





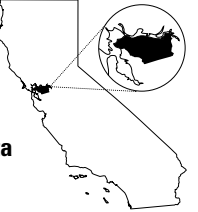
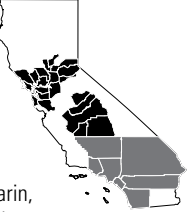


PCIP and MRMIP Costs and Benefits Use this chart to compare plans.

PCIP	MRMIP Health Plan Options		
 <p>CALIFORNIA PCIP Pre-Existing Condition Insurance Plan</p> <p>1-877-428-5060 8:00AM to 8:00PM, Monday–Friday 8:00AM to 5:00PM, Saturday www.pcip.ca.gov</p>	 <p>1-877-687-0549 8:30AM to 7:00PM, Monday–Friday www.anthem.com</p>	 <p>1-877-661-6230 (press 2) 8:00AM to 5:00PM, Monday–Friday www.cchealth.org/health_plan</p>	 <p>1-800-464-4000 7:00am to 7:00PM, Monday–Friday 7:00AM to 3:00PM, Saturday–Sunday www.kaiserpermanente.org</p>
<p>Plan area</p> <p>You can choose the PCIP PPO Network if you live in any county in California (statewide).</p> 	<p>Plan area</p> <p>You can choose this plan if you live in any county in California (statewide).</p> 	<p>Plan area</p> <p>You can choose this plan if you live in Contra Costa County.</p> 	<p>Plan area</p> <p>Northern CA counties: Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Sutter, Tulare, Yolo, Yuba</p> <p>Southern CA counties: Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Ventura</p> 
<p>Provider network</p> <ul style="list-style-type: none"> 11,000 primary care physicians 43,300 specialists 321 hospitals 250 urgent care 359 ambulatory surgery centers (ASC) 	<p>Provider network</p> <ul style="list-style-type: none"> 40,000 PPO physicians 29,000 HMO physicians More than 400 hospitals 	<p>Provider network</p> <p>3,000 providers and specialists in choice of two provider networks:</p> <ul style="list-style-type: none"> Regional Medical Center Network or Community Provider Network 	<p>Provider network</p> <p>You choose a doctor to be your primary care physician (PCP). Your PCP works closely with you and can refer you to specialists when needed. You receive care at Kaiser Permanente medical facilities throughout the area.</p>
<p>Annual deductible</p> <p><i>Does not apply to in-network preventive care.</i></p> <p>\$1,500 per subscriber (in-network providers)</p> <p>\$3,000 per subscriber (out-of-network providers)</p> <p>There are separate deductibles for in-network and out-of-network services.</p>	<p>Annual deductible</p> <p><i>Does not apply to preventive care.</i></p> <p>\$500 per subscriber</p> <p>\$500 per household</p> <p>Services provided by in-network and out-of-network providers and prescription drugs apply toward the \$500 deductible.</p>	<p>Annual deductible</p> <p><i>Does not apply to in-network preventive care.</i></p> <p>\$500 per household</p> <p>The annual deductible applies only to inpatient hospital services. All other services are not subject to the deductible.</p>	<p>Annual deductible</p> <p><i>Does not apply to in-network preventive care.</i></p> <p>\$500 per household</p> <p>Services provided by in-network and out-of-network providers and prescription drugs apply toward the \$500 deductible.</p>
<p>Brand name drug deductible</p> <p>\$500 for in-network pharmacies</p> <p>\$500 for out-of-network pharmacies</p> <p>There are separate deductibles for in-network and out-of-network pharmacies.</p>	<p>Brand name drug deductible</p> <p>No separate brand name deductible</p>	<p>Brand name drug deductible</p> <p>No separate brand name deductible</p>	<p>Brand name drug deductible</p> <p>No separate brand name deductible</p>

For PCIP questions, call **1-877-428-5060**
Monday through Friday 8:00AM – 8:00PM, Saturday 8:00AM – 5:00PM
or visit www.pcip.ca.gov.

