

CaliforniaChoice[®]

EXCITING NEWS

and

SUMMARY OF CHANGES

Groups Renewing 1/1/19 - 3/1/19

(Revised 12/14/18)



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For more information on changes, please contact our
Customer Service Center at **800.558.8003**

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Beginning September 23, 2012, health care reform required that employees have access to Summary of Benefits and Coverage (SBC) documents for the plans made available to them. SBCs can be found at www.calchoice.com/documents/. To request a printed copy, please contact our Customer Service Department at (800) 558-8003.

Thank you for renewing your benefits with CaliforniaChoice®. As you go through your renewal, please be aware of the additions and/or changes below.

Kaiser Permanente Adds a New HMO Option Effective 1/1/2019

Kaiser Permanente is adding a new HMO option, Silver HMO A, for 1/1/2019. It includes the Full Network.

UnitedHealthcare Adds a New HMO Option Effective 1/1/2019

UnitedHealthcare is adding a new HMO option, Gold HMO D, for 1/1/2019. It includes the Advantage Network.

CaliforniaChoice Welcomes Oscar Effective 12/1/2018

Great news! We have added an eighth health plan to our health plan portfolio, Oscar. Oscar is available to residents in Orange County and Los Angeles County and offers 11 new plan options, including two HSA-Qualified plan (plan options are shown starting on the next page).

At renewal, your employees who are in the Oscar service area will have access to the plan available in the tier or tiers you select for your business. Each employees' Enrollment Worksheet will reflect their options.

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EXCITING NEWS

Groups Renewing 1/1/19 – 3/1/19

CaliforniaChoice® Welcomes Oscar Effective 12/1/2018 - Continued

| Medical Benefits | Platinum EPO A | Platinum EPO B | Gold EPO A |
|--|---|---|-----------------------|
| Participating Health Plans | Oscar | Oscar | Oscar |
| Network Name | Oscar EPO | Oscar EPO | Oscar EPO |
| Calendar Year Deductible | None | None | None |
| Dr. Office Visits (PCP) | \$15 Copay | \$30 Copay | \$30 Copay |
| Hospital Services – In-Patient | \$250 Copay per day – 5 days max per admit | \$500 Copay per day – 5 days max per admit | 70% |
| In-Patient Physician Fees | 100% | 100% | \$50 Copay |
| Emergency Room (copay waived if admitted) | \$150 Copay | \$250 Copay | \$350 Copay |
| Rx Benefits – Generic | \$5 Copay | \$5 Copay | \$15 Copay |
| Rx Benefits – Formulary Brand | \$15 Copay | \$15 Copay | \$35 Copay |
| Out-of-Pocket Max Ind/Fam | \$3,350 / \$6,700 | \$2,500 / \$5,000 | \$6,000 / \$12,000 |
| Hospital Services – Out-Patient Surgical Facility | \$100 Copay | \$150 Copay | 70% |
| Ambulance Services (per trip) | \$150 Copay | \$250 Copay | \$350 Copay |
| Infertility Evaluation and Treatment | See Plan Specific EOC | See Plan Specific EOC | See Plan Specific EOC |

(Continued)

CaliforniaChoice® Welcomes Oscar Effective 12/1/2018 - Continued

| Medical Benefits | Gold EPO B | Gold EPO C | Gold EPO D |
|--|---|---|---|
| Participating Health Plans | Oscar | Oscar | Oscar |
| Network Name | Oscar EPO | Oscar EPO | Oscar EPO |
| Calendar Year Deductible | None | \$2,000 / \$4,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) | \$1,000 / \$2,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) |
| Dr. Office Visits (PCP) | \$30 Copay | \$25 Copay (ded waived) | \$25 Copay (ded waived) |
| Hospital Services – In-Patient | \$600 Copay per day – 5 days max per admit | 80% | 80% |
| In-Patient Physician Fees | 100% | 80% | 80% |
| Emergency Room (copay waived if admitted) | \$325 Copay | \$350 Copay (ded waived) | \$350 Copay (ded waived) |
| Rx Benefits – Generic | \$15 Copay | \$10 Copay (ded waived) | \$15 Copay (ded waived) |
| Rx Benefits – Formulary Brand | \$55 Copay | \$50 Copay (ded waived) | \$50 Copay (ded waived) |
| Out-of-Pocket Max Ind/Fam | \$7,200 / \$14,400 | \$7,000 / \$14,000 | \$7,500 / \$15,000 |
| Hospital Services – Out-Patient Surgical Facility | \$300 Copay | 80% | 80% |
| Ambulance Services (per trip) | \$250 Copay | \$350 Copay (ded waived) | \$350 Copay (ded waived) |
| Infertility Evaluation and Treatment | See Plan Specific EOC | See Plan Specific EOC | See Plan Specific EOC |

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EXCITING NEWS

Groups Renewing 1/1/19 – 3/1/19

CaliforniaChoice® Welcomes Oscar Effective 12/1/2018 - Continued

HSA Qualified

| Medical Benefits | Silver EPO A | Silver EPO B | Silver EPO C |
|---|---|--|---|
| Participating Health Plans | Oscar | Oscar | Oscar |
| Network Name | Oscar EPO | Oscar EPO | Oscar EPO |
| Calendar Year Deductible | \$2,500 / \$2,700 / \$5,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) | \$2,000 / \$4,000 (combined Med/Pediatric dental ded) (applies to Max OOP) | \$1,500 / \$3,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) |
| Dr. Office Visits (PCP) | 80% | \$45 Copay (ded waived) | \$50 Copay (ded waived) |
| Hospital Services – In-Patient | 80% | 80% | 50% |
| In-Patient Physician Fees | 80% | 80% (ded waived) | 50% |
| Emergency Room (copay waived if admitted) | 80% | \$350 Copay (ded waived) | \$500 Copay (ded waived) |
| Rx Benefits – Generic | 80% (up to \$250 per prescription)(combined Med/Rx/Pediatric dental ded) | \$200 / \$400 Ded - \$15 Copay | \$25 Copay (overall ded waived) |
| Rx Benefits – Formulary Brand | 80% (up to \$250 per prescription)(combined Med/Rx/Pediatric dental ded) | \$200 / \$400 Ded - \$55 Copay | \$50 Copay (overall ded waived) |
| Out-of-Pocket Max Ind/Fam | \$6,650 / \$13,300 | \$7,550 / \$15,100 | \$7,700 / \$15,400 |
| Hospital Services – Out-Patient Surgical Facility | 80% | 80% (ded waived) | 50% |
| Ambulance Services (per trip) | 80% | \$250 Copay | \$500 Copay (ded waived) |
| Infertility Evaluation and Treatment | See Plan Specific EOC | See Plan Specific EOC | See Plan Specific EOC |

