



Covered California and Health Care Reform: Frequently Asked Questions

Q. What is Health Care Reform?

A. On March 23, 2010 the Affordable Care Act (ACA), also known as “ObamaCare,” was passed into law. The intent of this federal legislation is to improve quality, reduce costs and make health care coverage accessible and affordable for all Americans, requiring an overhaul of the current health care system, an ongoing process generally referred to as “Health Care Reform.” The word “Obamacare” generally is used to refer to aspects of the federal Affordable Care Act. One aspect of that act is the implementation of new health care marketplaces, such as Covered California.

Q. What is changing?

A. Effective January 1, 2014, all Americans are guaranteed healthcare coverage. You cannot be denied health insurance coverage regardless of your health, age, gender, or any other factor (including pre-existing conditions). Most people will be required to have basic coverage as defined by the ACA or be subject to an annual tax penalty. Federal subsidies will be available to provide premium assistance and lower cost sharing amounts (copay, coinsurance, deductibles) for households with annual incomes between 134% and 400% of the Federal Poverty Level.

Q. What is “Covered California”?

A. “Covered California” is a state-administered Commercial Benefits Exchange supporting implementation of the Affordable Care Act in California. It provides a virtual health insurance market place for small businesses, individuals and families not otherwise covered through their employer, or by Medicare or Medi-Cal. Consumers should log on at WWW.CoveredCa.com to compare all available insurance products across different health plans, and have access to useful decision support tools.

Q. What if I’m on Medicare or Medi-Cal, does this affect me?

A. Medicare subscribers are not impacted by these insurance changes. Your coverage likely will remain the same. Medicare beneficiaries can direct questions to www.medicare.gov or 1-800-MEDICARE (800) 633-4227

MediCal: Eligibility requirements for government programs such as Medi-Cal are expanding. Please contact that agency if you think you may qualify. Medi-Cal beneficiaries can direct questions to www.medi-cal.ca.gov or (800)-541-5555.

Q. What do I need to do now?

A. If you are currently uninsured, or, you purchase insurance as an individual on the open market, you should log onto Covered California and start reviewing your options at this time. Health insurance must be purchased through Covered California during the Open Enrollment period, from October 1, 2013 through March 31, 2014. You must purchase insurance by December 23, 2013 in order to guarantee coverage effective January 1, 2014.

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Q. When someone enrolls in a health insurance plan during open enrollment but after January 1, 2014, will the effective date be January 1, or is it subject to the actual enrollment date?

A. If you enroll in a Covered California plan before December 23, 2013, you can be eligible to have coverage that starts on January 1, 2014. You will also need to pay your share of the premium before January. During the last three months of the initial Covered California open-enrollment period (from Jan. 1, 2014, through March 31, 2014), an individual who submits a completed application, receives an eligibility determination and makes a plan selection by the 15th of each month will receive a coverage-effective date of the first day of the following month, as long as the person's full premium payment is received. For example, someone who has enrolled in a Covered California health insurance plan by January 15, 2014, will have coverage beginning February 1, 2014 if they pay their share of premium.

However, someone who submits a completed application receives an eligibility determination and makes a plan selection after the 15th of that month will receive a coverage-effective date of the first day of the second following month, as long as the person's full premium payment is received. For example, someone who has enrolled and whose payment has been received by Jan. 16, 2014, will have coverage beginning March 1, 2014.

Q. What if I currently have health insurance through my employer?

A. If you are currently covered by health insurance through your employer, you may not need to take any action if that coverage meets ACA requirements and your employer coverage continues in 2014. Consult with your Human Resources representative to get more details.

Q. How much financial assistance is available?

A. The amount of the premium assistance depends on household income and number of eligible individuals in the family. Covered California will make available the exact premium and plan choices so the individual can know exactly what insurance will cost.

For more information, please see [Getting Financial Help fact sheet](#).

Q. Do I have to buy health insurance? What are the penalties for not having health coverage?

A. There will be penalties for individuals who choose not to get affordable insurance. These penalties are part of the federal law and will be collected by the Internal Revenue Service as part of individual tax filing for 2014. There are no penalties for small employers (fewer than 50 full-time-equivalent employees), but starting in 2015 large employers may be subject to a penalty if they do not offer affordable coverage to their employees.

