

CaliforniaChoice®

# EXCITING NEWS

and

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 - 12/1/19



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## EXCITING NEWS

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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/](http://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.**

## **Anthem Blue Cross Adds Two New HMO Options Effective 9/1/2019**

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Anthem Blue Cross is adding two new HMO options, Gold HMO B and Silver HMO B, for 9/1/2019. Both plans include the CaliforniaCare HMO Network.

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

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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**

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UnitedHealthcare is adding a new HMO option, Gold HMO D, for 1/1/2019. It includes the Advantage 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 12/1/19 – 12/1/19

## PLEASE DISTRIBUTE TO ALL EMPLOYEES

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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

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Effective October 1, 2019:

- Ameritas will be changing the Orthodontic Waiting Period from 24 months to 12 months for the PPO 3500, 4000 and 5000 plans
- Landmark Healthplan will be removing the Pre-Authorization requirement from both the Chiropractic and Chiropractic/Acupuncture plans

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

- Western Health Advantage – Bronze HMO D

Effective January 1, 2019, CaliforniaChoice has a new Triple Tier option. Groups can now offer the Silver, Gold and Platinum 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

## New HSA Contribution Amounts for 2019

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

## Anthem Blue Cross

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### 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)
  - 2<sup>nd</sup> 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 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

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- 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**”
- The Generic prescription benefit has changed from “\$5 Copay/\$15 Copay” to “**\$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)
  - 2<sup>nd</sup> Surgical Opinion
  - Chemotherapy
- The X-Ray benefit has changed from “\$25 Copay” to “**\$40 Copay**”

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## Anthem Blue Cross - Continued

- 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
  - 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**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay” to “**\$20 Copay**”

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# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

### 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)”
- 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 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 “**\$95 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)”
- The Specialist Visit (SPC) and 2<sup>nd</sup> Surgical Opinion benefit has changed from “\$85 Copay (ded waived)” to “**\$95 Copay** (ded waived)”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$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%**”:

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## Anthem Blue Cross - Continued

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- 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
  - 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 Prescription deductible has changed from “None” to “**\$200/\$400**”
  - The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (overall ded waived)” to “**\$20 Copay (ded waived)**”
  - 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%**” (Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## **Anthem Blue Cross - Continued**

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- 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)
  - 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
  - 2<sup>nd</sup> 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

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## Anthem Blue Cross - Continued

- 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)
- 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 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 2<sup>nd</sup> Surgical Opinion benefits have changed from “\$65 Copay (first 3 visits) – 60%” to “**\$85 Copay** (first 3 visits) – **\$85 Copay**”

(Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

- 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 “**\$20 Copay** (ded waived)”
- 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)”

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## Anthem Blue Cross - Continued

- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (overall ded waived)” to “**\$20 Copay** (overall 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)
- 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)

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# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

- 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%**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$20 Copay** (ded waived)”

### 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 Prescription deductible (IN) has changed from “None” to “**\$150/\$300**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (overall ded waived)” to “**\$20 Copay (ded waived)**”
- 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 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)”:

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**Anthem Blue Cross - Continued**

- 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 2<sup>nd</sup> 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
  - 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”

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# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

- 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%**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$20 Copay** (ded waived)”

## 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 “**\$1,500/\$3,000** (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 “**\$3,000/\$6,000** (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 following benefits 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
- The 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 Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$20 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)”

(Continued)



## **Anthem Blue Cross - Continued**

- 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 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 2<sup>nd</sup> 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
  - 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

(Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Anthem Blue Cross - Continued

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- 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%**”
- The Generic prescription benefit has changed from “\$5 Copay/\$20 Copay (ded waived)” to “**\$20 Copay** (ded waived)”

## Health Net

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### 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%**”

(Continued)

## **Kaiser Permanente**

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### **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)”
- 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 Prescription deductible has changed from “\$125” to “**\$200**”

(Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Kaiser Permanente - Continued

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- 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**”

## Oscar

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### Oscar All Plans

- ***The Pediatric Dental Major Services and Orthodontics now require prior authorization***
- **Weight loss benefits are now covered**

### Oscar Platinum EPO B, Gold EPO A and B, and Bronze EPO A and B Plans

- **Hearing Aids benefit is now covered**

### Oscar Platinum EPO B

- The out-of-pocket maximum for individual/family has changed from “\$4,000/\$8,000” to “**\$2,500/\$5,000**”
- The Dr. Office Visits (PCP) and Acupuncture benefits have changed from “\$10 Copay” to “**\$30 Copay**”