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CaliforniaChoice® Welcomes Oscar Effective 12/1/2018 - Continued

| HSA Qualified | | |
|---|--|--|
| Medical Benefits | Bronze EPO A | Bronze EPO B |
| Participating Health Plans | Oscar | Oscar |
| Network Name | Oscar EPO | Oscar EPO |
| Calendar Year Deductible | \$6,650 / \$13,300 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) | \$7,900 / \$15,800 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP) |
| Dr. Office Visits (PCP) | 100% | 100% |
| Hospital Services – In-Patient | 100% | 100% |
| In-Patient Physician Fees | 100% | 100% |
| Emergency Room (copay waived if admitted) | 100% | 100% |
| Rx Benefits – Generic | 100% (combined Med/Rx/Pediatric dental ded) | 100% (combined Med/Rx/Pediatric dental ded) |
| Rx Benefits – Formulary Brand | 100% (combined Med/Rx/Pediatric dental ded) | 100% (combined Med/Rx/Pediatric dental ded) |
| Out-of-Pocket Max Ind/Fam | \$6,650 / \$13,300 | \$7,900 / \$15,800 |
| Hospital Services – Out-Patient Surgical Facility | 100% | 100% |
| Ambulance Services (per trip) | 100% | 100% |
| Infertility Evaluation and Treatment | See Plan Specific EOC | See Plan Specific EOC |

Health Net Adds 6 New HMO Options Effective 10/1/2018

Health Net is adding 6 new HMO options, Platinum HMO C, Platinum HMO D, Platinum HMO E, Gold HMO C, Gold HMO D and Gold HMO E, for 10/1/2018. The Platinum HMO C and Gold HMO C include the WholeCare Network, the Platinum HMO D and Gold HMO D include the Salud y Mas Network and the Platinum HMO E and Gold HMO E include the new SmartCare Network.

Sharp Health Plan Adds a New HMO Option Effective 7/1/2018

Sharp Health Plan is adding a new HMO option, Gold HMO D, for 7/1/2018. It includes the Performance Network.

For a complete listing of all benefits, limits, and exclusions please see the Evidence of Coverage or Certificate of Insurance.

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

PLEASE DISTRIBUTE TO ALL EMPLOYEES

Below is an overview of changes and updates that will take effect at Renewal. For a complete listing of all benefits, limits and exclusions please see the Evidence of Coverage or Certificate of Insurance.

General Administrative Changes – Affordable Care Act Impactors

Effective January 1, 2019, CaliforniaChoice® has a new Triple Tiered Choice option. Groups can now offer the Platinum, Gold and Silver tier plans to their Employees.

Effective January 1, 2019, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- Sharp Health Plan – Bronze HMO D
- UnitedHealthcare – Bronze HMO C

Effective October 1, 2018, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- Health Net - Platinum HMO A and HMO B and Gold HSP A

Effective July 1, 2018, the following Plan will no longer be available as an option in the CaliforniaChoice Program:

- Sharp Health Plan – Gold HMO C

New HSA Contribution Amounts for 2019

Now you can contribute up to \$3,500 for individual coverage and \$7,000 for family coverage.

Anthem Blue Cross

Anthem Blue Cross Platinum HMO A

- The following benefits have changed from “\$10 Copay” to “**\$15 Copay**”:
 - Dr. Office Visits (PCP)
 - Laboratory
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Infertility Evaluation and Treatment
 - Orthotics, Prosthetics and Special Footwear
 - Retail Health Clinic
 - TeleHealth
 - Vision Services (all ages) Office Visits
- The following benefits have changed from “\$20 Copay” to “**\$30 Copay**”:
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Chemotherapy
- The X-Ray benefit has changed from “\$10 Copay” to “**\$25 Copay**”
- The following benefits have changed from “\$200 Copay per day – 3 days max per admit” to “**\$250 Copay** per day – 3 days max per admit”:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
- The Emergency Room benefit has changed from “\$100 Copay (waived if admitted)” to “**\$200 Copay** (waived if admitted)”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$150 Copay” to “**\$200 Copay**”
- The following benefit have changed from “90%” to “**\$150 Copay**”:
 - Ambulance Services
 - Home Care Specialty Prescription Drug
 - Prescription Drug Administered in Office
- The Chiropractic benefit has changed from “\$10 Copay, 20 visits max per benefit period” to “**\$15 Copay**, 20 visits max per benefit period”
- The Home Health Care benefit has changed from “\$10 Copay, 100 visits max per benefit period” to “**\$30 Copay**, 100 visits max per benefit period”
- The Skilled Nursing Facility benefit has changed from “100%, 100 days max per benefit per benefit period” to “**\$100 Copay per day – 3 days max per admit**, 100 days max per benefit period”

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

- The Durable Medical Equipment benefit has changed from “50%” to “**\$100 Copay**”
- The Diabetes Equipment and Supplies benefit has changed from “90%” to “**\$50 Copay**”
- The Emergency Room Physician Fees and Organ and Tissue Transplant (transportation and lodging – unrelated donor search) benefits have changed from “90%” to “**100%**”
- The Emergency Room Other Facility Charges and Emergency Room MRI, CT and PET Scan benefits have changed from “90%” to “**\$200 Copay**”
- The following benefits have changed from “\$10 Copay” to “**\$30 Copay**”:
 - Home Dialysis
 - Home Infusion Therapy
 - Other Home Care Services/Supplies
- The Out-Patient Facility Mental Health and Drug/Substance Abuse benefits have changed from “\$150 Copay per admit” to “**\$200 Copay** per admit”
- The Online Visit benefit has changed from “\$10 Copay” to “**100% (first 3 visits) - \$10 Copay**”

