



Health Insurance 101

Individual Health Insurance in California

University of California, Berkeley
Student Health Insurance Office –Tang Center
Spring Semester 2012

Health Care <i>vs.</i> Health Insurance	
<p>Health Care is...</p> <p>Provision of Medical Services — <i>by</i></p> <ul style="list-style-type: none"> • Private Physicians & Hospitals • Community Clinics • Public Hospitals & Clinics <p>Method of Payment:</p> <ul style="list-style-type: none"> • private pay or insurance • sliding scale ability to pay • free medical care 	<p>Health Insurance is...</p> <p>Promise to Pay — <i>for</i></p> <ul style="list-style-type: none"> ✓ Coverage of Specific Medical Services <p>Assumption of Risk</p> <ul style="list-style-type: none"> ✓ Yours and Theirs <p>Commodity</p> <ul style="list-style-type: none"> ✓ “What the market will bear”

Insurance Options for Individuals & Families

1. Private Health Insurance for Individuals and Families
 - HMO and PPO Plans
 - Short-Term Health Plans
 - Tax-Based Incentives
2. Prior Group Health Insurance
 - COBRA/Conversion Plans/HIPAA
3. Federal & State ‘Safety Net’ Programs
 - Pre-Existing Condition Insurance Plan
 - Major Risk Medical Insurance Program
4. Public Programs & and Non-Profit Plans for Low-Income Families, Children and/or Pregnant Women
 - Medi-Cal
 - Other Public Programs & Non-Profit Plans
 - County “Medically Indigent” Programs

Introductory Information

- Who is a Dependent?
 - Spouse or Domestic Partner
 - Child: For health insurance purposes only, dependent children must be under age 26 and not covered by employer-sponsored group health insurance
- Does UC Berkeley have a dependent health insurance plan?
 - **Yes, beginning with the 2011-2012 academic year**, the UC Student Health Insurance Plan (UC SHIP) offers a voluntary dependent health insurance plan
 - We also provide many resources to assist students with obtaining health insurance for their dependents, such as this workshop, personal consultation and referral, website and handouts

Insurance for Individuals and Families How to Find the Right Plan

- Questions to Ask:
 - ✓ Who needs coverage?
 - You, your spouse, domestic partner, children?
 - ✓ What are your health care needs or plans?
 - Are you getting married, or having a baby?
 - ✓ Do you have any pre-existing health conditions?
 - If yes, you may not qualify for individual insurance
 - ✓ What is your income level?
 - Are public insurance programs available to you?
 - ✓ Are you leaving a job soon?
 - Will you have continuing health benefits, such as COBRA?
 - ✓ What is your residency status?
 - Have you lived in California for at least three months?
 - ✓ What is your citizenship status?
 - Are you a US citizen, or do you have F or J visa status?

Health Care Reform





The Patient Protection and Affordable Care Act (ACA)

- Pre-existing health conditions
 - ✓ High Risk Pool established for persons with pre-existing conditions
 - California has added a Pre-Existing Condition Insurance Plan (PCIP) to its existing major risk plan (MRMIP)
- Coverage under your parent's plan
 - ✓ Children under 26 can stay on or join parent's plan (applies to both **individual** and **group** plans)
- Limits on Services Eliminated
 - ✓ Annual and Lifetime Limits - Policies with annual or lifetime limits on "essential benefits" are being phased out
- Preventive Health Services with No Share of Cost
 - ✓ A wide range of preventive care services—including immunizations and well women exams—must be covered without cost-sharing