1. In 2014, an individual who does not maintain minimum health coverage will face a penalty of \$95 or 1 percent of income, whichever is greater. In 2014, a family will be charged a penalty of \$95 per uncovered adult and \$47.50 per uncovered child (up to \$285 for a family) or 1 percent of the family's income, whichever is greater.
2. For 2015, the penalty increases to \$325 per adult and \$162.50 per child (up to \$975 for a family) or 2 percent of family income, whichever is greater.
3. For 2016, the penalty is \$695 per adult and \$374.50 per child (up to \$2,085 for a family) or 2.5 percent of family income, whichever is greater.

However, some individuals may be exempt from paying a penalty, including:

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- people who would have to pay more than 8 percent of their income for health insurance
- people with incomes below the threshold required for filing taxes (in 2013, \$9,750 for a single person and \$27,100 for a married couple with two children)
- people who qualify for religious exemptions
- undocumented immigrants
- incarcerated individuals
- members of federally recognized American Indian tribes and Alaska Natives

Q. What should I consider to help choose the plan that’s right for me?

A. Here are **Five Basic Tips** to help you narrow down your choices during Open Enrollment:

1. Know the qualified health plan options available to you. Log on to each health plan website looking for “Health Care Reform” or “Covered California” and explore what each one has to offer:

LA Care Health Plan	www.lacare.com
Health Net	www.healthnet.com
Anthem Blue Cross	www.anthem.com
Blue Shield of California	www.blueshieldca.com
Molina Healthcare	www.molina.com
Kaiser Health Plan	www.kp.org

Look at the Summary of Benefits and Coverage for every health plan insurance product you are considering, understanding differences in coverage between health plans (pay particular attention to Out of Network Coverage).

2. Become familiar with the different coverage levels (“Metal Levels”) and how they relate to benefits and monthly premiums.

TABLE 1 – Metal Levels, Premiums, and Coverage:

Metal Level	Plan Coverage In Network	You Pay	Monthly Premium	Out of Network Coverage
Platinum	90%	10%	Most Expensive	Varies by health plan
Gold	80%	20%	More Expensive	Varies by health plan
Silver	70%	30%	Moderate	Varies by health plan
Bronze	60%	40%	Less Expensive	Varies by health plan
Catastrophic	Essential Benefits Only	Highest Copays and Deductibles	Least Expensive	Varies by health plan

3. Decide how much coverage you need and the monthly premium you’re able to afford, using the “Shop and Compare” tool at www.CoveredCA.com.
4. Determine if you qualify for Federal Subsidies based on your house hold income and number of dependents using tables available at www.CoveredCA.com.

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- Make sure your current provider of care is a participating provider. Table 2 on the following pages serves as a general guide indicating whether or not Providence hospitals and affiliated physician groups and medical foundations are participating in various insurance products sold both on and off the California benefit Exchange. To determine if your physician is included, log on to the applicable health plan’s website or call directly.

Table 2: Participation vs. Non Participation in small employer group insurance plans sold on the Covered California Benefit Exchange (“Exchange”), as well as individual/family insurance plans sold on and off the Exchange:

HEALTHNET PLANS SOLD ON THE EXCHANGE:						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
HEALTHNET	Individual /Family	Covered California Community Care HMO Platinum	Participating	Non-Participating	Non-Participating	Non-Participating
HEALTHNET	Individual /Family	Covered California Community Care HMO Gold	Participating	Non-Participating	Non-Participating	Non-Participating
HEALTHNET	Individual /Family	Covered California Community Care HMO Silver	Participating	Non-Participating	Non-Participating	Non-Participating
HEALTHNET	Individual /Family	Covered California PPO Bronze	Participating	Participating	Participating	Participating
HEALTHNET	Individual /Family	Covered California PPO Catastrophic (under 30)	Participating	Participating	Participating	Participating
HEALTHNET	Small Group	Covered California PPO Platinum	Participating	Participating	Participating	Participating