Anthem Blue Cross Gold HMO A

- The out-of-pocket maximum for individual/family has changed from “\$5,000/\$10,000” to “**\$5,500/\$11,000**”
- The following benefits have changed from “\$25 Copay” to “**\$30 Copay**”:
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Infertility Evaluation and Treatment
 - Orthotics, Prosthetics and Special Footwear
 - TeleHealth
 - Vision Services (all ages) Office Visits
- The following benefits have changed from “\$50 Copay” to “**\$55 Copay**”:
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Chemotherapy
- The X-Ray benefit has changed from “\$25 Copay” to “**\$40 Copay**”
- The following benefits have changed from “\$500 Copay per day – 3 days max per admit” to “**\$600 Copay** per day – 3 days max per admit”:
 - In-Patient Hospital Services

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Anthem Blue Cross - Continued

- In-Patient Mental Health
- In-Patient Drug/Substance Abuse (Detox Only)
- The Emergency Room benefit has changed from “\$250 Copay (waived if admitted)” to “**\$300 Copay** (waived if admitted)”
- The Urgent Care benefit has changed from “\$50 Copay” to “**\$30 Copay**”
- The following benefits have changed from “70%” to “**\$150 Copay**”:
 - Ambulance Services
 - Home Care Specialty Prescription Drug
 - Prescription Drug Administered in Office
- The Chiropractic benefit has changed from “\$25 Copay, 20 visits max per benefit period” to “**\$30 Copay**, 20 visits max per benefit period”
- The Home Health Care benefit has changed from “25 Copay, 100 visits max per benefit period” to “**\$55 Copay**, 100 visits max per benefit period”
- The Skilled Nursing Facility benefit has changed from “100%, 100 days max per benefit period” to “**\$150 Copay per day – 3 days max per admit**, 100 visits max per benefit period”
- The Durable Medical Equipment benefit has changed from “50%” to “**\$100 Copay**”
- The Diabetes Equipment and Supplies benefit has changed from “70%” to “**\$50 Copay**”
- The Emergency Physician Fees and Organ and Tissue Transplant (transportation and lodging – unrelated donor search) benefits have changed from “70%” to “**100%**”
- The Emergency Room Other Facility Charges and Emergency Room MRI, CT and PET Scan benefits have changed from “70%” to “**\$300 Copay**”
- The following benefits have changed from “\$25 Copay” to “**\$55 Copay**”
 - Home Dialysis
 - Home Infusion Therapy
 - Other Home Care Services/Supplies
- The Online Visit benefit has changed from “\$25 Copay” to “**100% (first 3 visits) - \$15 Copay**”
- The Out-Patient Facility Laboratory benefit has changed from “\$500 Copay” to “**\$25 Copay**”
- The Out-Patient Facility X-Ray benefit has changed from “\$500 Copay” to “**\$40 Copay**”

Anthem Blue Cross Silver HMO A

- The calendar year deductible has changed from “\$1,750/\$3,500 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,100/\$4,200** (combined Med/Pediatric dental ded; applies to Max OOP)”

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

- The out-of-pocket maximum for individual/family has changed from “\$7,150/\$14,300” to “**\$7,900/\$15,800**”
- The Laboratory benefit has changed from “\$25 Copay (ded waived)” to “**\$50 Copay** (ded waived)”
- The X-Ray benefit has changed from “\$25 Copay (ded waived)” to “**\$75 Copay** (ded waived)”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$75 Copay per test (ded waived)” to “**\$150 Copay** per test (ded waived)”
- The Emergency Room benefit has changed from “\$400 Copay (waived if admitted) – 60%” to “**\$350 Copay** (waived if admitted) – 60%”
- The Brand Name prescription deductible has changed from “\$250/\$500” to “**\$300/\$600**”
- The Home Health Care benefit has changed from “\$55 Copay (ded waived), 100 visits max per benefit period” to “**\$85 Copay** (ded waived), 100 visits max per benefit period”
- The Emergency Room Physician Fees benefit has changed from “60%” to “**100% (ded waived)**”
- The Urgent Care MRI, CT and PET Scan benefit has changed from “\$50 Copay per test (ded waived)” to “**\$150 Copay** per test (ded waived)”
- The Home Dialysis and Home Infusion Therapy benefits have changed from “60%” to “**\$85 Copay (ded waived)**”
- The Online Visit benefit has changed from “\$55 Copay (ded waived)” to “**\$100% (first 3 visits) - \$20 Copay** (ded waived)”

Anthem Blue Cross Silver EPO A

- The calendar year deductible has changed from “\$2,000/\$4,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,200/\$4,400** (combined Med/Pediatric dental ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$7,150/\$14,300” to “**\$7,900/\$15,800**”
- The following benefits have changed from “70%” to “**65%**”:
 - Laboratory
 - X-Ray
 - MRI, CT and PET Scan (office setting)
 - In-Patient Physician Fees
 - Ambulance Services
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Chemotherapy

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Anthem Blue Cross - Continued