BY 2014, ALL PERSONS MUST HAVE HEALTH INSURANCE

Health Care Reform Act 2014 Full Implementation





Changes for Californians with Insurance

Source of Coverage	Coverage Options	New Costs and Benefits
 Employer Plan	<ul style="list-style-type: none"> • Stay in employer plan. If your employer continues to offer coverage, you can keep it. • Shop for coverage through the insurance exchange. Small businesses and people whose employer offers only minimal benefits, or who must pay more than 9.5% of their income in premiums, can look for better options in the exchange. • Participate in long term care insurance. A new payroll deduction will allow employees to qualify for long term care benefits after a five-year waiting period. The program is voluntary; those who do not opt out will be enrolled automatically. 	 Lifetime dollar limits on insurance payouts are eliminated. Medicare taxes will increase for individuals with annual incomes above \$200,000, or families earning more than \$250,000. Annual contributions to Flexible Spending Accounts will be capped at \$2,500, and can no longer be used for over-the-counter drugs. Employer-provided insurance valued at \$10,200 or higher (\$27,500 for families) will be subject to federal tax.
 Individual Policy	<ul style="list-style-type: none"> • Keep current plan. If your insurer continues to offer the same coverage, you can renew it. However, new policies must comply with federal minimum coverage standards; older plans that don't meet this test cannot enroll new customers. • Shop for coverage through the insurance exchange. Individuals with incomes below \$43,320 can qualify for federal tax credits to help offset premium costs. 	Lifetime dollar limits on insurance payouts are eliminated. Caps on out-of-pocket costs apply. Medicare taxes will increase for individuals with annual incomes above \$200,000, or families earning more than \$250,000.
 Medicare	<ul style="list-style-type: none"> • Basic benefits and eligibility. No change. All Californians who qualify under today's rules will continue to do so. • Medicare Advantage. Federal subsidies for Medicare Advantage plans will be eliminated, which may cause the private insurers who sell them to cut benefits, reduce enrollment, or raise premiums. • Access to services. Physicians who treat Medicare patients in rural areas, inner cities, and other underserved areas will be paid a 10% bonus, which may make it easier for beneficiaries to obtain care. 	Free annual check-ups and wellness programs, including screening tests. Gaps in drug coverage phased out, beginning with \$250 rebate. Monthly premium payments for drug coverage will increase for individuals with incomes above \$85,000 and households earning more than \$170,000.

California HealthCare Foundation www.chcf.org

Health Care Reform Act 2014 Full Implementation

Changes for Californians with No Insurance

Annual Income		Coverage Options	Cost
 Individual	 Family of Four		
Up to \$14,400	Up to \$29,327	Eligible for Medi-Cal. Low-income Californians who are U.S. citizens, as well as most legal immigrants, can enroll in Medi-Cal, the state's Medicaid program.	Copayments of \$1 to \$5 for selected services. A provider may not refuse care if a patient cannot pay for the cost of a visit.
Up to \$43,320	Up to \$88,200	Eligible to buy subsidized private coverage through a new health insurance exchange market. Participating insurers must offer a package of "essential" benefits that covers at least 60% of health care expenses.	Buyer's share of premium may not exceed 2% of annual income at the low end of the earning scale to 9.5% at the top. Yearly limits on out-of-pocket costs also apply.
\$43,321 and above	\$88,201 and above	Required to buy private coverage. Ineligible for subsidy.	Subject to market rates. Individuals who remain uninsured will be liable for penalties of up to 2.5% of their income unless they qualify for certain exemptions.

California HealthCare Foundation www.chcf.org

Key Health Insurance Terms

- **HMO** (Health Maintenance Organization) Plan:
A plan in which you choose a primary care physician (PCP) who coordinates your care with providers in the plan network—*no coverage outside network*
- **PPO** (Preferred Provider Organization) Plan:
A plan in which you have direct access to providers in the plan network, as well as other providers at higher cost to you
 - ✓ *UC SHIP's Voluntary Dependent Plan is a **Network-only** PPO Plan*
- **Network or Participating Providers:** Providers (individuals and facilities) accept a negotiated or contracted rate as full payment for services—no “balance billing”
 - ✓ *Anthem Blue Cross Prudent Buyer Network is **UC SHIP's** Voluntary Dependent Plan **Network***