For MRMIP questions, call **1-800-289-6574**
Monday through Friday 8:30AM – 7:00PM
or visit www.mrmib.ca.gov.

PCIP and MRMIP Costs and Benefits (continued)


PCIP	MRMIP Health Plan Options		
 <p>CALIFORNIA PCIP Pre-Existing Condition Insurance Plan</p>			
<p>Cost sharing</p> <p>15% coinsurance (in-network) 50% coinsurance (out-of-network)</p> <p>The share you pay of the plan allowance for a covered service after meeting your deductible. For out-of-network services, you may also have to pay any amount that exceeds the plan allowance.</p>	<p>Cost sharing</p> <p>15% coinsurance (in-network) 50% coinsurance (out-of-network)</p> <p>The share you pay of the plan allowance for a covered service after meeting your deductible. For out-of-network services, you may also have to pay any amount that exceeds the plan allowance.</p>	<p>Cost sharing</p> <p>\$15 copayment for office visits and many other services \$25 copayment for emergency room visits \$200 per day for inpatient hospital stays</p> <p>You pay a set amount for covered services.</p>	<p>Cost sharing</p> <p>\$20 copayment for office visits and many other services \$100 copayment for emergency room visits \$200 per day for inpatient hospital stays</p> <p>You pay a set amount for covered services.</p>
<p>Annual out-of-pocket maximum</p> <p>\$2,500 per subscriber for in-network services</p> <p>The maximum includes in-network medical and brand name drug deductibles, and any in-network copayments and coinsurance paid. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year. Payments made for out-of-network services do not count towards the out-of-pocket maximum, and there is no maximum for out-of-network services.</p>	<p>Annual out-of-pocket maximum</p> <p>\$2,500 per subscriber \$4,000 per family</p> <p>The maximum includes any in-network copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.</p>	<p>Annual out-of-pocket maximum</p> <p>\$2,500 per subscriber \$4,000 per family</p> <p>The maximum includes any copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.</p>	<p>Annual out-of-pocket maximum</p> <p>\$2,500 per subscriber \$4,000 per family</p> <p>The maximum includes any copayments and coinsurance. After you meet the maximum, the plan pays 100% of in-network services for the rest of the year until you reach the annual benefit maximum. There is no out-of-pocket maximum for out-of-network services.</p>
<p>Annual benefit maximum</p> <p>No limit</p>	<p>Annual benefit maximum</p> <p>\$75,000 per subscriber</p>	<p>Annual benefit maximum</p> <p>\$75,000 per subscriber</p>	<p>Annual benefit maximum</p> <p>\$75,000 per subscriber</p>
<p>Lifetime benefit maximum</p> <p>No limit</p>	<p>Lifetime benefit maximum</p> <p>\$750,000 per subscriber</p>	<p>Lifetime benefit maximum</p> <p>\$750,000 per subscriber</p>	<p>Lifetime benefit maximum</p> <p>\$750,000 per subscriber</p>
<p>Prior authorization</p> <p>Some services require prior authorization. See the PCIP Summary Plan Description for a listing of all services that require prior authorization. This document can be found at www.pcip.ca.gov.</p>	<p>Prior authorization</p> <p>See the Anthem Evidence of Coverage booklet for a listing of services that require prior authorization.</p>	<p>Prior authorization</p> <p>See the Contra Costa Health Plan Evidence of Coverage booklet for a listing of services that require prior authorization.</p>	<p>Prior authorization</p> <p>See the Kaiser Northern California or Kaiser Southern California Evidence of Coverage booklet for a listing of services that require prior authorization.</p>