- Diabetes Equipment and Supplies
- Orthotics, Prosthetics and Special Footwear
- Emergency Room Physician Fees
- Emergency Room Other Facility Charges
- Home Dialysis
- Home Infusion Therapy
- Home Care Specialty Prescription Drug
- Other Home Care Services/Supplies
- Out-Patient Facility Mental Health
- Out-Patient Facility Drug/Substance Abuse
- Out-Patient Facility Physician Fees
- Prescription Drug Administered in Office
- Organ and Tissue Transplant (transportation and lodging – unrelated donor search)
- The Emergency Room benefit has changed from “\$300 Copay (waived if admitted) – 70%” to “\$300 Copay (waived if admitted) – **65%**”
- The Urgent Care benefit has changed from “\$50 Copay (ded waived)” to “**\$100 Copay** (ded waived)”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$300 Copay per admit – 70%” to “\$300 Copay per admit – **65%**”
- The Brand Name prescription deductible has changed from “None” to “**\$200/\$400**”
- The Formulary Brand prescription benefit has changed from “\$40 Copay (overall ded waived)” to “**\$200/\$400 Ded - \$50 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$80 Copay (overall ded waived)” to “**\$200/\$400 Ded - \$90 Copay**”
- The Home Health Care benefit has changed from “70%, 100 visits max per benefit period” to “**65%**, 100 visits max per benefit period”
- The Emergency Room and Out-Patient Facility MRI, CT and PET Scan benefits have changed from “\$100 Copay per test – 70%” to “\$100 Copay per test – **65%**”
- The Retail Health Clinic benefit has changed from “\$25 Copay (ded waived)” to “**\$35 Copay** (ded waived)”
- The Online Visit benefit has changed from “\$25 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay** (ded waived)”

Anthem Blue Cross Silver EPO B

- The out-of-pocket maximum for individual/family has changed from “\$6,500/\$13,000” to “**\$6,750/\$13,500**”
- The following benefits have changed from “80%” to “**75%**”:
 - Dr. Office Visits (PCP)
 - Specialist Visit (SPC)

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

- Laboratory
- X-Ray
- MRI, CT and PET Scan (office setting)
- In-Patient Hospital Services
- In-Patient Physician Fees
- Emergency Room
- Urgent Care
- Acupuncture
- Out-Patient Surgical Facility
- Ambulatory Surgery Center
- 2nd Surgical Opinion
- Ambulance Services
- Physical, Occupational, Speech Therapy
- Rehabilitative & Habilitative Services and Devices
- Chemotherapy
- In-Patient Mental Health
- Out-Patient Mental Health (office visit)
- In-Patient Drug/Substance Abuse (Detox Only)
- Out-Patient Drug/Substance Abuse (office visit)
- Diabetes Equipment and Supplies
- Orthotics, Prosthetics and Special Footwear
- Emergency Room Physician Fees
- Emergency Room Other Facility Charges
- Emergency Room MRI, CT and PET Scan
- Infertility Evaluation and Treatment
- Retail Health Clinic
- Online Visit
- TeleHealth
- Home Dialysis
- Home Infusion Therapy
- Home Care Specialty Prescription Drug
- Other Home Care Services/Supplies
- Out-Patient Facility Mental Health
- Out-Patient Facility Drug/Substance Abuse
- Out-Patient Facility Physician Fees
- Prescription Drug Administered in Office
- Vision Services (Adult) Office Visit
- Organ and Tissue Transplant (transportation and lodging – unrelated donor search)

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Anthem Blue Cross - Continued

- The following benefits have changed from “80% (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded)” to “**75%** (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded)”:
 - Generic prescription
 - Formulary Brand prescription
 - Non-Formulary Brand prescription
 - Diabetes – Self-Injectable
- The Specialty prescription benefit has changed from “80% (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded; prior auth. required)” to “**75%** (up to \$250 per prescription; combined Med/Rx/Pediatric dental ded; prior auth. required)”
- The Home Health Care benefit has changed from “80%, 100 visits max per benefit period” to “**75%**, 100 visits max per benefit period”
- The Skilled Nursing Facility benefit has changed from “80%, 100 days max per benefit period” to “**75%**, 100 days max per benefit period”
- The Hospice benefit has changed from “80%” to “**100%**”

Anthem Blue Cross Bronze EPO A

- The Brand Name prescription deductible has changed from “\$500/\$1,000” to “**Combined Med/Rx/Pediatric dental ded**”
- The out-of-pocket maximum for individual/family has changed from “\$7,350/\$14,700” to “**\$7,900/\$15,800**”
- The following benefits have changed from “\$65 Copay (first 3 visits) – 60%” to “\$65 Copay (first 3 visits) – **\$65 Copay**”:
 - Dr. Office Visits (PCP)
 - Infertility Evaluation and Treatment
 - TeleHealth
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$65 Copay (first 3 visits) – 60%” to “**\$85 Copay** (first 3 visits) – **\$85 Copay**”
- The following benefits have changed from “\$1,000 Copay per admit” to “**60%**”:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
- The Emergency Room benefit has changed from “\$400 Copay (waived if admitted) – 60%” to “**\$300 Copay** (waived if admitted) – 60%”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “\$500 Copay per admit – 60%” to “**60%**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$10 Copay**/\$20 Copay (ded waived)”

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

- The Specialty prescription benefit has changed from “\$500/\$1,000 Ded – 70% (up to \$250 per prescription; prior auth. required)” to “70% (**up to \$500 per prescription; combined Med/Rx/Pediatric dental ded**; prior auth. required)”
- The Skilled Nursing Facility benefit has changed from “\$1,000 Copay per admit, 100 days max per benefit period)” to “**60%**, 100 days max per benefit period)”
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from “\$65 Copay (first 3 visits) – 60%” to “**60%**”
- The Emergency Room MRI, CT and PET Scan benefit has changed from “\$100 Copay per test – 60%” to “**60%**”
- The following benefits have changed from “100%” to “**60%**”:
 - In-Patient Physician Fees Mental Health
 - In--Patient Physician Fees Drug/Substance Abuse
 - Out-Patient Facility Mental Health
 - Out-Patient Facility Drug/Substance Abuse
- The Retail Health Clinic benefit has changed from “\$65 Copay (first 3 visits) – 60%” to “**\$35 Copay (ded waived)**”
- The Online Visit benefit has changed from “\$30 Copay” to “**100% (first 3 visits) - \$20 Copay**”

Anthem Blue Cross Gold PPO A

- The calendar year deductible has changed from “\$1,000/\$2,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,000/\$4,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)
- The Urgent Care benefit (IN) has changed from “\$30 Copay (ded waived)” to “**\$60 Copay** (ded waived)”
- The Retail Health Clinic benefit (IN) has changed from “\$10 Copay (ded waived)” to “**\$25 Copay** (ded waived)”
- The Online Visit benefit (IN) has changed from “\$10 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay** (ded waived)”

