

## Health Plan Benefits and Coverage Matrix

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		CCHP Platinum90 HMO 0/20 w/ Child Dental	
<b>Overall deductible</b>		\$0	
<b>Other deductibles for specific services</b>			
<b>Medical</b>		\$0	
<b>Pharmacy</b>		\$0	
<b>Dental</b>		\$0	
<b>Out-of-pocket limit on expenses</b>		\$4,000 (Individual) / \$8,000 (Family) Medical. Up to \$250 (30-day-supply per script Tier 4 Rx) and up to \$750 (90-day-supply per script Tier 4 Rx) Pharmacy.	
Service Type	Member Cost Share	Deductible Applies	
<b>Visit to a health care provider's office or clinic</b>			
Preventive care/ screening/ immunization	No Cost Share		
Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$20 copay		
Specialist visit	\$40 copay		
Acupuncture	\$40 copay		
Allergy visit (testing and treatment)	\$40 copay		
<b>Tests</b>			
Laboratory Tests	\$20 copay		
X-Rays and Diagnostic Imaging	\$40 copay		
Imaging (CT/PET scans, MRIs)	\$150 copay		
<b>Drugs to treat illness or condition</b>			
Tier 1 (30-Day Supply)	\$5 copay		
Tier 1 (90-Day Supply)	\$10 copay		
Tier 2 (30-Day Supply)	\$15 copay		
Tier 2 (90-Day Supply)	\$30 copay		
Tier 3 (30-Day Supply)	\$25 copay		
Tier 3 (90-Day Supply)	\$50 copay		
Tier 4 (30-Day Supply)	10% coinsurance (up to \$250 per script out-of-pocket maximum)		
Tier 4 (90-Day Supply)	10% coinsurance (up to \$750 per script out-of-pocket maximum)		
<b>Outpatient services</b>			
Facility fee (e.g., ambulatory surgery center)	\$250 copay		
Physician/surgeon fees	\$40 copay		
Outpatient visit	10% coinsurance		
<b>Need immediate attention</b>			
Emergency room services (waived if admitted)	\$150 copay		
Emergency room physician fee (waived if admitted)	\$0 copay		
Emergency medical transportation	\$150 copay		
Urgent care	\$40 copay		
<b>Hospital stay</b>			

Facility fee (e.g., hospital room)	\$250 per day (up to first 5 days)	
Physician/surgeon fee	\$40 copay	
<b>Mental health, behavioral health, or substance abuse needs</b>		
Mental/Behavioral health outpatient office visits	\$20 copay	
Mental/ Behavioral health other outpatient items and services	\$0 copay	
Mental health partial hospital program treatment	\$0 copay	
Mental health monitoring of drug therapy	\$20 copay	
Mental health psychological testing	\$250 copay	
Psychiatric observation	\$250 copay per day (up to first 5 Days)	
Mental/Behavioral health inpatient services (Facility fees)	\$250 copay per day (up to first 5 Days)	
Mental/ Behavioral health inpatient services (Physician fees)	\$40 copay	
Mental health crisis residential treatment	\$250 copay per day (up to first 5 Days)	
Mental health and Substance use disorder group evaluation and treatment	\$20 copay	
Substance use disorder intensive outpatient treatment program	\$0 copay	
Substance use disorder day treatment program	\$0 copay	
Substance use disorder medication treatment withdrawal	\$20 copay	
Substance use disorder drug testing	\$20 copay	
Substance use disorder inpatient services (Facility fees)	\$250 copay per day (up to first 5 Days)	
Substance use disorder inpatient services (Physician fees)	\$40 copay	
Substance use disorder transitional residential recovery services	\$250 copay per day (up to first 5 Days)	
<b>Pregnancy</b>		
Family planning visit (consultation and contraceptive services)	\$40 copay	
Preconception/ prenatal/ postnatal care	\$0 copay	
Delivery and all inpatient services (Hospital Services)	\$250 per day (up to first 5 Days)	
Delivery and all inpatient services (Professional Services)	\$40 copay	
PKU formulas and food products	\$250 copay	
Termination of pregnancy	\$250 copay	
<b>Help recovering or other special health needs</b>		
Home health care	\$20 copay	
Outpatient Rehabilitation services	\$20 copay	
Outpatient Habilitation services	\$20 copay	
Skilled nursing care	\$150 per day (up to first 5 Days)	
Durable medical equipment	10% coinsurance	
Medical supplies	10% coinsurance	
Contact lens to treat Aniridia and Aphakia	10% coinsurance	
Diabetes Equipment and Supply Services	Lancets - Generic RX Copay Blood Testing Strips - Brand RX Copay Urine Testing Strips - Generic RX Copay	
Hospice service	\$0 copay	
<b>Pediatric Vision and Dental</b>		

