



## **UNIVERSITY OF CALIFORNIA 2004 BENEFIT CLARIFICATIONS**

### ***BLUE CROSS PLUS***

- ◆ INFERTILITY BENEFIT FOR TESTING AND STUDIES

#### ***2003 BENEFIT:***

50% COVERED IN NETWORK  
NOT COVERED OUT OF NETWORK

#### ***2004 BENEFIT:***

NOT COVERED IN NETWORK  
50% COVERED AT OUT OF NETWORK PPO PROVIDERS ONLY (DEDUCTIBLE DOES NOT APPLY)

### ***BLUE CROSS PLUS, PPO, AND HIGH OPTION PLANS***

- ◆ DIABETIC SYRINGES ARE COVERED AT RETAIL AND MAILORDER BRAND NAME COPAYS ONLY
- ◆ ALCOHOL SWABS ARE COVERED UNDER DIABETIC SUPPLIES AT NO COPAY
- ◆ SWITCHING MAIL ORDER VENDOR FROM EXPRESS PHARMACY SERVICES TO PRECISIONRX
- ◆ MEMBERS CAN FILL MAIL ORDER PRESCRIPTIONS BY:
  1. MAILING THE PRESCRIPTION TO PRECISIONRX OR
  2. FILLING THE PRESCRIPTION AT A PARTICIPATING UC PHARMACY

### ***ALL BLUE CROSS PLANS (BLUE CROSS PLUS, PPO, HIGH OPTION, AND CORE PLANS)***

- ◆ DURABLE MEDICAL EQUIPMENT – THERAPEUTIC SHOES AND INSERTS ARE NOW COVERED REGARDLESS IF THERE IS A DIABETIC MEDICAL CONDITION