Anthem Blue Cross Gold PPO B

- The calendar year deductible has changed from “\$750/\$2,250 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$1,000/\$3,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (IN) and from “\$1,500/\$3,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,000/\$4,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)
- The out-of-pocket maximum for individual/family has changed from “\$4,500/\$9,000” to “**\$5,500/\$11,000**” for (IN) and from “\$9,000/\$18,000” to “**\$11,000/\$22,000**” for (OON)

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Anthem Blue Cross - Continued

- The following benefits (IN) have changed from “80%” to “**75%**”:
 - Laboratory
 - X-Ray
 - MRI, CT and PET Scan (office setting)
 - In-Patient Hospital Services
 - In-Patient Physician Fees
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - Out-Patient Physician Fees
 - Ambulance Services (IN & OON)
 - Chemotherapy
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - Diabetes Equipment and Supplies
 - Orthotics, Prosthetics and Special Footwear
 - Emergency Room Physician Fees (IN & OON)
 - Emergency Room Other Facility Charges (IN & OON)
 - Home Dialysis
 - Home Infusion Therapy
 - Home Care Specialty Prescription Drug
 - Other Home Care Services/Supplies
 - Out-Patient Facility Mental Health
 - Out-Patient Facility Drug/Substance Abuse
 - Prescription Drug Administered in Office
 - Organ and Tissue Transplant (transportation and lodging – unrelated donor search)
- The Emergency Room benefit (IN & OON) benefit has changed from “\$250 Copay (waived if admitted) – 80%” to “\$250 Copay (waived if admitted) – **75%**”
- The Home Health Care benefit (IN) has changed from “80%, 100 visits max per benefit period” to “**75%**, 100 visits max per benefit period”
- The Skilled Nursing Facility benefit (IN) has changed from “80%, 100 days max per benefit period” to “**75%**, 100 days max per benefit period”
- The Retail Health Clinic benefit (IN) has changed from “\$10 Copay (ded waived)” to “**\$25 Copay** (ded waived)”
- The Online Visit benefit (IN) has changed from “\$10 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay** (ded waived)”
- The Emergency Room MRI, CT and PET Scan benefit (IN & OON) has changed from “\$100 Copay per test – 80%” to \$100 Copay per test - **75%**

(Continued)

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

Anthem Blue Cross Gold PPO C

- The calendar year deductible has changed from “\$1,000/\$2,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,000/\$4,000** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)
- The out-of-pocket maximum for individual/family has changed from “\$4,000/\$8,000” to “**\$4,500/\$9,000**” for (IN) and from “\$8,000/\$16,000” to “**\$9,000/\$18,000**” for (OON)
- The Brand Name prescription deductible (IN) has changed from “None” to “**\$150/\$300**”
- The Urgent Care benefit (IN) has changed from “\$30 Copay (ded waived)” to “**\$60 Copay (ded waived)**”
- The Retail Health Clinic benefit (IN) has changed from “\$10 Copay (ded waived)” to “**\$25 Copay (ded waived)**”
- The Online Visit benefit (IN) has changed from “\$10 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay (ded waived)**”

Anthem Blue Cross Gold PPO D

- The out-of-pocket maximum for individual/family has changed from “\$3,500/\$7,000” to “**\$5,000/\$10,000**” for (IN) and from “\$7,000/\$14,000” to “**\$10,000/\$20,000**” for (OON)
- The Brand Name prescription deductible has changed from “\$250/\$500” to “**\$300/\$600**” for (IN)
- The following benefits (IN) have changed from “\$20 Copay (ded waived)” to “**\$25 Copay (ded waived)**”:
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Infertility Evaluation and Treatment
 - TeleHealth
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits (IN) have changed from “\$40 Copay (ded waived)” to “**\$50 Copay (ded waived)**”
- The following benefits (IN) have changed from “80%” to “**75%**”:
 - Laboratory
 - X-Ray
 - MRI, CT and PET Scan (office setting)
 - In-Patient Hospital Services
 - In-Patient Physician Fees
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center

(Continued)

Anthem Blue Cross - Continued

- Out-Patient Physician Fees
- Ambulance Services (IN & OON)
- Chemotherapy
- Physical, Occupational, Speech Therapy
- Rehabilitative & Habilitative Services and Devices
- In-Patient Mental Health
- In-Patient Drug/Substance Abuse (Detox Only)
- Diabetes Equipment and Supplies
- Orthotics, Prosthetics and Special Footwear
- Emergency Room Physician Fees (IN & OON)
- Emergency Room Other Facility Charges (IN & OON)
- Home Dialysis
- Home Infusion Therapy
- Home Care Specialty Prescription Drug
- Other Home Care Services/Supplies
- Out-Patient Facility Mental Health
- Out-Patient Facility Drug/Substance Abuse
- Prescription Drug Administered in Office
- Organ and Tissue Transplant (transportation and lodging – unrelated donor search)
- The Emergency Room benefit (IN & OON) has changed from “\$250 Copay (waived if admitted) – 80%” to “\$250 Copay (waived if admitted) – **75%**”
- The Home Health Care benefit (IN) has changed from “80%, 100 visits max per benefit period” to “**75%**, 100 visits max per benefit period”
- The Skilled Nursing Facility benefit (IN) has changed from “80%, 100 days max per benefit period” to “**75%**, 100 days max per benefit period”
- The Retail Health Clinic benefit (IN) has changed from “\$10 Copay (ded waived)” to “**\$25 Copay** (ded waived)”
- The Online Visit benefit (IN) has changed from “\$10 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay** (ded waived)”
- The Emergency Room MRI, CT and PET Scan benefit (IN & OON) has changed from “\$100 Copay per test – 80%” to “\$100 Copay per test – **75%**”

Anthem Blue Cross Silver PPO A

- The calendar year deductible has changed from “\$1,250/\$2,500 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$1,350/\$2,700** (combined Med/Pediatric dental ded; applies to Max OOP)” for (IN) and from “\$2,500/\$5,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$2,700/\$5,400** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Anthem Blue Cross - Continued

