

Student Health Insurance Plan (SHIP) vs. Individual and Other Medical Plans
Effective 8/1/2016

Medical Benefits	ANTHEM BLUE CROSS		COVERED CALIFORNIA INDIVIDUAL PLAN		YOUR CURRENT PLAN
	SMC SHIP		Silver 70		
	<u>PPO</u>	<u>Non-PPO</u>	<u>PPO</u>	<u>Non-PPO</u>	
Deductible	\$200		\$2,250		
Out-of-pocket Max	\$4,000		\$6,250		
Lifetime Maximum	Unlimited		Unlimited		
<p>You must pay all costs up to the deductible amount before this plan begins to pay for covered services you use.</p> <p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services.</p>					
Outpatient Benefits					
Physician Visit	90%	70%	No ded., \$45 copay	60%	
Specialist Visit	90%	70%	No ded., \$70 copay	60%	
Preventive Care	No deductible, 100%	70%	No ded., 100%	60%	
Outpatient Lab & X-Ray	No deductible, 100%	70%	No ded., \$35 copay for Lab No ded., \$65 copay for X-ray	60%	
Outpatient Surgery	90%	70%	80%	60%	
Physical, Speech & Occupational Therapy	90%	70%	No ded., \$45 copay	60%	
Chiropractic Care	90%	70%	Not covered	Not covered	
Learning Disability Testing	90%	70%	Not covered	Not covered	
Inpatient Benefits					
Hospital	90%	70%	80%	60%	
Emergency Room (Copay waived if admitted)	\$100 copay, 90%	\$100 copay, 90%	\$250 copay after ded.	60%	
Mental Illness/Substance Abuse					
Inpatient	90%	70%	80%	60%	
Outpatient	90%	70%	No ded., \$45 copay	60%	
Prescription Drug	No deductible		\$250 deductible		
Generic	\$10 copay	\$10 copay + 50%	\$15 copay	60%	
Preferred/Brand Name	\$20 copay	\$20 copay + 50%	\$50 copay	60%	
Non-preferred/Specialty	\$20 copay	\$20 copay + 50%	\$70 copay	60%	
Annual Rate	\$2,530		\$2,520		

This comparison is based on the most purchased Silver level Covered California Individual Plan assuming a 20 years old living in Contra Costa County.
The above information is for comparison only. In case of a conflict between your plan documents and this information, the plan documents will always govern.

