beyond Medicare)

<sup>1</sup> Includes copayments for Medicare-covered services, copayments and deductibles for Benefits Beyond Medicare services, and copayments and deductibles for Medicare-covered services not paid by Medicare. Does not include amounts in excess of plan maximum allowed amounts for Benefits Beyond Medicare services. This is separate from the prescription drug plan maximums.

## What you pay for services

**Preventive care:** Medicare covers 100% of the cost for the “Welcome to Medicare” preventive visit and annual wellness visits, as well as specific services Medicare considers preventive based on gender and age. Note that Medicare does not cover what is generally known as a physical exam. Learn more at [medicare.gov](https://www.medicare.gov).

Covered service	UC Medicare Supplement PPO	UC Medicare Supplement PPO Without Prescription Drugs	UC High Option Supplement to Medicare
<b>Doctor and specialist visits</b>	<b>Medicare providers:</b> 20% after Medicare pays	<b>Medicare providers:</b> 20% after Medicare pays	<b>Medicare providers:</b> \$0 after Medicare pays
<b>Hospitalization</b>	<b>Facility:</b> \$0 for up to 60 days, then 20% after Medicare pays, up to Medicare lifetime reserve days. Then 20% after Benefits Beyond Medicare deductible.  <b>Doctor:</b> 20% after Medicare pays	<b>Facility:</b> \$0 for up to 60 days, then 20% after Medicare pays, up to Medicare lifetime reserve days. Then 20% after Benefits Beyond Medicare deductible.  <b>Doctor:</b> 20% after Medicare pays	<b>Facility:</b> \$0, up to Medicare lifetime reserve. Then 20% after Benefits Beyond Medicare deductible.  <b>Doctor:</b> \$0 after Medicare pays
<b>Urgent care</b>	<b>Medicare providers:</b> 20% after Medicare pays	<b>Medicare providers:</b> 20% after Medicare pays	<b>Medicare providers:</b> \$0 after Medicare pays
<b>Prescription drug deductible</b>	None	N/A	None
<b>Prescription drug out-of-pocket maximum</b>	None	N/A	\$1,000
<b>Medicare true out-of-pocket maximum (TrOOP)</b>  The most you'll pay for covered Medicare Part D prescriptions in a calendar year.	\$2,100 <sup>2</sup>	Prescription drugs are not covered under this plan.	\$2,100 <sup>3</sup>

<sup>2</sup> Medicare Supplement PPO plan members: You continue to pay the cost of Extra Covered Drugs, even after the Medicare \$2,100 True Out-of-Pocket Maximum (TrOOP) is reached.

<sup>3</sup> High Option Supplement plan members: Once you reach the \$1,000 drug plan out-of-pocket maximum, you are no longer responsible for a copayment for prescription drugs until the next calendar year begins. Out-of-pocket costs for Extra Covered Drugs apply toward the \$1,000 out-of-pocket maximum but not toward the Medicare \$2,100 True Out-of-Pocket Maximum (TrOOP). Coverage gap discounts provided by manufacturers and health plans will no longer apply or count toward the Medicare \$2,100 TrOOP. Starting Jan. 1, 2026, only your copayments for covered Medicare Part D prescription drugs will count toward the Medicare TrOOP. You will continue to pay a copayment for Extra Covered Drugs until you reach the plan's \$1,000 out-of-pocket maximum. After that, the plan will pay 100% for all covered drugs, including Extra Covered Drugs.

Covered service	UC Medicare Supplement PPO	UC Medicare Supplement PPO Without Prescription Drugs	UC High Option Supplement to Medicare
<b>Prescription drugs at preferred pharmacies</b> (select UC Medical Center pharmacies, Costco, CVS, Safeway/Vons, Walgreens, Walmart) <b>and Costco mail order</b>	<b>Select generic:</b> \$0 (not all dosages are covered at a \$0 cost share) Tier 1 (preferred generic): \$15 (30-day supply) \$30 (31–90-day supply) Tier 2 (preferred brand): \$35 (30-day supply) \$70 (31–90-day supply) Tier 3 (non-preferred): \$50 (30-day supply) \$100 (31–90-day supply) Tier 4 (specialty products <sup>4</sup> ): \$35 (30-day supply)	Not covered	<b>Select generic:</b> \$0 (not all dosages are covered at a \$0 cost share) Tier 1 (preferred generic): \$15 (30-day supply) \$30 (31–90-day supply) Tier 2 (preferred brand): \$35 (30-day supply) \$70 (31–90-day supply) Tier 3 (non-preferred): \$50 (30-day supply) \$100 (31–90-day supply) Tier 4 (specialty products <sup>4</sup> ): \$35 (30-day supply)
<b>Prescription drugs at all other Navitus in-network pharmacies</b> (participating pharmacies)	<b>Select generic:</b> \$0 (not all dosages are covered at a \$0 cost share) Tier 1 (preferred generic): \$15 (30-day supply) \$30 (31–60-day supply) \$45 (61–90-day supply) Tier 2 (preferred brand): \$35 (30-day supply) \$70 (31–60-day supply) \$105 (61–90-day supply) Tier 3 (non-preferred): \$50 (30-day supply) \$100 (31–60-day supply) \$150 (61–90-day supply) Tier 4 (specialty products <sup>4</sup> ): \$35 (30-day supply)	Not covered	<b>Select generic:</b> \$0 (not all dosages are covered at a \$0 cost share) Tier 1 (preferred generic): \$15 (30-day supply) \$30 (31–60-day supply) \$45 (61–90-day supply) Tier 2 (preferred brand): \$35 (30-day supply) \$70 (31–60-day supply) \$105 (61–90-day supply) Tier 3 (non-preferred): \$50 (30-day supply) \$100 (31–60-day supply) \$150 (61–90-day supply) Tier 4 (specialty products <sup>4</sup> ): \$35 (30-day supply)

<sup>4</sup> Specialty products are limited to a 30-day supply.