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HEALTHNET PLANS SOLD ON THE EXCHANGE (CONT.):						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
HEALTHNET	Small Group	Covered California PPO Gold	Participating	Participating	Participating	Participating
HEALTHNET	Small Group	Covered California PPO Silver	Participating	Participating	Participating	Participating
HEALTHNET	Small Group	Covered California PPO Bronze	Participating	Participating	Participating	Participating
HEALTHNET	Individual Family Plan	Covered California PPO Bronze Tribal EX	Participating	Participating	Participating	Participating
HEALTHNET	Individual Family Plan	Covered California PPO Gold Tribal EX	Participating	Participating	Participating	Participating
HEALTHNET	Individual Family Plan	Covered California PPO Silver Tribal EX	Participating	Participating	Participating	Participating
HEALTHNET	Individual Family Plan	Covered California PPO Platinum Tribal EX	Participating	Participating	Participating	Participating

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LA CARE PLANS SOLD ON THE EXCHANGE:

	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
LA CARE	Individual /Family	LA CARE COVERED PLATINUM HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED GOLD HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED SILVER HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED SILVER 94 HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED SILVER 87 HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED SILVER 73 HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED BRONZE HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating
LA CARE	Individual /Family	LA CARE COVERED MINIMUM COVERAGE HMO	Participating	Non-Participating	Participating thru HCP and AMG	Participating

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ANTHEM BLUE CROSS INDIVIDUAL / FAMILY PLANS SOLD ON THE EXCHANGE						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
ANTHEM BLUE CROSS	Individual /Family	Pathway X HMO Platinum	Participating	Non-Participating	Non-Participating	Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X HMO Gold	Participating	Non-Participating	Non-Participating	Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X HMO Silver	Participating	Non-Participating	Non-Participating	Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO – Platinum Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO – Gold Direct Access Multi State Plan	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO – Silver Direct Access Multi State Plan	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO Bronze Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO Bronze Direct Access w/ HAS	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X Tiered EPO Catastrophic Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating

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ANTHEM BLUE CROSS INDIVIDUAL / FAMILY PLANS SOLD ON THE EXCHANGE – CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO – Platinum Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO – Gold Direct Access, Multi State Plan	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO - Silver Direct Access, Multi State Plan	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO -Bronze Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO - Bronze Direct Access w/ HSA	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway X PPO - Catastrophic Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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ANTHEM BLUE CROSS INDIVIDUAL/FAMILY PLANS SOLD OFF THE EXCHANGE						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Catastrophic Guided Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Core Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Core Direct Access w/ HSA	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Core Direct Access w/Child/Dental	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Essential Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Essential Direct Access w/Child/Dental	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Preferred Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Preferred Direct Access w/ Child/Dental	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Premier Direct Access	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non-Participating

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ANTHEM BLUE CROSS INDIVIDUAL/FAMILY PLANS SOLD OFF THE EXCHANGE - CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
ANTHEM BLUE CROSS	Individual /Family	Pathway Tiered EPO Premier Direct Access w/Child/Dental	Non-Participating	Facey – Santa Clarita Valley w/ Henry Mayo Participating	Non-Participating	Non- Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway HMO Essential Guided Access	Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual/ Family	Pathway HMO Preferred Guided Access	Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual/ Family	Pathway HMO Premier Guided Access	Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Catastrophic Guided Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Core Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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ANTHEM BLUE CROSS INDIVIDUAL/FAMILY PLANS SOLD OFF THE EXCHANGE - CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Core Direct Access w/ HSA	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Core Direct Access w/Child/Dental	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Essential Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Essential Direct Access w/Child/Dental	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Preferred Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Preferred Direct Access w/ Child/Dental	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Premier Direct Access	Non-Participating	Non-Participating	Non-Participating	Non-Participating
ANTHEM BLUE CROSS	Individual /Family	Pathway PPO Premier Direct Access w/Child/Dental	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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BLUE SHIELD OF CALIFORNIA PLANS SOLD ON THE EXCHANGE						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
BLUE SHIELD OF CALIFORNIA	Small Group	Ultimate Platinum 90 Exclusive HMO - SHOP	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Ultimate Platinum 90 Full HMO - SHOP	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Preferred Gold 80 Exclusive HMO - SHOP	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Preferred Gold 80 Full HMO – SHOP	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Enhanced Silver 70 Exclusive HMO - SHOP	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Enhanced Silver 70 Full HMO - SHOP	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Basic Exclusive PPO - SHOP	Participating	Non Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic PPO (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic PPO Native American (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic PPO for H.S.A (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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BLUE SHIELD OF CALIFORNIA PLANS SOLD ON THE EXCHANGE – CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Preferred PPO (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Preferred PPO Native American (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Ultimate PPO (Platinum)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced PPO (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced PPO Native American (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced PPO 150 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced PPO 200 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced PPO 250 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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BLUE SHIELD OF CALIFORNIA PLANS SOLD ON THE EXCHANGE – CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Get Covered PPO (Catastrophic)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California PPO 300 Subsidy (Native American)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic EPO (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic EPO Native American (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Basic EPO for H.S.A. (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Preferred EPO (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Preferred EPO Native American (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Ultimate EPO (Platinum)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Ultimate EPO Native American (Platinum)	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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BLUE SHIELD OF CALIFORNIA PLANS SOLD ON THE EXCHANGE – CONT.						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMM CSP	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced EPO (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced EPO Native American (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced EPO 150 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced EPO 200 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Enhanced EPO 250 Subsidy (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California Get Covered EPO (Catastrophic)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Covered California EPO 300 Subsidy (Native American)	Non-Participating	Non-Participating	Non-Participating	Non-Participating