Key Health Insurance Terms

- **Covered Expenses (“UCR”):** Expenses are tied to insurer’s fee reimbursement schedule that is based on “usual, customary and reasonable charges” (non-network)—“balance billing” allowed
- **Out of Pocket Maximum:** Maximum dollar amount **you** have to pay out of **your own pocket** for covered health care services during a set time period, e.g., calendar year. Also called Coinsurance Maximum
 - ✓ *UC SHIP's Voluntary Dependent Plan out of pocket maximum is \$6,000 (In Network only)*
- **Lifetime Maximum:** Limit to amount of total claims payments an insurer will make for you the entire time you are covered by the plan. Any amounts above the “lifetime maximum” are your responsibility
 - ✓ *UC SHIP's Voluntary Dependent Plan lifetime maximum is \$400,000*

HOW INSURANCE WORKS

YOU pay:

PREMIUM = \$\$\$

Fee you pay to be enrolled in an insurance plan, usually monthly

DEDUCTIBLE = \$\$ or \$\$\$

Amount (variable) you must pay for services out of pocket **first**, before the insurer will pay for those services, per policy period (usually calendar year)

CO-INSURANCE = %

Percentage share of cost expressed in \$ for each service (variable; e.g., 20%), after deductible

COPAYMENT = \$

Set dollar share of cost for each service (variable; e.g., \$20); not subject to deductible

INSURANCE COMPANY pays:

BALANCE after YOU meet deductible and pay co-insurance or copayment (if any), for each service — subject to policy terms (i.e., for covered services)

UC SHIP Voluntary Dependent PPO Plan*

PLAN RATES—Per Semester

MEDICAL ONLY

FOR BOTH GRADUATE AND UNDERGRADUATE PLANS

- ADULT dependent: \$1,565.54
- CHILD(ren) dependent: \$1,344.34
- FAMILY (Adult and Child(ren)) dependent: \$2,909.89
- Dental can be added to Medical for additional premium

UC Berkeley Student MUST BE ENROLLED IN UC SHIP or UC SHIP Voluntary Plan for Non-Registered Students (e.g., Continuation Plan)

Anthem Blue Cross Prudent Buyer Network-Only Plan

- Coinsurance: Generally, 20% for outpatient services from a network provider; 40% for services from a non-network provider (when allowed under plan)
- Deductible: \$400 per plan year (August 15 to August 14)
- Out-of-Pocket Maximum = \$6,000 per plan year In Network
- Lifetime Maximum = \$400,000
- Dollar limits for prescription drugs *and* physical therapy services per plan year: = \$5,000 maximum for each benefit

***NOT A COMPLETE LIST**

Private Individual HMO & PPO Health Insurance Plans

- California Insurers: Anthem Blue Cross, Kaiser Permanente, Blue Shield, Health Net, PacifiCare, Aetna
 - Rate Determination: Insurance companies rate individuals by age, residence (zip code), and health status
 - Health Questionnaire: must qualify for individual insurance
 - ✓ **Underwriting:** Review of medical history to assess the **RISK** of accepting an applicant for policy coverage
 - Cost Choices:
 1. High deductible = lower premium
 2. Full benefit plan vs. limited benefit plan
 - ✓ Most limited benefit plans exclude maternity benefits and provide generic-only prescription drug coverage
 3. Out-of-pocket maximum can also be an important cost factor

California Short-Term Health (STH) Plans

- Coverage is available for 30 days (minimum) up to 185 days
 - Also known as “gap” insurance
 - Can be extended with limitations — **not** extendable if any claims in policy period
 - Ineligible if you have a pre-existing condition
- Must be a California resident
- Premiums can be lower than standard individual plans
- Short health questionnaire—“streamlined” underwriting
- Anthem Blue Cross and Health Net offer STH plans

Caution: *If you develop a health condition while on a STH plan, you may be ineligible later for a standard individual plan*

