

2017 Covered California Benefit Plans

Available Plan Benefits in blue (Bold) are subject to medical or drug deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum



Benefits	enhanced silver plans based on eligible income levels						Gold	Platinum
	Bronze (non HSA)	Silver	Silver 73	Silver 87	Silver 94			
Individual Deductible Brand Drug Deductible	\$6,300 medical & RX \$500 brand drug	\$2,500 medical \$250 brand drug	\$2,200 medical \$250 brand drug	\$650 medical \$50 brand drug	\$75 medical no deductible	no deductible no deductible	no deductible no deductible	
Family Deductible Brand Drug Deductible	\$12,600 \$1000 brand drug	\$5,000 medical \$500 brand drug	\$4,400 medical \$500 brand drug	\$1,300 medical \$100 brand drug	\$150 medical no deductible	no deductible no deductible	no deductible no deductible	
Preventative Care Copay ¹ at least 1 yearly visit	no cost	no cost	no cost	no cost	no cost	no cost	no cost	
Primary Care Visit Copay	\$75 ²	\$35	\$30	\$10	\$5	\$30	\$15	
Specialty Care Visit Copay	\$105 ²	\$70	\$55	\$25	\$8	\$55	\$40	
Urgent Care Visit Copay	\$75 ²	\$35	\$30	\$30	\$5	\$30	\$15	
Generic Medication Copay	100% up to \$500/script	\$15	\$15	\$5	\$3	\$15	\$5	
Preferred Brand copay after Drug Deductible	100% up to \$500/script	\$55	\$50	\$20	\$10	\$55	\$15	
Lab Testing Copay	40 (no ded)	\$35	\$35	\$15	\$8	\$35	\$20	
X-Ray Copay	100% (after ded)	\$70	\$65	\$25	\$8	\$55	\$40	
Emergency Room Copay	no charge (after ded)	\$350	\$350	\$100	\$50	\$325	\$150	
High cost and infrequent services (e.g. Hospital Stay)	100% (after ded) negotiated rate	20% of your plan's negotiated rate	20% of your plan's negotiated rate	15% of your plan's negotiated rate	10% of your plan's negotiated rate	HMO Outpatient Surgery: \$600 Hospital-\$600/day up to 5 days PPO - 20%	HMO Hospital: \$250/day up to 5 days PPO - 10%	
Maximum Out-of-Pocket For One	\$6,800	\$6,800	\$5,700	\$2,350	\$2,350	\$6,750	\$4,000	
Maximum Out-of-Pocket For Family	\$13,600	\$13,600	\$11,400	\$4,700	\$4,700	\$13,500	\$8,000	

¹ in-network only

² First 3 visits are not subject to the deductible on Bronze (non HSA) plan

Benefits listed are core benefits. Actual plan detail may differ slightly by +/- 2%

All benefits assume in-network. You can expect to pay much more when using out-of-network providers

Benefit summary is for reference only. Contact calhealth.net for exact quote and benefit options

Our Services are Free to You
We can Enroll You in 15 Minutes

Tel: 800-320-6269
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