This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

PCIP and MRMIP Costs and Benefits

Use this chart to compare plans. *(continued)*

<p>Ambulance</p> <ul style="list-style-type: none"> Limited to transport during a medical emergency
<p>Doctor services</p> <ul style="list-style-type: none"> Inpatient visits (doctor visits while you are in the hospital) Office visits
<p>Durable medical equipment</p> <ul style="list-style-type: none"> Authorized by a physician for care of an illness or injury
<p>Emergency room services</p> <ul style="list-style-type: none"> Limited to treatment of a medical emergency
<p>Home health care</p> <ul style="list-style-type: none"> Medically necessary visits by home health personnel
<p>Hospice care</p> <ul style="list-style-type: none"> Hospice care for subscribers who are not expected to live more than 12 months
<p>Hospital services</p> <ul style="list-style-type: none"> Inpatient (semi-private room) Outpatient
<p>Mental health care services</p> <ul style="list-style-type: none"> Inpatient (limited to 10 days per calendar year) Outpatient (limited to 15 visits per calendar year) Unlimited inpatient days and outpatient visits for treatment of serious emotional disturbances (SED) in children or severe mental illness (SMI)
<p>Alcohol and substance abuse treatment</p> <ul style="list-style-type: none"> Inpatient (services to remove toxic substances from the system) Outpatient (limited to 20 visits per calendar year)
<p>Orthotics and prosthetics</p> <ul style="list-style-type: none"> Orthotics and prosthetic devices
<p>Physical/occupational/speech therapy</p> <ul style="list-style-type: none"> Services of physical therapists / occupational therapists / speech therapists as medically appropriate on an outpatient basis

PCIP	
	
You pay if you go to:	
In-network provider	Out-of-network provider
15% per trip	15% per trip
15% per inpatient visit \$25 copayment per office visit (no deductible)	50% per inpatient visit 50% per office visit
15% per purchase/rental	50% per purchase/rental
15% per visit	15% per visit
15% per visit	50% per visit
15% per visit	50% per visit
15% per inpatient day	50% per inpatient day
15% per outpatient visit	50% per outpatient visit
15% per inpatient day	50% per inpatient day
15% per outpatient visit	50% per outpatient visit
15% per inpatient day 15% per outpatient visit	50% per inpatient day 50% per outpatient visit
15% per device	50% per device
15% per visit	50% per visit





MRMIP Health Plan Options Use this chart to compare plans					
					
You pay if you go to:		You pay:		You pay:	
In-network provider	Out-of-network provider	▼	▼	▼	▼
15% per trip	15% per trip	\$15 per trip		\$75 per trip	
\$25 per office visit (no deductible)	50% per office visit	\$15 per office visit		\$20 per office visit	
15% per purchase/rental	50% per purchase/rental	\$0 per purchase/rental		20% per purchase/rental	
15% per visit	15% per visit	\$25 per visit (waived if admitted to a hospital)		\$100 per visit (waived if admitted to a hospital)	
15% per visit	50% per visit	\$0 per visit		\$0 per visit	
15% per visit	50% per visit	\$0 per visit		\$0 per visit	
15% per inpatient day	All charges after \$650 per inpatient day	\$200 per inpatient day		\$200 per inpatient day	
15% per outpatient visit	All charges after \$380 per day	\$15 per outpatient visit		\$20 per outpatient visit	
15% per inpatient day	All charges after \$175 per inpatient day	\$200 per inpatient day		\$200 per inpatient day	
15% per outpatient visit	50% per outpatient visit	\$15 per outpatient visit		\$20 per outpatient visit	
15% per inpatient day outpatient visits not covered	15% per inpatient day outpatient visits not covered	\$200 per inpatient day \$15 per outpatient visit		\$200 per inpatient day outpatient visits not covered	
15% per device	50% per device	\$0 per device		\$0 per device	
15% per visit	All charges after \$25 per visit	\$15 per visit		\$20 per visit	

16 This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

Questions? For PCIP, call 1-877-428-5060 Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM or visit www.pcip.ca.gov. For MRMIP, call 1-800-289-6574 Monday through Friday 8:30 AM – 7:00 PM or visit www.mrmib.ca.gov.

