

## Health Insurance Options for Dependents of Students

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

### Federal and State Public Health Insurance Programs

	Blue Cross PPO Share 500								Blue Shield Spectrum PPO Plan 500								Health Net HMO 15						Kaiser \$25 Copayment Plan								Healthy Families	Access for Infants and Mothers (AIM)	Medi-Cal					
	19-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	19-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+			
<b>Monthly Premium (by age)<sup>2</sup>:</b>	\$214	\$279	\$306	\$344	\$368	\$462	\$562	\$672	\$277	\$376	\$412	\$523	\$631	\$825	\$1,059	\$1,373	\$343	\$409	\$506	\$549	\$580	\$630	\$700	\$845	\$845	\$186	\$210	\$234	\$251	\$282	\$310	\$357	\$409	\$454	\$959			
<b>Subscriber</b>	\$453	\$491	\$504	\$478	\$515	\$614	\$712	\$807	\$540	\$730	\$803	\$1,019	\$1,233	\$1,606	\$2,067	\$2,679	\$530	\$598	\$693	\$739	\$768	\$818	\$888	\$1,031	\$1,031	\$371	\$371	\$431	\$431	\$442	\$474	\$529	\$577	\$614	\$1,343			
<b>Subscriber + 1 Child</b>	\$569	\$623	\$619	\$614	\$653	\$738	\$863	\$966	\$889	\$1,135	\$1,247	\$1,463	\$1,641	\$1,938	\$2,321	\$2,896	\$719	\$785	\$880	\$927	\$955	\$1,006	\$1,076	\$1,219	\$1,219	\$554	\$583	\$615	\$651	\$681	\$689	\$712	\$749	\$860	\$1,817			
<b>Subscriber + 2 Children / Family</b>																																						
<b>Children Only:</b>	< 1 yr	1-18							< 1 yr	1-18							< 1 yr	1-4	5-18							Newborn to 18							The Healthy Families Program provides low-cost health, dental and vision coverage to children and teens up to age 19 in families with incomes up to 250% of federal poverty level who do not qualify for no-cost Medi-Cal and do not have access to private health insurance. Monthly premium is \$4-15 per child, to a \$45 maximum per family per month. Children must be U.S. citizens, nationals, or eligible immigrants.	The AIM Program is low-cost health coverage for pregnant women. It has been designed for middle-income families who don't have health insurance and whose income is too high to qualify for no-cost Medi-Cal. AIM is also available to those who have health insurance if their deductible or co-payment for maternity services is more than \$500. If you qualify for AIM, your baby is automatically eligible for enrollment in the Healthy Families Program.	Medi-Cal provides health insurance to low-income residents of California. For all Medi-Cal programs, certain financial eligibility criteria apply, and the individual or family may have a share of cost requirement. Eligible groups include: <ul style="list-style-type: none"> <li>• Low-income families</li> <li>• Children</li> <li>• Pregnant women</li> <li>• Medically needy or medically indigent adults</li> <li>• People with certain serious illnesses</li> </ul>			
<b>1 Child</b>	\$315	\$146							\$494	\$181							Cannot be enrolled without parent	\$207	\$188							\$160												
<b>2 Children</b>	\$431	\$261							\$988	\$362								\$414	\$376							\$320												
<b>3+ Children</b>	\$573	\$393							\$1,482	\$543								\$621	\$564							\$515												
<b>Annual Deductible:</b>	\$500 Individual / \$1,000 maximum per Family								\$500 Individual / \$1,000 maximum per Family								\$1,000 per individual (inpatient only)						None								None							
<b>Annual Out-of-Pocket Maximum:</b>	\$5,000 Individual / \$10,000 Family								\$3,000 Individual / \$7,000 Family								\$3,000 Individual / \$6,000 Family						\$2,500 Individual / \$5,000 Family								\$250							
<b>Medical Office Visits:</b>	You pay 30% (not subject to deductible)								\$30 copay (not subject to deductible)								\$15 copay						\$25 copay								\$5 copay							
<b>Emergency Room:</b>	After the deductible, you pay 30% + \$100 copay (copay waived if admitted)								After the deductible, you pay 25% + \$100 copay (copay waived if admitted)								\$75 copay (waived if admitted)						\$100 copay (waived if admitted)								\$5 copay (unless hospitalized)							
<b>Inpatient Hospital Services:</b>	After the deductible, you pay 30%								After the deductible, you pay 25% + \$250 copay								After the deductible, you pay nothing						\$200 copay per day								No charge							
<b>Maternity<sup>3</sup>:</b>									Prenatal / postpartum care: After deductible, you pay 25% Delivery: After deductible, you pay 25% + \$250 copay																						No charge							