- The out-of-pocket maximum for individual/family has changed from “\$7,350/\$14,700” to “**\$7,900/\$15,800**” for (IN) and from “\$14,700/\$29,400” to “**\$15,800/\$31,600**” for (OON)
- The Brand Name prescription deductible has changed from “\$250/\$500” to “**\$325/\$650**” for (IN)
- The Urgent Care benefit (IN) has changed from “\$40 Copay (ded waived)” to “**\$80 Copay** (ded waived):
- The Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - \$40 Copay” to “**\$325/\$650 Ded - \$50 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - \$80 Copay” to “**\$325/\$650 Ded - \$90 Copay**”
- The Retail Health Clinic benefit (IN) has changed from “\$20 Copay (ded waived)” to “**\$25 Copay** (ded waived)”
- The Online Visit benefit (IN) has changed from “\$20 Copay (ded waived)” to “**100% (first 3 visits) - \$15 Copay** (ded waived)”

Anthem Blue Cross Silver PPO B

- The calendar year deductible has changed from “\$1,500/\$3,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$1,700/\$3,400** (combined Med/Pediatric dental ded; applies to Max OOP)” for (IN) and from “\$3,000/\$6,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**\$3,400/\$6,800** (combined Med/Pediatric dental ded; applies to Max OOP)” for (OON)
- The out-of-pocket maximum for individual/family has changed from “\$7,350/\$14,700” to “**\$7,900/\$15,800**” for (IN) and from “\$14,700/\$29,400” to “**\$15,800/\$31,600**” for (OON)
- The Brand Name prescription deductible has changed from “\$250/\$500” to “**\$350/\$700**” for (IN)
- The following benefits (IN) have changed from “\$40 Copay (ded waived)” to “**\$45 Copay** (ded waived)”:
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Infertility Evaluation and Treatment
 - TeleHealth
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits (IN) have changed from “\$80 Copay (ded waived)” to “**\$90 Copay** (ded waived)”
- The following benefits (IN) have changed from “70%” to “**65%**”:
 - Laboratory

(Continued)

Anthem Blue Cross - Continued

- X-Ray
- MRI, CT and PET Scan (office setting)
- In-Patient Physician Fees
- Out-Patient Physician Fees
- Ambulance Services (IN & OON)
- Chemotherapy
- Physical, Occupational, Speech Therapy
- Rehabilitative & Habilitative Services and Devices
- Diabetes Equipment and Supplies
- Orthotics, Prosthetics and Special Footwear
- Emergency Room Physician Fees (IN & OON)
- Emergency Room Other Facility Charges (IN & OON)
- Home Dialysis
- Home Infusion Therapy
- Home Care Specialty Prescription Drug
- Other Home Care Services/Supplies
- Out-Patient Facility Mental Health
- Out-Patient Facility Drug/Substance Abuse
- Prescription Drug Administered in Office
- Organ and Tissue Transplant (transportation and lodging – unrelated donor search)
- The Emergency Room benefit (IN & OON) has changed from “\$300 Copay (waived if admitted) – 70%” to “\$300 Copay (waived if admitted) – **65%**”
- The Urgent Care benefit (IN) has changed from “\$40 Copay (ded waived)” to “**\$90 Copay** (ded waived)”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits (IN) have changed from “\$300 Copay per admit – 70%” to “\$300 Copay per admit – **65%**”
- The Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - \$40 Copay” to “**\$350/\$700 Ded - \$50 Copay**”
- The Non-Formulary Brand prescription benefit (IN) has changed from “\$250/\$500 Ded - \$80 Copay” to “**\$350/\$700 Ded - \$90 Copay**”
- The Home Health Care benefit (IN) has changed from “70%, 100 visits max per benefit period” to “**65%**, 100 visits max per benefit period”
- The Retail Health Clinic benefit (IN) has changed from “\$20 Copay (ded waived)” to “**\$25 Copay** (ded waived)”
- The Online Visit benefit (IN) has changed from “\$20 Copay (ded waived)” to “**100% (first 3 visits) -\$15 Copay** (ded waived)”
- The Emergency Room MRI, CT and PET Scan benefit (IN & OON) has changed from “\$100 Copay per test – 70%” to “\$100 Copay per test – **65%**”

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Health Net

Health Net Silver HMO's

- The out-of-pocket maximum for individual/family has changed from "\$7,200/\$14,400" to "**\$7,350/\$14,700**"
- The Emergency Room benefit has changed from "\$300 Copay (waived if admitted)" to "**50%**"
- The Ambulance Services benefit has changed from "\$300 Copay" to "**50%**"

Kaiser Permanente

Kaiser Permanente Gold HMO B

- The out-of-pocket maximum for individual/family has changed from "\$6,000/\$12,000" to "**\$7,200/\$14,400**"
- The following benefits have changed from "\$25 Copay" to "**\$30 Copay**":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Other Out-Patient Items/Services Mental Health
 - Other Out-Patient Items/Services Drug/Substance Abuse

Kaiser Permanente Silver HMO B

- The out-of-pocket maximum for individual/family has changed from "\$7,000/\$14,000" to "**\$7,550/\$15,100**"
- The following benefits have changed from "\$50 Copay (ded waived)" to "**\$55 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The Specialist Visit (SPC) benefit has changed from "\$70 Copay (ded waived)" to "**\$75 Copay** (ded waived)"
- The X-Ray benefit has changed from "\$65 Copay (ded waived)" to "**\$70 Copay** (ded waived)"
- The Generic prescription benefit has changed from "\$25 Copay (ded waived)" to "**\$30 Copay** (ded waived)"

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Kaiser Permanente - Continued

- The Formulary Brand prescription and Diabetes – Self-Injectable benefits have changed from “\$250 Ded - \$70 Copay” to “\$250 Ded - **\$75 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$250 Ded - \$70 Copay (with physician approval)” to “\$250 Ded - **\$75 Copay** (with physician approval)”

Kaiser Permanente Silver HMO C

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”
- The Brand Name prescription deductible has changed from “\$125” to “**\$200**”
- The Specialist Visit (SPC) benefit has changed from “\$75 Copay (ded waived)” to “**\$80 Copay** (ded waived)”
- The X-Ray benefit has changed from “\$70 Copay (ded waived)” to “**\$75 Copay** (ded waived)”