Private Health Insurance —Tax-Based Incentives*

- HSA: Health Savings Account (HSA) for High-Deductible Health Plans (HDHPs)(minimum deductible is \$1,200 individual or \$2,400 family)
 - ✓ For individuals and families; medical expenses are reimbursed tax-free (contributions are capped)
- MSA: Archer Medical Savings Account (MSA) for HDHPs (minimum deductible requirement)
 - ✓ For self-employed individuals; medical expenses are reimbursed tax-free (also for employees of small employer)
- Health Reimbursement Account (HRA)
 - ✓ Employer-funded account for employee; medical expenses reimbursed tax-free (employee can contribute also)
- Section 125 Plan (also known as Flexible Spending Account)
 - ✓ Employer-based pre-tax deduction plan for employees to use for premiums and other unreimbursed medical expenses

**see IRS Publication 969* for complete, up-to-date information

Prior Group Health Insurance Options — COBRA, Cal-COBRA and Beyond

- A person who loses employer-based health insurance (leaves employer) may be eligible for COBRA benefit
 - Extends *group* plan benefits up to 18 months (36 months in certain situations)
 - Premium is set at 102% of employee's current premium
 - Cal-COBRA is California's extension of federal COBRA to small groups (2-19 employees). Can also add 18 months to federal COBRA
- Other options include two types of *individual* insurance plans(federal law governs):
 - ✓ Cannot be denied coverage due to medical history
 - ✓ **Rates** are substantially higher than standard plan rates
 1. Conversion Plan (available immediately upon loss of job)
 2. Guaranteed Issue or HIPAA Plan
 - Available *after* you have exhausted COBRA/Cal-COBRA benefits
 - Cannot be eligible for group coverage, MRMIP, PCIP, Medi-Cal *or* Healthy Families

Pre-Existing Condition Insurance Plan — “PCIP”

- Federal-state government program administered by the Managed Risk Medical Insurance Board (MRMIB)
 - Comprehensive medical benefits for inpatient/outpatient physician & hospital services with annual \$1,500 medical deductible (in-Network) & \$500 brand-name prescription drug deductible
 - ✓ Must have had no health insurance coverage for past 6 months
 - ✓ Must have been denied individual insurance coverage within last 12 months for a pre-existing condition
 - ✓ Cannot be eligible for Medicare, COBRA or Cal-COBRA
 - ✓ Must be a resident of California, and a US citizen, US National or qualified immigrant
 - Monthly premiums in Bay Area (Region 3) to age 40:
\$124 (ages 0-18), **\$171** (ages 19-29) **\$247** (ages 30-34), and **\$275** (ages 35-39)

Major Risk Medical Insurance Program — “MRMIP”

- State government program administered by the Managed Risk Medical Insurance Board (MRMIB)
 - Comprehensive medical benefits for inpatient/outpatient physician & hospital services with an annual \$500 deductible (\$2,500 out of pocket max per plan year)
 - Medical benefits limited to \$75,000 per calendar year and \$750,000 in a lifetime
 - Must be unable to secure adequate coverage in last 12 months — usually, because you were denied individual coverage by an insurer
 - Cannot be eligible for Medicare, COBRA or Cal-COBRA
 - Must be a resident of California
 - Participating MRMIP health plans (Bay Area only): Anthem Blue Cross, Kaiser, and Contra Costa Health Plan

NOTE: MRMIP currently has a one to three month waiting list for enrollment

Options for International Dependents with F or J Visa Status

- International travel health insurance plans
 - J Visa requires health insurance (*such as a “travel plan”*) for duration of stay in U.S.
 - Plans cover accidents and illnesses only
 - May have other limitations, e.g., no mental health or maternity coverage
- Individual private health insurance
 - HMO or PPO plans
 - Must establish three- to six-month California residency to be eligible for coverage