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## Oscar - Continued

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- The following benefits have changed from “\$25 Copay” to “**\$30 Copay**”:
  - Laboratory
  - Physical, Occupational, Speech Therapy
  - Rehabilitative & Habilitative Services and Devices
- The X-Ray and MRI, CT and PET Scan (office setting) benefits have changed from “90%” to “**\$50 Copay**”
- The following benefits have changed from “90%” to “**\$500 Copay per day – 5 days max**”:
  - In-Patient Hospital Services
  - In-Patient Mental Health
  - In-Patient Drug/Substance Abuse (Detox Only)
- The In-Patient and Out-Patient Physician Fees benefits have changed from “90%” to “**100%**”
- The Emergency Room benefit has changed from “\$200 Copay (waived if admitted)” to “**\$250 Copay** (waived if admitted)”
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from “90%” to “**\$150 Copay**”
- The Ambulance Services benefit has changed from “\$200 Copay” to “**\$250 Copay**”
- The Generic prescription benefit has changed from “\$10 Copay” to “**\$5 Copay**”
- The Formulary Brand prescription benefit has changed from “\$25 Copay” to “**\$15 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$50 Copay” to “**\$25 Copay**”
- The following benefits have changed from “90%” to “**70%**”:
  - Specialty prescription
  - Chemotherapy
  - Durable Medical Equipment
  - Pediatric Vision Frames
- The Chiropractic benefit has changed from “Not Covered” to “**\$30 Copay**”
- The Skilled Nursing Facility benefit has changed from “90%, 100 days max per benefit period” to “**\$500 Copay per day – 5 days max**, 100 days max per benefit period”
- The Hospice benefit has changed from “\$10 Copay” to “**70%**”
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from “\$50 Copay” to “**\$30 Copay**”
- The Pediatric Vision Contact Lenses benefit has changed from “90% (in lieu of eyeglasses)” to “**70% (only in lieu of eyeglasses)**”

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# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Oscar - Continued

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### Oscar Gold EPO A

- The calendar year deductible has changed from “\$500/\$1,000 (combined Med/Pediatric dental ded; applies to Max OOP)” to “**None**”
- The out-of-pocket maximum for individual/family has changed from “\$5,000/\$10,000” to “**\$6,000/\$12,000**”
- The following benefits have changed from “\$25 Copay (ded waived)” to “**\$30 Copay**”:
  - Dr. Office Visits (PCP)
  - Acupuncture
  - Physical, Occupational, Speech Therapy
  - Rehabilitative & Habilitative Services and Devices
- The Laboratory benefit has changed from “\$25 Copay (ded waived)” to “**\$50 Copay**”
- The X-Ray benefit has changed from “80%” to “**\$50 Copay**”
- The MRI, CT and PET Scan (office setting) benefit has changed from “80%” to “**\$200 Copay**”
- The following benefits have changed from “80%” to “**70%**”:
  - In-Patient Hospital Services
  - Out-Patient Surgical Facility
  - Ambulatory Surgery Center
  - Chemotherapy
  - Durable Medical Equipment
  - In-Patient Mental Health
  - In-Patient Drug/Substance Abuse (Detox Only)
  - Pediatric Vision Frames
  - Out-Patient Physician Fees
- In-Patient Physician Fees benefit has changed from “80%” to “**\$50 Copay**”
- The Emergency Room benefit has changed from “\$300 Copay (ded waived; waived if admitted)” to “**\$350 Copay** (waived if admitted)”
- The Ambulance Services benefit has changed from “\$300 Copay (ded waived)” to “**\$350 Copay**”
- The Generic prescription benefit has changed from “\$10 Copay (overall ded waived)” to “**\$15 Copay**”
- The Formulary Brand prescription benefit has changed from “\$50 Copay (overall ded waived)” to “**\$35 Copay**”
- The Specialty prescription benefit has changed from “80% (overall ded waived)” to “**70%**”
- The Chiropractic benefit has changed from “Not Covered” to “**\$30 Copay**”
- The Skilled Nursing Facility benefit has changed from “80%, 100 days max per benefit period” to “**70%**, 100 days max per benefit period”
- The Hospice benefit has changed from “\$25 Copay (ded waived)” to “**70%**”

(Continued)

## Oscar - Continued

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- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from “\$50 Copay (ded waived)” to “**\$30 Copay**”
- The Pediatric Vision Contact Lenses benefit has changed from “80% (in lieu of eyeglasses)” to “**70% (only in lieu of eyeglasses)**”
- The Pediatric Dental Orthodontics benefit has changed from “80%” to “**\$50 Copay (prior authorization required)**”