<b>(Included in Plan)</b>		
<b>Pediatric Vision (Ages 0-18)</b>		
<b>Administered by VSP</b>		
Eye exam	No Cost Share	
1 pair of glasses per year (or contact lenses in lieu of glasses) calendar year	No Cost Share	
<b>Pediatric Dental (Ages 0-18)</b>		
<b>Administered by Delta Dental</b>		
Oral Exam	No Cost Share	
Preventive- Cleaning		
Preventive – X-ray		
Sealants per Tooth		
Topical fluoride Application		
Space Maintainers-Fixed		
Amalgam Fill- 1 Surface	\$25	
Root Canal- Molar	\$300	
Gingivectomy per Quad	\$150	
Extraction- Single Tooth Exposed Root or	\$65	
Extraction- Complete Bony	\$160	
Porcelain with Metal Crown	\$300	
Medically necessary orthodontics	\$1000	
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to this EOC	

Endnotes:

1. Co-payments may never exceed the cost of the service. For example, if laboratory tests cost less than the \$45 copayment, the lesser amount is the applicable cost-sharing amount.
2. [[include in Bronze60 EOC] The deductible is waived after the 1<sup>st</sup> 3 non-preventive visits, which includes urgent care and outpatient Mental Health/ Substance Use Disorder visits.]
3. [[include in Platinum90 and Gold80 EOC] Inpatient and skilled nursing facility stays have no additional cost share after the first 5 days of continuous stay.]
4. Member cost-share for oral anti-cancer drugs will not exceed \$200 per month.
5. For drugs to treat an illness or condition, the copay or co-insurance applies to an up to 30-day prescription supply.
6. Mental Health/ Substance Use Disorder Outpatient Items and Services include post-discharge ancillary care services, such as counseling and other outpatient support services, which may be provided as part of the offsite recovery component of a residential treatment plan.
7. Residential substance abuse treatment that employs highly intensive and varied therapeutics in a highly-structured environment and occurs in settings including, but not limited to, community residential rehabilitation, case management, and aftercare programs, is categorized as a substance use disorder inpatient services.
8. The Outpatient Visit line item within the Outpatient Services category includes but is not limited to the following types of outpatient visits: outpatient chemotherapy, outpatient radiation, outpatient infusion therapy and outpatient dialysis and similar outpatient services.
9. Drug tiers are defined as follows:

<b>Tier</b>	<b>Definition</b>
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1	1) Most generic drugs and low cost preferred brands.
2	1) Non-preferred generic drugs or;
	2) Preferred brand name drugs or;
	3) Recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost.
3	1) Non-preferred brand name drugs or;
	2) Recommended by P&T committee based on drug safety, efficacy and cost or;
	3) Generally have a preferred and often less costly therapeutic alternative at a lower tier.
4	1) Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or;
	2) Self administration requires training, clinical monitoring or;
	3) Drug was manufactured using biotechnology or;
	4) Plan cost (net of rebates) is >\$600.

## Introduction

Chinese Community Health Plan (“CCHP”) is a health maintenance organization (“HMO”) founded in 1986 in San Francisco by Chinese Hospital Association. As a HMO, our objective is to give you peace of mind about your health care coverage. From routine checkups to critical care, pediatrics, and women’s health care, CCHP has you covered.

As explained in this Combined Evidence of Coverage and Disclosure Form, Members of CCHP choose their own Primary Care Physician from the doctors in our medical group, listed in our Provider Directory. Please refer to the Provider Directory for CCHP Primary Care Physician listing. With the wide selection of physicians and office locations, finding the right doctor for you and each member of your family is easy. And each of these physicians is affiliated with one or more of the hospitals which participate in CCHP.

CCHP continues the tradition of quality and trust started by Chinese Hospital over 100 years ago. With CCHP you can be confident that wherever you live in our service area, you will have the quality of care and comprehensive coverage which have been offered by CCHP for nearly 30 years.

**Non-discrimination:** CCHP and its participating organizations do not discriminate in our employment practices or in the delivery of health care services on the basis of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age or physical or mental disability.

**Help in your language:** Interpreters are available at no cost to you and your family with language assistance needed to access our services. In addition, you may be able to get materials written in your language. For more information, call our Member Services Center at 1-415-834-2118 or **1-877-681-8898** (TTY) weekdays from 8:30 a.m. to 5:00 p.m.