

# 2015 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	<b>\$5,000 medical &amp; RX</b>	<b>\$2,000 medical</b>	<b>\$1,600 medical</b>	<b>\$500 medical</b>	<b>no deductible</b>	<b>no deductible</b>	<b>no deductible</b>	
Brand Drug Deductible		<b>\$250 brand drug</b>	<b>\$250 brand drug</b>	<b>\$50 brand drug</b>	<b>no deductible</b>	<b>no deductible</b>	<b>no deductible</b>	
Family Deductible	<b>\$10,000</b>	<b>\$4,000 medical</b>	<b>\$3,000 medical</b>	<b>\$1,000 medical</b>	<b>no deductible</b>	<b>no deductible</b>	<b>no deductible</b>	
Brand Drug Deductible		<b>\$500 brand drug</b>	<b>\$500 brand drug</b>	<b>\$100 brand drug</b>	<b>no deductible</b>	<b>no deductible</b>	<b>no deductible</b>	
Preventative Care Copay <sup>1</sup> at least 1 yearly visit	no cost	no cost	no cost	no cost	no cost	no cost	no cost	
Primary Care Visit Copay	<b>\$60</b> <sup>2</sup>	\$45	\$40	\$15	\$3	\$30	\$20	
Specialty Care Visit Copay	<b>\$70</b>	\$65	\$50	\$20	\$5	\$50	\$40	
Urgent Care Visit Copay	<b>\$120</b> <sup>2</sup>	\$90	\$80	\$30	\$6	\$60	\$40	
Generic Medication Copay	<b>\$19</b>	\$19	\$19	\$5	\$3	\$19	\$5	
Preferred Brand copay after Drug Deductible	<b>\$50</b>	<b>\$50</b>	<b>\$30</b>	<b>\$15</b>	\$5	\$50	\$15	
Lab Testing Copay	<b>30%</b>	\$45	\$40	\$15	\$3	\$30	\$20	
X-Ray Copay	<b>30%</b>	\$65	\$50	\$20	\$5	\$50	\$40	
Emergency Room Copay	<b>\$300</b>	<b>\$250</b>	<b>\$250</b>	<b>\$75</b>	\$25	\$250	\$150	
High cost and infrequent services (e.g. Hospital Stay)	<b>30% of your plan's negotiated rate</b>	<b>20% of your plan's negotiated rate</b>	<b>20% of your plan's negotiated rate</b>	<b>15% of your plan's negotiated rate</b>	10% of your plan's negotiated rate	<b>HMO</b> Outpatient Surgery: \$600 Hospital-\$600/day up to 5 days <b>PPO - 20%</b>	<b>HMO</b> Hospital: \$250/day up to 5 days <b>PPO - 10%</b>	
Maximum Out-of-Pocket For One	\$6,350	\$6,350	\$5,200	\$2,250	\$2,250	\$6,350	\$4,000	
Maximum Out-of-Pocket For Family	\$12,700	\$12,700	\$10,400	\$4,500	\$4,500	\$12,700	\$8,000	

<sup>1</sup> in-network only

<sup>2</sup> 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**

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We can Enroll You in 15 Minutes**

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