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 Bronze 60 HMO 6300/75 w/ Child Dental**	
Overall deductible		
Other deductibles for specific services		
Medical	$6,300 Individual/ $12,600 Family	
Pharmacy (Drug)	$500 Individual/ $1,000 Family	
Dental		
Out–of–pocket limit on expenses	$7,000 (Individual) / $14,000 (Family)	
Service Type	**Member Cost Share**	**Deductible Applies**
Visit to a health care provider's office or clinic		
Primary care visit or non-specialist practitioner visit to treat an injury or illness	$75 Copay	After first 3 non-preventive visits
Specialist visit	$105 Copay	After first 3 non-preventive visits
Preventive care/ screening/ immunization	No charge	
Tests		
Laboratory Tests	$40 Copay	
X-Rays and Diagnostic Imaging	Full cost until out-of-pocket is met	X
Imaging (CT/PET scans, MRIs)	Full cost until out-of-pocket is met	X
Drugs to treat illness or condition		
Tier 1 (30-Day Supply)	Full cost up to $500 per prescription	X
Tier 1 (90-Day Supply)	Full cost up to $1500 per prescription	X
Tier 2 (30-Day Supply)	Full cost up to $500 per prescription	X
Tier 2 (90-Day Supply)	Full cost up to $1500 per prescription	X
Tier 3 (30-Day Supply)	Full cost up to $500 per prescription	X
Tier 3 (90-Day Supply)	Full cost up to $1500 per prescription	X
Tier 4 (30-Day Supply)	Full cost up to $500 per prescription	X
Outpatient services		
Facility fee (e.g., ambulatory surgery center)	Full cost until out-of-pocket is met	X
Physician/surgeon fees	Full cost until out-of-pocket is met	X
Office visit	Full cost until out-of-pocket is met	X
Need immediate attention		
Emergency room services (waived if admitted)	Full cost until out-of-pocket is met	X
Emergency room physician fee (waived if admitted)	Full cost until out-of-pocket is met	X
Emergency medical transportation	Full cost until out-of-pocket is met	X
Urgent care	$75 Copay	After first 3 non-preventive visits
Hospital stay		
Facility fee (e.g., hospital room)	Full cost until out-of-pocket is met	X

Physician/surgeon fee	Full cost until out-of-pocket is met	X
Mental health, behavioral health, or substance abuse needs		
Mental/Behavioral health outpatient office visits	No Charge	
Mental/ Behavioral health other outpatient items and services	No Charge	
Mental/Behavioral health inpatient services	Full cost until out-of-pocket is met	X
Substance use disorder outpatient office visits	No Charge	
Substance use disorder other outpatient items and services	No Charge	
Substance use disorder inpatient services	Full cost until out-of-pocket is met	X
Pregnancy		
Prenatal care and preconception visits	No charge	
Delivery and all inpatient services (Hospital Services)	Full cost until out-of-pocket is met	X
Delivery and all inpatient services (Professional Services)	Full cost until out-of-pocket is met	X
Help recovering or other special health needs		
Home health care	Full cost until out-of-pocket is met	X
Outpatient Rehabilitation services	$75 Copay	
Outpatient Habilitation services	$75 Copay	
Skilled nursing care	Full cost until out-of-pocket is met	X
Durable medical equipment	Full cost until out-of-pocket is met	X
Diabetes Equipment and Supply Services	Lancets - Generic RX Copay Blood Testing Strips - Brand RX Copay Urine Testing Strips - Generic RX Copay	X
Hospice service	No charge	
Pediatric Vision and Dental (Included in Plan)		
Pediatric Vision (Ages 0-18) Administered by VSP		
Eye exam including refraction and dilation per year	No Cost Share	
1 pair of glasses per year (or contact lenses in lieu of glasses) calendar year	No Cost Share	
Pediatric Dental (Ages 0-18) Administered by Delta Dental		
Oral Exam	No Cost Share	
Preventive- Cleaning	No Cost Share	
Preventive – X-ray		
Sealants per Tooth		
Topical fluoride Application		
Space Maintainers-Fixed		
Amalgam Fill- 1 Surface	See Delta Dental Evidence of Coverage (EOC) included as an addendum to this EOC	
Root Canal- Molar		
Gingivectomy per Quad		
Extraction- Single Tooth Exposed Root or		
Extraction- Complete Bony		
Porcelain with Metal Crown		
Medically necessary orthodontic		
For More Information		

Endnotes:

1. Any and all cost-sharing payments for in-network covered services apply to the out-of-pocket maximum. If a deductible applies to the service, cost sharing payments for all in-network services accumulate toward the deductible. In- network services include services provided by an out-of-network provider but are approved as in-network by the issuer.
2. For covered out of network services in a PPO plan, these Patient-Centered Benefit Plan Designs do not determine cost sharing, deductible, or maximum out-of-pocket amounts. See the applicable PPO's Evidence of Coverage or Policy.
3. Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the Plan's in-network out-of-pocket maximum.
4. For plans except HDHPs, in coverage other than self-only coverage, an individual's payment toward a deductible, if required, is limited to the individual annual deductible amount. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum. After a family satisfies the family out-of-pocket maximum, the issuer pays all costs for covered services for all family members.
5. For HDHPs, in other than self-only coverage, an individual's payment toward a deductible, if required, must be the higher of the specified deductible amount for individual coverage or $2,700 for Plan Year 2018. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.
6. Co-payments may never exceed the plan's actual cost of the service. For example, if laboratory tests cost less than the $45 copayment, the lesser amount is the applicable cost-sharing amount.
7. For the non-HDHP Bronze and Catastrophic plans, the deductible is waived for the first three non-preventive visits combined, which may include office visits, urgent care visits, or outpatient Mental Health/Substance Use Disorder visits.
8. Member cost-share for oral anti-cancer drugs shall not exceed $200 for a script of up to 30 days per state law (Health and Safety Code § 1397.656; Insurance Code § 10123.206). For HDHP, the deductible applies prior to the application of the $200 cap for anti-cancer drugs.
9. In the Platinum and Gold Copay Plans, inpatient and skilled nursing facility stays have no additional cost share after the first 5 days of a continuous stay.
10. For drugs to treat an illness or condition, the copay or co-insurance applies to an up to 30-day prescription supply. Nothing in this note precludes an issuer from offering mail order prescriptions at a reduced cost-share.

11. As applicable, for the child dental portion of the benefit design, an issuer may choose the child dental standard benefit copay or coinsurance design, regardless of whether the issuer selects the copay or the coinsurance design for the non-dental portion of the benefit design. In the Catastrophic plan, the deductible must apply to non-preventive child dental benefits.
12. A health plan benefit design that utilizes the child dental standard benefit copay design must adhere to the Covered California 2017 Dental Copay Schedule.
13. Member cost share for Medically Necessary Orthodontia services applies to course of treatment, not individual benefit years within a multi-year course of treatment. This member cost share applies to the course of treatment as long as the member remains enrolled in the plan.
14. Cost-sharing terms and accumulation requirements for non-Essential Health Benefits that are covered services are not addressed by these Patient- Centered Benefit Plan Designs.
15. Mental Health/Substance Use Disorder Other Outpatient Items and Services include, but are not limited to, partial hospitalization, multidisciplinary intensive outpatient psychiatric treatment, day treatment programs, intensive outpatient programs, behavioral health treatment for PDD/autism delivered at home, and other outpatient intermediate services that fall between inpatient care and regular outpatient office visits.
16. 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 substance use disorder inpatient services.
17. Specialists are physicians with a specialty as follows: allergy, anesthesiology, dermatology, cardiology and other internal medicine specialists, neonatology, neurology, oncology, ophthalmology, orthopedics, pathology, psychiatry, radiology, any surgical specialty, otolaryngology, urology, and other designated as appropriate. Services provided by specialists for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral health or Substance Use disorder outpatient services.
18. The Other Practitioner category may include Nurse Practitioners, Certified Nurse Midwives, Physical Therapists, Occupational Therapists, Respiratory Therapists, Clinical Psychologists, Speech and Language Therapists, Licensed Clinical Social Worker, Marriage and Family Therapists, Applied Behavior Analysis Therapists, acupuncture practitioners, Registered Dieticians and other nutrition advisors. Nothing in this note precludes a plan from using another comparable benefit category other than the specialist visit category for a service provided by one of these practitioners. Services provided by other practitioners for the treatment of mental health or substance use disorder conditions shall be categorized as Mental/Behavioral health or Substance Use disorder outpatient services.

19. 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.
20. The inpatient physician cost share may apply for any physician who bills separately from the facility (e.g. surgeon). A member's primary care physician or specialist may apply the office visit cost share when conducting a visit to the member in a hospital or skilled nursing facility.
21. Cost-sharing for services subject to the federal Mental Health Parity and Addiction Equity Act (MHPAEA) may be different but not more than those listed in these patient-centered benefit plan designs if necessary for compliance with MHPAEA.
22. Behavioral health treatment for autism and pervasive developmental disorder is covered under Mental/Behavioral health outpatient services.
23. Drug tiers are defined as follows:

Tier	Definition
1	1) Most generic drugs and low cost preferred brands.
2	1) Non-preferred generic drugs;
	2) Preferred brand name drugs; and
	3) Any other drugs 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) Drugs that are 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) Drugs that are biologics and drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies;
	2)Drugs that require the enrollee to have special training or , clinical monitoring;
	3) Drugs that cost the health plan (net of rebates) more than six hundred dollars ($600) net of rebates for a one-month supply.

Some drugs may be subject to zero cost-sharing under the preventive services rules.

24. Issuers must comply with 45 CFR Section 156.122(d) dated February 27, 2015 which requires the health plan to publish an up-to-date, accurate and complete list of all covered drugs on its formulary list including any tiering structure that is adopted.

25. A plan's formulary must include a clear written description of the exception process that an enrollee could use to obtain coverage of a drug that is not

included on the plan's formulary.

26. The health issuer may not impose a member cost share for Diabetes Self-Management which is defined as services that are provided for diabetic outpatient self-management training, education and medical nutrition therapy to enable a member to properly use the devices, equipment, medication, and supplies, and any additional outpatient self-management training, education and medical nutrition therapy when directed or prescribed by the member's physician. This includes but is not limited to instruction that will enable diabetic patients and their families to gain an understanding of the diabetic disease process, and the daily management of diabetic therapy, in order to avoid frequent hospitalizations and complications.
27. The cost sharing for hospice services applies regardless of the place of service.
28. For all FDA-approved tobacco cessation medications, no limits on the number of days for the course of treatment (either alone or in combination) may be imposed during the plan year.