Medi-Cal Public Health Care Programs

- Medi-Cal beneficiaries must enroll in a managed care (HMO) plan (Bay Area counties utilize two-plan model)
 - The California Department of Health Care Services contracts with established health care plans that provide health care services
 - In Alameda County, Alameda Alliance for Health is the community provider plan and Anthem Blue Cross is the private plan. **Eligibility and enrollment services are provided by the County Social Services Agency**

NOTE: For all Medi-Cal programs, certain financial eligibility criteria apply, and the individual or family may or may not have a share of cost requirement

Medi-Cal Public Health Care Programs

- Medi-Cal for Families
 - For low-income children or a low-income single adult solely responsible for child/children
- Aid-related Programs
 - For individuals and families (adults and children) who receive cash aid through certain federal government programs are automatically entitled to Medi-Cal
 - ✓ These federally funded cash programs include CalWORKS and Supplemental Security Income (SSI)
- Presumptive Eligibility Program
 - “Emergency” Medi-Cal that covers services in the initial month of service and the following month
 - ✓ For coverage beyond the two-month period, you must apply for standard Medi-Cal to continue receiving benefits

Healthy Families

- Federally funded (SCHIP) children-*only* public program for low-income families that do not qualify for no-cost Medi-Cal
 - Comprehensive low-cost health, dental and vision services for children from birth to age 19
 - Low premiums (based on family size and income)
 - Family income is up to 300% of Federal Income Guidelines
 - Must be California resident *and* a U.S. citizen, non-citizen U.S. national, or eligible qualified immigrant
 - Cannot qualify for free Medi-Cal or have employer-based private health insurance within the last 90 days
 - Mother can apply for unborn child when 6 months pregnant
- Choice of health insurers in Alameda County: Alameda Alliance for Health, Anthem Blue Cross, and Kaiser Permanente (HMO plans)

Federal Income Guidelines Healthy Families Program & No-Cost Medi-Cal

April 2011; Guidelines change in April each year

Family Size	Child Age 0 to 1 or Pregnant Women	Child Age 0 to 1	Child 1 through 5	Child 1 through 5	Child 6 through 18	Child 6 through 18
	Medi-Cal	Healthy Families	Medi-Cal	Healthy Families	Medi-Cal	Healthy Families
1	\$0 - \$1,815	\$1,816 - \$2,269	\$0 - \$1,207	\$1,208 - \$2,269	\$0 - \$908	\$909 - \$2,269
2	\$0 - \$2,452	\$2,453 - \$3,065	\$0 - \$1,631	\$1,632 - \$3,065	\$0 - \$1,226	\$1,227 - \$3,065
3	\$0 - \$3,089	\$3,090 - \$3,861	\$0 - \$2,054	\$2,055 - \$3,861	\$0 - \$1,545	\$1,546 - \$3,861
4	\$0 - \$3,725	\$3,726 - \$4,657	\$0 - \$2,478	\$2,479 - \$4,657	\$0 - \$1,863	\$1,864 - \$4,657
5	\$0 - \$4,362	\$4,363 - \$5,453	\$0 - \$2,901	\$2,902 - \$5,453	\$0 - \$2,181	\$2,182 - \$5,453
6	\$0 - \$4,999	\$5,000 - \$6,248	\$0 - \$3,324	\$3,325 - \$6,248	\$0 - \$2,500	\$2,501 - \$6,248
7	\$0 - \$5,635	\$5,636 - \$7,044	\$0 - \$3,748	\$3,749 - \$7,044	\$0 - \$2,818	\$2,819 - \$7,044
8	\$0 - \$6,272	\$6,273 - \$7,840	\$0 - \$4,171	\$4,172 - \$7,840	\$0 - \$3,136	\$3,137 - \$7,840
9	\$0 - \$6,910	\$6,911 - \$8,636	\$0 - \$4,594	\$4,595 - \$8,636	\$0 - \$3,455	\$3,456 - \$8,636