### Oscar Gold EPO 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)

### Oscar Gold EPO C

- The Prescription deductible has changed from “None” to “**Combined with Medical**”
- The following benefits have changed from “\$10 Copay (ded waived)” to “**\$25 Copay (ded waived)**”:
  - Dr. Office Visits (PCP)
  - Acupuncture
  - Out-Patient Drug/Substance Abuse (office visit)
- The Laboratory and X-Ray benefits have changed from “80%” to “**\$50 Copay (ded waived)**”
- The Emergency Room benefit has changed from “\$300 Copay (ded waived; waived if admitted)” to “**\$350 Copay (ded waived; waived if admitted)**”
- The Ambulance Services benefit has changed from “\$300 Copay (ded waived)” to “**\$350 Copay (ded waived)**”
- The Specialty prescription benefit has changed from “80% (overall ded waived)” to “**80% (combined Med/Rx/Pediatric dental ded)**”
- The Chiropractic benefit has changed from “Not Covered” to “**\$25 Copay (ded waived)**”
- The Hospice benefit has changed from “\$10 Copay (ded waived)” to “**80%**”

(Continued)



# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Oscar - Continued

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- The Out-Patient Mental Health (office visit) benefit has changed from “\$50 Copay (ded waived)” to “**\$25 Copay** (ded waived)”

### Oscar Silver EPO A

- The calendar year deductible has changed from “\$2,000/\$2,700/\$4,000 (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” to “**\$2,500/\$2,700/\$5,000** (combined Med/Rx/Pediatric dental 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**”

### Oscar Silver EPO B

- The out-of-pocket maximum for individual/family has changed from “\$7,000/\$14,000” to “**\$7,550/\$15,100**”
- The Prescription deductible has changed from “\$125/\$250” to “**\$200/\$400**”
- The Specialist Visit (SPC) and 2<sup>nd</sup> Surgical Opinion benefits have 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 Physician Fees**
- The Pediatric Dental Orthodontics benefit has changed from “\$1,000 Copay (ded waived)” to “**100% (prior authorization required)**”
- The Out-Patient Mental Health Other benefit has changed from “\$45 Copay (ded waived)” to “**80% (up to \$45 per visit ; ded waived)**”

### Oscar Bronze EPO A

- **This is now an HAS-Qualified plan**
- The calendar year deductible has changed from “\$6,500/\$13,000 (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” to “**\$6,650/\$13,300** (combined Med/Rx/Pediatric dental ded; applies to Max OOP)”
- The out-of-pocket maximum for individual/family has changed from “\$6,500/\$13,000” to “**\$6,650/\$13,300**”
- The Chiropractic benefit has changed from “Not Covered” to “**100%**”

### Oscar Bronze EPO B

- The calendar year deductible has changed from “\$7,350/\$14,700 (combined Med/Rx/Pediatric dental ded; applies to Max OOP)” to “**\$7,900/\$15,800** (combined Med/Rx/Pediatric dental ded; applies to Max OOP)”

(Continued)



## Oscar - Continued

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- The out-of-pocket maximum for individual/family has changed from “\$7,350/\$14,700” to “**\$7,900/\$15,800**”
- The Urgent Care benefit has changed from “\$50 Copay (ded waived)” to “**\$75 Copay** (ded waived)”
- The Chiropractic benefit has changed from “Not Covered” to “**100%**”

## Sharp Health Plan

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### 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%**”

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Sharp Health Plan - Continued

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### 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**"
- 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 2<sup>nd</sup> 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**"

(Continued)

## **Sharp Health Plan - Continued**

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### **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)**”

## **Sutter Health Plus**

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### **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 2<sup>nd</sup> 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 Prescription deductible has changed from “\$125/\$250” to “**\$200/\$400**”
- The Specialist Visit (SPC) and 2<sup>nd</sup> 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)”

(Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Sutter Health Plus – Continued

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- 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 2<sup>nd</sup> Surgical Opinion benefits have changed from “\$35 Copay” to “**\$50 Copay**”

### 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

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### 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](http://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®

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## **UnitedHealthcare - Continued**

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### **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
  - 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)

(Continued)

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## UnitedHealthcare - Continued

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- 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 Prescription deductible has changed from “None” to “**\$250/\$500**”
- The Specialist Visit (SPC) and 2<sup>nd</sup> 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)**”
- 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 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**”

(Continued)

## UnitedHealthcare - Continued

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- 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**”

## Western Health Advantage

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### 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 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**

# SUMMARY OF CHANGES

Groups Renewing 12/1/19 – 12/1/19

## Western Health Advantage - Continued

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### 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**”

*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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