

## Individual Health Insurance Options after Graduation<sup>§</sup>

These sample plans were selected based on their mix of an affordable monthly premium, a low deductible, and strong benefits.\*  
CONSULT PLAN CERTIFICATE OF COVERAGE FOR FULL DISCLOSURE OF ELIGIBILITY, BENEFITS, AND EXCLUSIONS.

These plans apply to individuals with special medical and/or financial needs

Plan Category:	Limited Benefit PPOs								PPOs		HMOs		Short-Term Health PPOs		Conversion PPO	Public Health Insurance Programs				
Company Name:	Anthem Blue Cross		Blue Shield		Anthem Blue Cross		Blue Shield		Health Net		Kaiser		Anthem Blue Cross		Health Net		Blue Cross			
<b>Plan Name:</b>	<b>Tonik "Calculated Risk Taker"</b>		<b>Essential Plan 1750</b>		<b>PPO Share 500</b>		<b>Shield Spectrum 500</b>		<b>HMO 40</b>		<b>\$25 Copayment</b>		<b>Short-Term</b> (minimum one month up to 6 months/180 days)		<b>Quick Net</b> (minimum one month up to 6 months/185 days)		<b>Conversion 2500 Plan</b> For former SHIP members who have an ongoing need for care <i>and</i> are not eligible for Medi-Cal		<b>MRMIP</b> Individual PPO and HMO Plans	<b>Medi-Cal</b> Federal-State Funded Program
<b>Monthly Premium**:</b>	\$149		\$120 male / \$128 female		\$267		\$367 – \$425		\$281 – \$331		\$215 – \$242		\$154 – \$166 male \$146 – \$173 female		\$98		\$310		The state-funded Major Risk Medical Insurance Plan ("MRMIP") is a program that provides health insurance to Californians who are unable to obtain coverage in the individual health insurance market (usually due to a pre-existing health condition). Private insurers (Blue Cross, Blue Shield, Kaiser, and Contra Costa Health Plan) contract with the Major Risk Medical Insurance Board (MRMIB) to provide health care benefits. Premiums are higher than other health insurance. \$450 annual deductible applied. There may be a one to three month waiting period to enroll.	Medi-Cal programs cover low-income families and/or children, pregnant women (through 60 days post-partum), and individuals with certain serious illnesses. For all Medi-Cal programs, certain financial eligibility criteria apply, and the individual or family may have a share of cost requirement. Note: The <b>Healthy Families</b> program is a separate federal- and state-funded program for children up to age 19 whose family income is less than 250% of federal poverty level.
<b>Annual Deductible:</b>	\$1,500		\$1,750		\$500		\$500		\$1,500 (inpatient only)		No deductible		\$250		\$750		\$2,500			
<b>Out-of-Pocket Maximum:</b> (includes deductible)	\$1,500		\$1,750		\$5,000		\$4,000		\$3,000		\$2,500		\$1,250		\$1,750		\$7,500			
<b>Medical Office Visits:</b>	\$40 copay (not subject to deductible)		\$40 copay for 1st 3 visits Additional visits subject to deductible		You pay 30% (not subject to deductible)		\$30 copay (not subject to deductible)		\$40 copay		\$25 copay		You pay 20% (after deductible)		\$40 copay 6 visit maximum		You pay 30% (not subject to deductible)			
<b>Emergency Room:</b>	After the deductible, you pay nothing (waived if admitted)		\$100 copay (waived if admitted)		After the deductible, you pay 30% + \$100 copay (waived if admitted)		After the deductible, you pay 25% + \$100 copay (waived if admitted)		\$100 copay (waived if admitted)		\$100 copay (waived if admitted)		After the deductible, you pay 20% + \$50 copay (waived if admitted or for treatment of accidental injuries)		After the deductible, you pay 20% + \$50 copay		After the deductible, you pay 30% + \$100 copay (waived if admitted)			
<b>Hospitalization (Inpatient) Services:</b>	After the deductible, you pay nothing		After the deductible, you pay nothing		After the deductible, you pay 30% + \$500 copay		After the deductible, you pay 25% + \$250 copay		After the deductible, you pay nothing		\$200 copay per day		After the deductible, you pay 20%		After the deductible, you pay 20%		After the deductible, you pay 30% (+ \$500 admission charge for inpatient surgery)			
<b>Maternity:</b>	Not covered Can apply for free transfer to PPO Share 5000 Plan		Not covered Can apply for free transfer to Spectrum 5000 PPO Plan		After the deductible, you pay 30%		After the deductible, you pay 25% for prenatal / postpartum care and 25% + \$250 copay for delivery		After the deductible, you pay nothing		No charge for prenatal/postpartum care Delivery: \$200 copay/day		Not covered		Not covered		After the deductible, you pay 30%			
<b>Prescription Drugs:</b>	Generic: \$10 copay Brand: Not covered Mail service available		Generic: \$10 copay Brand: Not covered Mail service available		Generic: \$10 copay Brand: \$30 copay after \$250 brand-name drug deductible Mail service available		Generic: \$10 copay Brand: \$35 copay after \$250 brand-name drug deductible Mail service available		\$100 Prescription Drug deductible Generic: \$15 copay Brand: \$25 copay Mail service available		Generic: \$10 copay Brand: \$35 copay Mail service available		Generic: \$10 copay Brand: \$30 copay Maximum \$500 brand-name drug benefit No mail order benefit		Generic: \$10 copay Brand: \$35 copay \$250 deductible Maximum \$1,000 benefit		Generic: \$10 copay Brand: \$30 copay after \$500 brand-name drug deductible Mail service available			
<b>Mental Health Office Visits:</b>	After the deductible, you pay all but \$25/visit Limited to one visit/day and 20 visits/year		After the deductible, you pay nothing Limited to 30 visits/year		After the deductible, you pay all but \$25/visit Limited to one visit/day and 20 visits/year		After the deductible, you pay 25%/visit Limited to 20 visits/year		\$40 copay Limited to 20 visits/year		\$25 copay/individual visit or \$12 copay/group visit Limited to 20 visits/year		After the deductible, you pay all but \$40/visit Limited to one visit/week \$5,000 maximum benefit		Not covered		After the deductible, you pay all but \$20/visit Limited to one visit/day, 20 visits/year			
<b>Mental Health Inpatient:</b>	After the deductible, you pay all but \$175/day Limited to 30 days/year \$5,250 max benefit/year		After the deductible, you pay nothing		After the deductible, you pay all but \$175/day Limited to 30 days/year		After the deductible, you pay 25% + \$250 copay		After the deductible, you pay nothing Limited to 30 days/year		\$200/day Limited to 30 days/year		You pay 50% \$5,000 maximum benefit		Not covered		After the deductible, you pay all but \$175/day Limited to 30 days/year \$5,250 max benefit/year			
<b>Dental and Vision:</b>	<u>Dental</u> : \$500 benefit after \$25 deductible <u>Vision</u> : \$50 copay for vision exams \$25-\$100 copay for choice of lenses, contacts or frames		<u>Dental</u> : \$500 benefit after \$25 deductible <u>Vision</u> : \$5 copay for vision exams		<u>Dental</u> : Dental Blue, Individual Dental PPO or Dental SelectHMO plans available (separate premium) <u>Vision</u> is not covered		<u>Dental</u> : Dental PPO or HMO plans available (separate premium) <u>Vision</u> is not covered		<u>Dental and Vision</u> coverage available with "HMO Plus" Plans (separate premium)		<u>Dental</u> : Dental Assistance Insurance Plan available (separate premium) <u>Vision</u> : \$25 copay for vision exams		Not covered		Not covered		Not covered			
<b>Lifetime Maximum:</b>	\$5,000,000		\$6,000,000		\$5,000,000		\$6,000,000		Unlimited		Unlimited		\$3,000,000		\$2,000,000		\$5,000,000			