<b>Prescription Drugs:</b>	Generic: \$10 copay Brand: After \$250 brand drug deductible, \$30 copay Prescription mail order service available								Generic: \$10 copay Brand: After \$250 brand-name drug deductible, \$35 copay Prescription mail order service available								\$100 Prescription Drug deductible Generic: \$15 copay Brand: \$25 copay Not on Recommended Drug List: \$50 copay Prescription mail order service available						Generic: \$10 copay for up to 100-day supply Brand: After \$250 brand drug deductible, \$35 copay for up to 100-day supply Prescription mail order service not available								\$5 copay per prescription							
<b>Mental Health<sup>4</sup> Office Visits:</b>	After the deductible, you pay all but \$25 per visit Limited to 1 visit per day and 20 visits per year								After the deductible, you pay 25% Limited to 20 visits per year								\$15 copay Limited to 20 visits per year						\$25 copay per individual visit and \$12 copay for group visits Limited to 20 individual/group visits per year (in combination)								\$5 copay Limited to 20 visits per year							
<b>Mental Health<sup>3</sup> Inpatient:</b>	After the deductible, you pay all but \$175 per day Limited to 30 days per year								After the deductible, you pay 25% plus \$250 copay								After the deductible, you pay nothing Limited to 30 days per year						\$200 copay per day Limited to 30 days per year								No charge Limited to 30 days per year							
<b>Dental and Vision:</b>	<u>Dental:</u> Range of optional dental plans available (stand-alone plans; can be purchased by non-members) <u>Vision:</u> Not covered								<u>Dental:</u> As a Blue Shield member you are automatically qualified for an individual and family Dental PPO or HMO plan. <u>Vision:</u> Not covered.								Plus Plans include optional dental and vision coverage for separate premium. No deductibles or maximum dollar benefit limit for covered services. <u>Dental:</u> oral evaluations and x-rays at no charge; cleanings and other services with varying levels of co-payment <u>Vision:</u> annual vision exam, \$10 co-pay; one set of frames corrective lenses or contact lenses, \$40 co-pay						<u>Dental:</u> An optional "Dental Assistance Insurance Plan" is available <u>Vision:</u> Eye exams are covered, but not glasses, contact lenses or contact lens exams								<u>Dental:</u> No charge for most dental visits; \$5 for major dental services <u>Vision:</u> \$5 for eye exam and \$5 for glasses, frames or contacts							
<b>Lifetime Maximum:</b>	\$5,000,000								\$6,000,000								None						None								None							
<b>California Residency Requirement:</b>	Permanent legal resident of California; US resident for at least the last 3 months								US resident for at least the last 6 months								Must reside in California (Non-US citizens must reside in U.S. for at least 6 months)						Must reside in California within Kaiser service area								Must reside in California No J-2 or F-2 visa status							
<b>Social Security Number Requirement:</b>	Not required								Not required								Not required						SSN or Taxpayer ID # required								Not required							

<sup>1</sup> 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.

<sup>2</sup> Rates are estimates and subject to change based on your medical status at the time of application.

<sup>3</sup> All plans in this chart provide maternity benefits. However, some health insurance companies offer plans without maternity benefits for lower monthly premiums. Check with the insurance company for more information.

<sup>4</sup> Benefits listed in these categories are for non-severe mental health conditions. Benefits for certain severe mental health conditions (as defined by the Mental Health Parity Act) are paid according to the benefits listed above for medical office visits and inpatient hospital services.

**Definitions:**

**Coinsurance:** Percentage of fees for services you must pay, in addition to what the plan pays  
**Copay:** Set dollar amount you must pay for a covered service  
**Deductible:** The amount you must 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) Plan:** A plan in which you choose a primary care physician (PCP) who coordinates your care with providers in the plan 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  
**Preferred, Participating or In-Network Providers:** Providers that accept a negotiated or contracted rate as full payment for services  
**Inpatient:** Services rendered in a hospital after you are admitted, typically involving an overnight stay  
**Out-of-pocket expenses:** Direct expenditure of money which is not reimbursed. "Maximum" is the most you would pay for certain covered health care services in a calendar year.

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