Kaiser Permanente's Health Plan for Low-Income Children

● "Kaiser Cares for Kids" Child Health Plan

- Plan is for children under 19 whose families meet income requirements (up to 350% of Federal Income Guidelines) and who are not eligible for government-sponsored programs or employer-based insurance
- Premiums are \$8 or \$15 per child per month for up to three children (depends on family size/income).
 - Additional children are covered at no extra premium
- Plan covers all children, regardless of immigration status
- Benefits include comprehensive medical and dental coverage and limited vision benefit, with very low copayments

Medi-Cal Pregnancy-related Programs

- Comprehensive health services are provided to women—*regardless of immigration status*—to encourage early utilization of prenatal care services to assure the health of the pregnant woman and the unborn child
 - Pregnancy-related services include prenatal, delivery and post-partum services (up to 60 days post-delivery)
 - All other medical services are covered—not just pregnancy care
 - Newborns are automatically enrolled in Medi-Cal or Healthy Families after birth (subject to income eligibility)

Access for Infants and Mothers (AIM)

- This state & federally funded program covers low-income pregnant women who do not qualify for no-cost Medi-Cal
 - Comprehensive health services for pregnant women and their newborn infants including prenatal visits, hospital delivery, and postpartum care for 60 days . Babies born to women enrolled in AIM are eligible for enrollment in Healthy Families
 - Family income is between 200% and 300% of Federal Income Guidelines
 - Must be a California resident *and* no more than 30 weeks pregnant
 - Cannot be enrolled in or be eligible for a no-cost Medi-Cal plan, Medicare, or in a private insurance plan with maternity-related deductible and/or copays that cost less than \$500
 - Anthem Blue Cross HMO is the sole health insurer in Alameda and San Francisco Counties

Options for Low-Income Individuals

County Public Health Care Programs (NOT Medi-Cal)

- Under California law (CA Welfare & Institutions Code 17000), counties are the “providers of last resort” of health services to low income uninsured individuals with no other source of care.
- ***These programs are NOT insurance***
- Alameda County Health PAC
- Contra Costa Health Services Basic Health Care
- SFPATH
 - Temporary health coverage programs for uninsured county residents that mirror Medi-Cal benefits
- Healthy San Francisco
 - San Francisco program provides accessible and affordable health care services to uninsured county residents, including employed persons

Be an Informed Consumer!

- Health Care IS a commodity today

Therefore, be an informed consumer:

 1. **Compare** plans and prices
 - Licensed insurance agent or broker (e.g., Barney and Barney LLC)
 - Insurance company sales person
 - Internet broker
 2. **Get** multiple quotes before applying
 3. **Know** what you are purchasing

MONEY —

 - premium, deductible, coinsurance, copayments, out-of-pocket maximum, lifetime maximum

SERVICES —

 - what’s covered and what’s not
 - how are services reimbursed (what’s your responsibility?)

EXCLUSIONS —

 - e.g., maternity, prescription drugs

LIMITATIONS —

 - e.g., inpatient and outpatient mental health services

How to Get Started

- Know your medical history
 - Do you qualify for individual health insurance?
 - Insurer can accept you at standard rate, offer you insurance at a higher rate, or decline you
 - If you are declined coverage, what are your other insurance options?
 - Pre-Existing Condition Insurance Plan (PCIP) or Major Risk Medical Insurance Program (MRMIP)
 - If you are low-income, you may qualify for a county “medically indigent” program (not insurance)
 - If you are pregnant and low-income, you may qualify for Medi-Cal or Access for Infants and Mothers (AIM)
 - For F-2 or J-2 visa holders, consider a “travel” plan

Health Insurance — How to Apply Private Insurers


- Anthem Blue Cross of California — Private health plans, Medi-Cal, Healthy Families, AIM & MRMIP: www.anthem.com/ca or (800) 777-6000
- Blue Shield of California — Private health plans: www.blueshieldca.com or call (800) 660-3007
- Health Net — Private health plans: www.healthnet.com or call (800) 909-3447 (commercial plans) or (800) 327-0502 (government programs)
- Kaiser Foundation Health Plan — Private health plans, Healthy Families, Kaiser Child Health Plan & MRMIP: www.kaiserpermanente.org/individuals or call (800) 232-5100