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BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Basic EPO (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Basic EPO (Bronze) Native American	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Basic EPO (Bronze) with H.S.A.	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Enhanced EPO (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Preferred EPO (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Ultimate EPO (Platinum)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Get Covered EPO (Catastrophic)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Basic PPO (Bronze)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Basic PPO (Bronze) w/ H.S.A.	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Enhanced PPO (Silver)	Non-Participating	Non-Participating	Non-Participating	Non-Participating

Patients may elect to obtain services at non-participating facilities at a higher copayment. Please verify out of pocket liability for non-participating facilities.

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BLUE SHIELD OF CALIFORNIA PLANS SOLD OFF THE EXCHANGE (CONT.)						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Preferred PPO (Gold)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Ultimate PPO (Platinum)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Individual Family Plan	Get Covered PPO (Catastrophic)	Non-Participating	Non-Participating	Non-Participating	Non-Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Ultimate Exclusive HMO –SHOP (Platinum)	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Ultimate Full HMO – SHOP (Platinum)	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Preferred Exclusive HMO– SHOP (Gold)	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Preferred Full HMO – SHOP (Gold)	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Enhanced Exclusive HMO – SHOP (Silver)	Participating	Participating	Non-Participating	Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Enhanced Full HMO – SHOP (Silver)	Non Participating	Non Participating	Non-Participating	Non Participating
BLUE SHIELD OF CALIFORNIA	Small Group	Basic Exclusive PPO – SHOP (Bronze)	Participating	Non Participating	Non-Participating	Participating

Patients may elect to obtain services at non-participating facilities at a higher copayment. Please verify out of pocket liability for non-participating facilities.

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OTHER INSURANCE PRODUCTS SOLD ON AND OFF THE EXCHANGE						
	TYPE OF COVERAGE	PLAN NAME ON WEBSITE	PSJMC, PHCMC, PTMC, PLCMMCT, PLCMMCS	FACEY MEDICAL FDN	PROVIDENCE MEDICAL INSTITUTE	AXMINSTER MEDICAL GROUP
MOLINA HEALTH PLAN	Individual Family and Small Group	All Products	Non-Participating	Non-Participating	Non-Participating	Non-Participating
KAISER HEALTH PLAN	Individual Family and Small Group	All Products	Non-Participating	Non-Participating	Non-Participating	Non-Participating

Members can log onto each health plan website looking for “Health Care Reform” or “Covered California” and explore what each plan has to offer. When reviewing the Summary of Benefits and Coverage, members should consider the differences in coverage between health plans and pay particular attention to Out of Network Coverage.

Q. What if I enroll in a Covered California Plan that does not include my Providence hospital In-Network?

A. In this case, any non-emergency services you receive at a Providence hospital will be Out-of-Network. Your Out of Pocket Costs may be higher and in some cases your hospital care may not be covered at all.

Q. Will patients be able to keep their same doctor when they purchase health insurance through Covered California?

A. Each health insurance plan has a specific list of doctors and hospitals that are considered in-network providers for covered services. Directories of doctors and hospitals will be available at www.CoveredCA.com. It is also always a good idea to check the individual plan that lists your provider to confirm that your doctor and hospital services are covered under that plan. Covered California is providing a searchable directory so you can see which health plan(s) your doctor or hospital is in.