<sup>§</sup> We recommend you call us or stop by the office to obtain a Certificate of Creditable Coverage as proof of your continuous insurance coverage prior to your departure from Berkeley. This may help you to avoid being subject to pre-existing condition exclusions when you sign up for a new health insurance plan.

\* Copays and coinsurance listed are for participating or in-network providers. Charges are higher for services obtained from non-participating or non-network providers. Some exceptions (e.g., emergency services) may apply. *Plan benefits and rates may vary and are subject to change.*

\*\* The premiums shown are for a Bay Area resident under 30 years old. *Rates are estimates and are subject to change based on your medical conditions at the time of application.*

**Definitions:**

**Coinsurance:** Percentage of fees for services you must pay, in addition to what the plan pays

**Copay:** Set dollar amount you need to pay for a covered service

**Deductible:** The amount you need to pay out-of-pocket before the plan will pay for medical services

**Premium:** The rate you pay to be enrolled in an insurance plan, usually monthly

**HMO (Health Maintenance Organization):** A plan in which you choose a primary care physician who coordinates your care with providers in the plan network

**PPO (Preferred Provider Organization):** A plan in which you have direct access to providers in the plan network, as well as other providers at higher cost

**Limited Benefit PPO:** Some PPO plans have lower premiums because certain benefits are not included, such as maternity or full prescription drug plans

**Preferred, Participating or In-Network Providers:** Providers that accept a negotiated or contracted rate as full payment for services