PCIP and MRMIP Costs and Benefits

Use this chart to compare plans. *(continued)*

	PCIP		MRMIP Health Plan Options Use this chart to compare plans					
								
	You pay if you go to:		You pay if you go to:		You pay:		You pay:	
	In-network provider	Out-of-network provider	In-network provider	Out-of-network provider	▼	▼	▼	▼
Pregnancy and maternity care <ul style="list-style-type: none"> Inpatient (delivery services) Outpatient (prenatal and postnatal care) <ul style="list-style-type: none"> Excludes coverage for paid surrogates 	15% per inpatient day	50% per inpatient day	15% per inpatient day	All charges after \$650 per inpatient day	\$200 per inpatient day	\$200 per inpatient day	\$200 per inpatient day	\$200 per inpatient day
Prescription drugs <ul style="list-style-type: none"> Generic Brand name Non-preferred brand name or specialty drug 	15% per outpatient visit	50% per outpatient visit	15% per outpatient visit	50% per outpatient visit	\$15 per outpatient visit	\$15 per outpatient visit	\$15 per outpatient visit	\$15 per outpatient visit
Preventive care <ul style="list-style-type: none"> Cytology exams Disease management programs Family planning counseling services Health education services Hearing and eye tests for children Immunizations for adults and children Newborn blood tests Prostate exams for men Routine exams, mammograms, Pap smears, Human Papillomavirus (HPV) tests, and ovarian and cervical cancer screening for women Routine physicals and lab services Tests for Human Immunodeficiency Virus (HIV) and sexually transmitted infections Well-baby and well-child care Routine colonoscopies 	\$5 per generic drug (30-day supply)	50% per generic drug (30-day supply)	\$5 per generic drug (30-day supply)	All charges over 50% of generic drug	20% of generic drug cost	\$10 per generic drug (up to 100-day supply)	\$10 per generic drug (up to 100-day supply)	\$10 per generic drug (up to 100-day supply)
	\$15 per brand name drug (30-day supply)	50% per brand name drug (30-day supply)	\$15 per brand name drug (30-day supply)	All charges over 50% of brand name drug	20% of brand name drug cost	\$35 per brand name drug (up to 100-day supply)	\$35 per brand name drug (up to 100-day supply)	\$35 per brand name drug (up to 100-day supply)
	\$30 per non-preferred brand name or specialty drug (30-day supply)	50% per non-preferred brand name or specialty drug (30-day supply)	\$30 per non-preferred brand name or specialty drug (30-day supply)					
	No charge	50% per visit (subject to the out-of-network deductible and coinsurance)	15% per visit (no deductible)	50% per visit (no deductible)	\$15 per visit	\$0 to \$20 per visit, depending on the service you receive	\$0 to \$20 per visit, depending on the service you receive	\$0 to \$20 per visit, depending on the service you receive
Skilled nursing facility <ul style="list-style-type: none"> Services are available only when determined to be a medically appropriate alternative plan of treatment that is more cost effective 	15% per visit	50% per visit	not covered unless medically recommended	not covered unless medically recommended	\$0 per day (only covered when authorized by the plan)	\$0 per day (up to 100 days per benefit period)	\$0 per day (up to 100 days per benefit period)	\$0 per day (up to 100 days per benefit period)
X-ray and laboratory services <ul style="list-style-type: none"> Diagnostic x-rays and laboratory tests 	15% per visit	50% per visit	15% per visit	50% per visit	\$0 per visit	\$0 to \$5 per visit, depending on the service you receive	\$0 to \$5 per visit, depending on the service you receive	\$0 to \$5 per visit, depending on the service you receive

18 This is only a summary of plan provisions and is intended for comparison purposes only. For exact terms and conditions of coverage, refer to the Summary Plan Description (for PCIP) or the applicable plan's Evidence of Coverage booklet (for MRMIP).

Questions? For PCIP, call 1-877-428-5060 Monday through Friday 8:00 AM – 8:00 PM, Saturday 8:00 AM – 5:00 PM or visit www.pcip.ca.gov. For MRMIP, call 1-800-289-6574 Monday through Friday 8:30 AM – 7:00 PM or visit www.mrmib.ca.gov.