

## One Place Has You Covered

By Scott LaFee | December 16, 2013

**T**he new year has begun, but there's still time to sign up through the state's [health exchange](#) for access to the doctors, staff and services of the UC San Diego Health, rated the top health system in the San Diego metropolitan area by *U.S. News & World Report*, with national rankings in 10 specialties.



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The University of California has collaborated with Anthem Blue Cross on a full palette of plans that feature access to all of the facilities of UC San Diego Health – the [Sulpizio Cardiovascular Center](#), [Moores Cancer Center](#), [UC San Diego Medical Center](#), [Shiley Eye Center](#), the [Center for Integrative Medicine](#) and almost two dozen outpatient locations.

In addition, UC San Diego is included as a provider in the Health Net PPO Bronze program.

### 5 things you should know

- Under the Affordable Care Act (ACA), your purchase of healthcare coverage is guaranteed. Even if you've been turned down in the past, you are eligible for some form

of coverage, regardless of age, gender or health status. Under ACA, you can't be turned down because of a pre-existing condition.

- You may qualify for federal subsidies on health coverage. You could be eligible if you don't have coverage through an employer, don't qualify for Medicare or Medicaid and your household income is below 400 percent of the federal poverty level. More specifically, your annual income is less than \$45,960 for an individual or \$94,200 for a family of four.
- Preventive care comes with zero out-of-pocket costs. That's no deductible or copay for services like annual checkups, routine vaccinations, flu shots, mammograms and vision exams for children.
- Through the collaboration between UC San Diego and Anthem Blue Cross, you have a range of plans to choose from. Details below.
- If you don't sign up for a health plan, you could be penalized. Unless you qualify for an exemption, the penalty is based on your income and will increase each year. For example, in 2014, the penalty is \$95 per adult and \$47.50 per child (up to \$285 per family) or 1 percent of your annual income. In 2016, the penalty increases to greater than \$695 or 2.5 percent of income. In future years, it will likely be even greater.

## **The plans**

The ACA requires all health insurance plans to fit one of four levels: bronze, silver, gold and platinum. These are designed to make it easier to compare costs and benefits and find a plan to fit needs and budget. You can add optional benefits like dental and vision coverage.

With bronze plans, you pay less in monthly premiums, but more when you get care. You have broad benefits with deductibles, copays and coinsurance that may be higher than other plans. Bronze plans provide 60 percent coverage of healthcare costs, you pay 40 percent.

Silver plans have slightly more expensive monthly payments than bronze, but you pay less when you get care. There's also an additional cost-sharing subsidy available. Silver plans provide 70 percent coverage.

Gold plans offer richer benefits and lower expenses when you get care, but the monthly premium is higher than bronze and silver. They provide 80 percent coverage.

Platinum provides the highest level of benefits and often the lowest expense when you get care. It has the highest monthly premium. A platinum plan covers 90 percent of healthcare costs.

To use the UC San Diego Health, Anthem offers an Exclusive Provider Organization (EPO) plan in all four categories: bronze, silver, gold and platinum. Health Net offers a bronze Preferred Provider Organization (PPO) plan.

## **What's an EPO?**

Most healthcare plans fall into three types: EPO, PPO or HMO for Health Maintenance Organization.

An HMO requires subscribers to sign up with a primary care physician within a designated network. This physician acts as the gatekeeper to other services and referrals, which are all provided by a network of participating providers. Services by non-participating providers are typically not covered.

An EPO covers eligible services from providers and facilities inside a network, such at the UC San Diego Health. Subscribers are not required to have a primary care physician or seek referrals. Like an HMO, an EPO does not typically pay for services outside the network, with some exceptions for emergencies or urgent situations.

A PPO allows subscribers to see doctors or obtain services inside or outside of a designated network. Out-of-network services, however, are charged at a higher rate. PPOs also typically require users to pay a deductible.

**Key dates:**

For folks who enrolled in plans in 2013, health coverage through Covered California began January 1, 2014, but there are still at least two big deadlines to remember:

February 15, 2014 is the last day to enroll in a plan through Covered California without being subject to penalty.

March 31, 2014 is the final day of open enrollment for this year. After this deadline, enrollment in a healthcare plan through the state exchange or plan changes is generally prohibited, with only a few exceptions.

For more information about access to UC San Diego Health through Covered California, visit [our website](#) or call our help hotline, 855-857-0445.

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