Health Insurance — How to Apply County Public Agencies

- Alameda County Social Services Agency—Medi-Cal & Health Program of Alameda County (Health PAC):
www.alamedasocialservices.org/public/services/medicaid_care/ or call (510) 777-2300 or toll free (800) 698-1118; North County Office (510) 891-0700
- Contra Costa Health Plan—Medi-Cal, Basic Health Care (MISP), MRMIP & private health plan:
http://www.cchealth.org/health_plan/ or call (877) 661-6230
- San Francisco Health Plan—Medi-Cal:
<http://www.sfhp.org/> or call (415) 547-7818

Health Insurance — How to Apply Other Public Agencies

- City of Berkeley Public Health Dept. — Medi-Cal, AIM, Kaiser Child Health Plan & Health PAC enrollment assistance:
<http://www.ci.berkeley.ca.us/publichealth/publichealthclinic/phc.html> or call El Centro (510) 981-5370
- San Francisco Public Health Dept. — *SFPATH* and *Healthy San Francisco* Programs:
<http://www.healthysanfrancisco.org/> or call (415) 615-4500
- Managed Risk Medical Insurance Board — PCIP:
http://www.pcip.ca.gov/pcip_program/default.aspx
or call (877) 428-5060
— MRMIP: <http://www.mrmib.ca.gov/mrmib/MRMIP.shtml> or call (800) 289-6574



UC SHIP student health insurance plan

NEW 2011-12

MEDICAL + COUNSELING PRESCRIPTIONS VISION DENTAL

UC SHIP Voluntary Dependent Plan Resources

Wells Fargo Insurance Services (Eligibility & Enrollment):

- 800-853-5899; fax 916-231-0527; address *11017 Cobblerock Drive, Ste. 100, Rancho Cordova, CA 95670*

UHS Student Health Insurance Office:

- 510-642-5700; fax 510-642-9119

Anthem Blue Cross:

- 866-940-8306 or www.anthem.com/ca

Website: uhs.berkeley.edu/students/insurance

- Look for additional web links on this page

Health Care & Insurance Resources

- Barney and Barney LLC — Licensed insurance broker for Anthem Blue Cross, Blue Shield, Health Net and Kaiser, and international travel plans <http://www.barneyandbarney.com/individual-family-students/> or call 800-321-4696
- eHealthInsurance — Licensed online insurance broker www.ehealthinsurance.com
- Student Health Insurance Office (SHIO), 3200 Tang Center ship@uhs.berkeley.edu or call 510-642-5742
- University Health Services (UHS), UC Berkeley www.uhs.berkeley.edu
- Alameda Health Consortium—Network of eight clinics in Alameda Co. <http://www.alamedahealthconsortium.org/> or call 510-297-0230
 - Member health centers: Asian Health Services, Axis Community Health, La Clinica de La Raza, LifeLong Medical Care, Native American Health Center, Tiburcio Vasquez Health Center, Tri-City Health Center and West Oakland Health Center

Acknowledgements and Credits

- California HealthCare Foundation — research and news about health care www.chcf.org
- Kaiser Family Foundation — research and communications about health care and health policy www.kff.org
- HealthCare.Gov — official *government* site provides information on finding insurance options, prevention, comparing care quality and understanding the new law www.healthcare.gov
- California Office of the Patient Advocate — independent office in state government for HMO members www.opa.ca.gov
- California Departments of Health Care Services www.dhcs.ca.gov, Insurance www.doi.ca.gov, & Managed Health Care www.dmhc.ca.gov
- Managed Risk Medical Insurance Board www.mrmib.ca.gov

Thank You For Coming!