Q. I plan to purchase health insurance from the Covered California health benefit exchange. Why isn't Providence included in some networks with some payors?

A. After careful consideration, Providence decided not to participate with health plans that have requested of a significant payment reduction for inclusion in their network(s). With some payors, we were not asked to participate. We remain open to ongoing conversations with each health plan to determine if there is a fair and equitable solution to allow for our participation.

If you select a plan in the Covered California health benefit exchange that does not include (applicable Medical Center), you will not receive full coverage for care provided at the Providence hospital. Please

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note, emergency care provided at any emergency room, is covered through all insurance plans, whether they are part of the exchange or not. To learn more or to purchase insurance through the exchange, visit www.coveredca.com or call 888-975-1142.

Q. Aren't all Covered California Plans the same in terms of Out of Network Coverage?

A. No, not all Covered California Plans are equal in terms of Out of Network coverage. Pay special attention to the Summary of Benefits and Coverage for all plans you consider during Open Enrollment.

Q. What is "Grandfathering"?

A. If you are currently enrolled in a health plan that you purchased or changed prior to March 23, 2010, you can remain in that plan and your benefits will be "Grandfathered," which means they remain unchanged.

Q. Is it true that a Grandfathering policy may allow me to continue accessing care at a Providence hospital in 2014?

A. If your current plan includes Providence as In-Network, Grandfathering may allow you to continue accessing care at a Providence hospital in 2014, but, you need to confirm the following with your health plan:

1. Does my health plan qualify as a Grandfathered Plan? *Confirm with your health plan*
2. Is Providence In Network? *Confirm with your health plan*
3. If yes to 1 and 2, will Grandfathering allow me to keep the same Provider network, both doctors and hospitals, in 2014? *Confirm with your health plan*

Q. What kind of help is available to reduce the cost of insurance?

A. Starting in 2014, individuals seeking health coverage will be helped to afford coverage in three ways:

1. *Premium assistance:* Premium assistance is available to reduce the cost of health coverage for individuals and families who meet certain income requirements and do not have health insurance from an employer or a government program. When you enroll in a health plan through Covered California, premium assistance can be immediately applied to the insurance premium, which reduces the amount you pay. To find out more about premium assistance, visit [here](#).
2. *Cost-sharing subsidies:* Cost-sharing subsidies reduce the amount of out-of-pocket health care expenses an individual or family has to pay. These expenses might include the copayments for health care services or other costs. To find out more about cost-sharing subsidies, visit [here](#).
3. *Medi-Cal assistance:* Starting in 2014, the state of California is planning to expand the Medicaid program (called Medi-Cal in California) to cover people under age 65, including people with disabilities, or those with income of less than \$15,856 for a single individual and \$32,499 for a family of four. The coverage is free for those who qualify and is part of the provisions of the Affordable Care Act.

Q. What are my insurance options outside of the Exchange?

A. If you want to purchase your health policy through an insurance company or agent, and have coverage for care at a Providence hospital, you will need to see if your current coverage can be "grandfathered" or purchase/renew a plan from one of the following:

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- Aetna: Aetna will not be offering plans to individuals in California, except if you have a private policy for yourself or your family with Aetna’s Costco Personal Insurance program. You must renew the Costco program prior to December 15, 2013. It will provide you with an additional 12 months of coverage from the renewal date – including coverage for care provided by Providence hospitals.
- Anthem Blue Cross: Please call your member services phone number on the back of your insurance card to find out if you are eligible for grandfathering. If you are, continue to pay your premiums and you will be automatically keep your current plan
- Blue Shield: Please call your member services phone number on the back of your insurance card to find out if you are eligible for grandfathering. If you are, then just continue to pay your premiums and you will be automatically keep your current plan
- Cigna: call 877-683-2268 or visit www.cigna.com/individuals-families/california. Please note the applications for these plans will require medical information and their approval is subject to medical underwriting.

Q. Will anything change due to the recent announcement by the White House that the Employer Mandate applicable for Employer Groups of 50 or more employees is being delayed by one year until January 1, 2015?