Kaiser Permanente Silver HMO D

- The calendar year deductible has changed from “\$2,000/\$2,700/\$4,000 (combined Med/Rx ded; applies to Max OOP)” to “**\$2,500/\$2,700/\$5,000** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”

Kaiser Permanente Bronze HMO A

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”

Kaiser Permanente Bronze HMO C

- The calendar year deductible has changed from “\$4,800/\$9,600 (combined Med/Rx ded; applies to Max OOP)” to “**\$6,000/\$12,000** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Sharp Health Plan

Sharp Health Plan Platinum HMO A and HMO B

- The Other Out-Patient Items and Services Mental Health and Drug/Substance Abuse benefits have changed from “\$15 Copay” to “**100%**”

Sharp Health Plan Platinum HMO B and C

- The Prenatal and Postnatal benefits have changed from “\$15 Copay” to “**100%**”

Sharp Health Plan Platinum HMO A

- The Prenatal and Postnatal benefits have changed from “\$10 Copay” to “**100%**”

Sharp Health Plan Platinum HMO C

- The Other Out-Patient Items and Services Mental Health and Drug/Substance Abuse benefits have changed from “\$10 Copay” to “**100%**”

Sharp Health Plan Gold HMO A

- The out-of-pocket maximum for individual/family has changed from “\$6,500/\$13,000” to “**\$7,900/\$15,800**”
- The Prenatal and Postnatal benefits have changed from “\$20 Copay” to “**100%**”
- The Other Out-Patient Items and Services Mental Health and Drug/Substance Abuse benefits have changed from “\$20 Copay” to “**100%**”

Sharp Health Plan Gold HMO B

- The Prenatal and Postnatal benefits have changed from “\$25 Copay” to “**100%**”
- The Other Out-Patient Items and Services Mental Health and Drug/Substance Abuse benefits have changed from “\$25 Copay” to “**100%**”

Sharp Health Plan Gold HMO D

- The Prenatal and Postnatal benefits have changed from “\$35 Copay” to “**100%**”

Sharp Health Plan Silver HMO's

- The following benefits have changed from “\$40 Copay (ded waived)” to “**100%** (ded waived)”:
 - Prenatal
 - Postnatal
 - Other Out-Patient Items and Services Mental Health
 - Other Out-Patient Items and Services Drug/Substance Abuse

Sharp Health Plan Silver HMO A

- The out-of-pocket maximum for individual/family has changed from “\$6,000/\$12,000” to “**\$7,900/\$15,800**”

(Continued)

Sharp Health Plan - Continued

- The Ambulance Services – Non-Emergency benefit has changed from “\$400 Copay (ded waived)” to “**100%** (ded waived)”

Sharp Health Plan Silver HMO B

- The calendar year deductible has changed from “\$2,000/\$4,000 (applies to Max OOP)” to “**\$2,100/\$4,200** (applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,250/\$12,500” to “**\$7,900/\$15,800**”
- The Ambulance Services – Non-Emergency benefit has changed from “60% (ded waived)” to “**100%** (ded waived)”

Sharp Health Plan Silver HMO C

- The out-of-pocket maximum for individual/family has changed from “\$6,850/\$13,700” to “**\$7,900/\$15,800**”

Sharp Health Plan Bronze HMO A

- The calendar year deductible has changed from “\$3,200/\$6,400 (combined Med/Rx ded; applies to Max OOP)” to “**\$6,900/\$13,800** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$5,700/\$11,400” to “**\$7,900/\$15,800**”
- The 2nd Surgical Opinion and Chronic Disease Management benefits have changed from “\$100 Copay” to “**\$75 Copay**”
- The Prenatal and Postnatal benefits have changed from “\$60 Copay” to “**100% (ded waived)**”
- Mental Health and Drug/Substance Abuse Urgent Care benefits have changed from “\$75 Copay” to “**\$60 Copay**”
- The Ambulance Services – Non-Emergency benefit has changed from “\$500 Copay” to “**\$60 Copay**”

Sharp Health Plan Bronze HMO B

- The calendar year deductible has changed from “\$4,700/\$9,500 (combined Med/Rx ded; applies to Max OOP)” to “**\$5,650/\$11,300** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”
- The Prenatal and Postnatal benefits have changed from “60%” to “**100% (ded waived)**”

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Sutter Health Plus

Sutter Health Plus All Plans

- The Network name has changed from “Full” to “**Sutter Health Plus**”

Sutter Health Plus Gold HMO A

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$30 Copay” to “**\$50 Copay**”

Sutter Health Plus Gold HMO B

- The out-of-pocket maximum for individual/family has changed from “\$6,000/\$12,000” to “**\$7,200/\$14,400**”
- The following benefits have changed from “\$25 Copay” to “**\$30 Copay**”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices

Sutter Health Plus Silver HMO B

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”
- The Brand Name prescription deductible has changed from “\$125/\$250” to “**\$200/\$400**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$75 Copay (ded waived)” to “**\$80 Copay (ded waived)**”
- The X-Ray benefit has changed from “\$70 Copay per procedure (ded waived)” to “**\$75 Copay** per procedure (ded waived)”
- **The calendar year deductible no longer applies to the In-Patient Physician Fees benefit**
- **The calendar year deductible now applies to the Ambulance Services benefit**

Sutter Health Plus Silver HMO C

- The calendar year deductible has changed from “\$2,000/\$2,700/\$4,000 (combined Med/Rx ded; applies to Max OOP)” to “**\$2,200/\$2,700/\$4,400** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$5,650/\$11,300” to “**\$6,000/\$12,000**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$35 Copay” to “**\$50 Copay**”

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Sutter Health Plus – Continued

Sutter Health Plus Bronze HMO A

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”

Sutter Health Plus Bronze HMO B

- The calendar year deductible has changed from “\$4,800/\$9,600 (combined Med/Rx ded; applies to Max OOP)” to “**\$6,000/\$12,000** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”