A. The recent announcement from the White House to delay the employer mandate applicable for employer groups with 50 or more employees, by one year, until January 1, 2015, has no impact on Providence Health and Services’ participation in Small Employer Group products offered by Blue Shield of California and Health Net on the Covered California Benefit Exchange. Both health plans are adhering to their original time lines for release of their Small Employer Group Exchange products, effective January 1, 2014.

Terms and Definitions:

Essential Health Benefits - All health plans covered through California California’s individual and small business markets cover a comprehensive set of benefits known as "essential health benefits". These include the following 10 categories:

Ambulatory patient services	Prescription drugs
Emergency services	Rehabilitative services and devices
Hospitalization	Laboratory services
Maternity and newborn care	Preventive and wellness services and chronic disease management
Mental health and substance use disorder services, including behavioral health treatment	Pediatric services, including oral and vision care

Coverage Levels – all health plans in the individual and small-group markets — will be sold in four levels of coverage: Bronze, Silver, Gold and Platinum. As the “metal” category increases in value, so does the Patients may elect to obtain services at non-participating facilities at a higher copayment. Please verify out of pocket liability for non-participating facilities.

percentage of medical expenses that a health plan will cover compared with what you are expected to pay in co-pays and deductibles. On average, Platinum-level plans will cover 90 percent of health care costs, and you will pay 10 percent; Gold plans will cover 80 percent, while you pay 20 percent; Silver plans will cover 70 percent, while you pay 30 percent; and Bronze plans will cover 60 percent, while you pay 40 percent.

Plans in higher metal categories will have higher monthly premiums, but when you need medical care, you will pay less. Alternatively, you can choose to pay a lower monthly premium, and when you need medical care, you will pay more. You can choose the level of coverage that best meets your health needs and budget.

In addition to these categories, Covered California will offer a “minimum coverage plan,” which helps protect a person from financial disaster in the event of a serious and expensive medical emergency. Minimum coverage plans are designed to cover excessive medical bills that occur above the limit that you would be able to manage financially. Covered California will offer minimum coverage to those up to age 30, or those individuals who prove they are without affordable coverage options or are experiencing financial hardship.

In Network – Facilities, physicians and suppliers that are contracted with a health plan to provide health care services, and, typically included in the health plan directory.

Out of Network – Facilities, physician and suppliers that are not contracted with a patient’s health insurance plan, or, for a specific product offered by that health insurance plan.

Out-of-Pocket Expense - Expenses for medical care that are not reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance and copayments for covered services. They also include costs for services that are not covered by the insurance plan.

Play or Pay - The Affordable Care Act requires business owners with 50 or more full-time employees to make a commitment in 2015: They can "play" by providing affordable health benefits to employees who work an average of 30 or more hours per week in a month, or "pay" penalties for not offering those benefits.

PPO or Preferred Provider Organization - A type of health insurance plan that contracts with doctors and hospitals to create a network of participating healthcare providers. You can receive care from doctors and hospitals outside of the network for an additional cost.

Pre-Existing Condition- Any physical or mental medical condition that you have before enrolling in a new health insurance policy.

Premium - The amount that you or your employer pays to your health insurance company for coverage.

Preventive Care or Preventive Services - Routine healthcare that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.

Provider - The company that issues an insurance policy and assumes the risks associated with the insured.

Subsidy - Financial assistance provided by the federal government to eligible individuals and families with annual income between 134% and 400% of the Federal Poverty Level to lower the member's cost of care.

Summary of Benefits and Coverage, an easy-to-read summary that lets a person make apples-to-apples comparisons of costs and coverage between health plans. You will find substantial differences between health plans, in terms of Out of Network coverage, so, choose the plan that best meets your needs.

Sample Benefits for Single Person (from www.CoveredCA.com)



2014 Sliding Scale Benefits | SINGLE PERSON
Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
Consumer Portion of Monthly Premium for Silver Plans (Balance paid by Federal subsidy)	\$19 – \$57	\$57 – \$121	\$121 – \$193	\$193 – \$364
Copays in the Yellow Sections are Not Subject to ANY Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits in Blue are Subject to Either a Medical Deductible, Drug Deductible or Both	
Deductible (if any)	No Deductible	\$500	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and Infrequent services like Hospital Care and Outpatient Surgery	10%	15%	20% of your plan's negotiated rate	20% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copay amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$15	\$30	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$2,250	\$2,250	\$5,200	\$6,350
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,700

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