UnitedHealthcare

UnitedHealthcare Platinum HMO C and Silver HMO B**

- **Have changed to the Advantage provider network. The Advantage HMO* network of physicians and facilities are selected for their ability to keep health care costs down while delivering care that meets national standards. If you are currently enrolled in one of these plans, you may wish to confirm your primary care physician is a provider with the Advantage provider network prior to making any final open enrollment decisions about your coverage. You may visit our provider directory at www.calchoice.com/ProviderLandingPage.aspx**

***Formal HMO product name: Advantage = UnitedHealthcare SignatureValue® Advantage**

****This plan is still available in their previously offered network outside of CaliforniaChoice®**

UnitedHealthcare Platinum HMO's

- The out-of-pocket maximum for individual/family has changed from “\$2,500/\$5,000” to “**\$3,000/\$6,000**”
- The Laboratory and X-Ray benefits have changed from “\$15 Copay” to “**\$25 Copay**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “\$100 Copay per procedure” to “**\$200 Copay** per procedure”
- The following benefits have changed from “70%” to “**80%**”:
 - In-Patient Hospital Services
 - Emergency Room
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - In-Patient Mental Health

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SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

UnitedHealthcare - Continued

- In-Patient Drug/Substance Abuse (Detox Only)
- Pediatric Vision Contact Lenses
- Pediatric Vision Frames
- The Non-Formulary Brand prescription benefit has changed from “\$50 Copay” to “**\$70 Copay**”
- The Skilled Nursing Facility benefit has changed from “70%, 100 days max per benefit period” to “**80%**, 100 days max per benefit period”

UnitedHealthcare Gold HMO's

- The calendar year deductible has changed from “None” to “**\$250/\$500 (applies to Max OOP)**”. **The following benefits had no change but the calendar year deductible does not apply:**
 - Dr. Office Visits (PCP)
 - MRI, CT and PET Scan (office setting)
 - Urgent Care
 - Ambulance Services
 - Generic prescription
 - Oral Contraceptives
 - Preventive/Wellness Services
 - Chemotherapy
 - Chiropractic
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Home Health Care
 - Hospice
 - Durable Medical Equipment
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Pediatric Vision Exam
 - Pediatric Dental Office Visit
 - Pediatric Dental Diagnostic & Preventive (D&P)
 - Hemodialysis and Peritoneal Dialysis
- The out-of-pocket maximum for individual/family has changed from “\$5,500/\$11,000” to “**\$6,000/\$12,000**”
- The Brand Name prescription deductible has changed from “None” to “**\$250/\$500**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$50 Copay” to “**\$60 Copay (ded waived)**”
- The Laboratory and X-Ray benefits have changed from “\$25 Copay” to “**\$30 Copay (ded waived)**”

(Continued)

UnitedHealthcare - Continued

- The following benefits have changed from “70%” to “**80%**”:
 - In-Patient Hospital Services
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
- The following benefits have changed from “70%” to “**80% (ded waived)**”:
 - In-Patient Physician Fees
 - Pediatric Vision Contact Lenses
 - Pediatric Vision Frames
 - Out-Patient Physician Fees
- The Emergency Room benefit has changed from “70%” to “**\$500 Copay (waived if admitted)**”
- The Formulary Brand prescription benefit has changed from “\$35 Copay” to “**\$250/\$500 Ded - \$40 Copay**”
- The Non- Formulary Brand prescription benefit has changed from “\$70 Copay” to “**\$250/\$500 Ded - \$80 Copay**”
- The Skilled Nursing Facility benefit has changes from “70%, 100 days max per benefit period” to “**80%, 100 days max per benefit period**”

UnitedHealthcare Silver HMO’s

- The Brand Name prescription deductible has changed from “\$200/\$400” to “**\$250/\$500**”

UnitedHealthcare Silver HMO A, HMO B and HMO D

- The out-of-pocket maximum for individual/family has changed from “\$7,350/\$14,700” to “**\$7,900/\$15,800**”
- The Generic prescription benefit has changed from “\$25 Copay (ded waived)” to “**\$20 Copay (ded waived)**”

UnitedHealthcare Silver HMO C

- The calendar year deductible has changed from “\$2,000/\$4,000 (applies to Max OOP)” to “**\$2,200/\$4,400 (applies to Max OOP)**”
- The out-of-pocket maximum for individual/family has changed from “\$6,750/\$13,500” to “**\$7,900/\$15,800**”

SUMMARY OF CHANGES

Groups Renewing 1/1/19 – 3/1/19

Western Health Advantage

Western Health Advantage Gold HMO B

- The out-of-pocket maximum for individual/family has changed from “\$6,000/\$12,000” to “**\$7,200/\$14,400**”
- The following benefits have changed from “\$25 Copay” to “**\$30 Copay**”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)

Western Health Advantage Silver HMO A

- The calendar year deductible has changed from “\$2,000/\$4,000 (applies to Max OOP)” to “**\$2,400/\$4,800** (applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”

Western Health Advantage Silver HMO B

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”
- The Brand Name prescription deductible has changed from “\$125/\$250” to “**\$200/\$400**”
- The Specialist Visit (SPC) benefit has changed from “\$75 Copay (ded waived)” to “**\$80 Copay** (ded waived)”
- The X-Ray benefit has changed from “\$70 Copay (ded waived)” to “**\$75 Copay** (ded waived)”
- **The calendar year deductible no longer applies to the In-Patient and Out-Patient Physician Fees benefits**

Western Health Advantage Silver HMO C

- The calendar year deductible has changed from “\$2,000/\$2,700/\$4,000 (combined Med/Rx ded; applies to Max OOP)” to “**\$2,500/\$2,700/\$5,000** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”

Western Health Advantage Bronze HMO B

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”

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Western Health Advantage - Continued

Western Health Advantage Bronze HMO D

- The calendar year deductible has changed from “\$4,800/\$9,600 (combined Med/Rx ded; applies to Max OOP)” to “**\$6,000/\$12,000** (combined Med/Rx ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,550/\$13,100” to “**\$6,650/\$13,300**”

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

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