

**Covered California**  
**Standard Benefit Plan Designs - FINAL**  
**Summary of Benefits and Coverage**

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Platinum Coinsurance Plan	Platinum Copay Plan
<b>Overall deductible</b>	\$0	\$0
<b>Other deductibles for specific services</b>		
<b>Medical</b>	\$0	\$0
<b>Brand Drugs</b>	\$0	\$0
<b>Dental</b>	See attachment	See attachment
<b>Out-of-pocket limit on expenses</b>	\$4,000	\$4,000

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$20		\$20	
	Specialist visit	\$40		\$40	
	Other practitioner office visit	\$20		\$20	
	Preventive care/ screening/ immunization	No cost share		No cost share	
<b>Tests</b>	Laboratory Tests	\$20		\$20	
	X-rays and Diagnostic Imaging	\$40		\$40	
	Imaging (CT/PET scans, MRIs)	10%		\$150	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$5		\$5	
	Preferred brand drugs	\$15		\$15	
	Non-preferred brand drugs	\$25		\$25	
	Specialty drugs	10%		10%	
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	10%		\$250	
	Physician/surgeon fees	10%			
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$150		\$150	
	Emergency medical transportation	\$150		\$150	
	Urgent care	\$40		\$40	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	10%		\$250 per day up to 5 days	
	Physician/surgeon fee	10%			
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$20		\$20	
	Mental/Behavioral health inpatient services	10%		\$250 per day up to 5 days	
	Substance use disorder outpatient services	\$20		\$20	
	Substance use disorder inpatient services	10%		\$250 per day up to 5 days	
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	10%	\$250 per day up to 5 days	
		Professional	10%		
<b>Help recovering or other special health needs</b>	Home health care	10%		\$20	
	Rehabilitation services	\$20		\$20	
	Habilitation services	\$20		\$20	
	Skilled nursing care	10%		\$150 per day up to 5 days	
	Durable medical equipment	10%		10%	
	Hospice service	No cost share		No cost share	
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
Dental Restorative and Orthodontia Services					

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.

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7/18/2013

	Gold Coinsurance Plan	Gold Copay Plan
<b>Overall deductible</b>	\$0	\$0
<b>Other deductibles for specific services</b>		
<b>Medical</b>	\$0	\$0
<b>Brand Drugs</b>	\$0	\$0
<b>Dental</b>	See attachment	See attachment
<b>Out-of-pocket limit on expenses</b>	\$6,350	\$6,350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$30		\$30	
	Specialist visit	\$50		\$50	
	Other practitioner office visit	\$30		\$30	
	Preventive care/ screening/ immunization	No cost share		No cost share	
<b>Tests</b>	Laboratory Tests	\$30		\$30	
	X-rays and Diagnostic Imaging	\$50		\$50	
	Imaging (CT/PET scans, MRIs)	20%		\$250	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$19		\$19	
	Preferred brand drugs	\$50		\$50	
	Non-preferred brand drugs	\$70		\$70	
	Specialty drugs	20%		20%	
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	20%		\$600	
	Physician/surgeon fees	20%			
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$250		\$250	
	Emergency medical transportation	\$250		\$250	
	Urgent care	\$60		\$60	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	20%		\$600 per day up to 5 days	
	Physician/surgeon fee	20%			
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$30		\$30	
	Mental/Behavioral health inpatient services	20%		\$600 per day up to 5 days	
	Substance use disorder outpatient services	\$30		\$30	
	Substance use disorder inpatient services	20%		\$600 per day up to 5 days	
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	20%	\$600 per day up to 5 days	
		Professional	20%		
<b>Help recovering or other special health needs</b>	Home health care	20%		\$30	
	Rehabilitation services	\$30		\$30	
	Habilitation services	\$30		\$30	
	Skilled nursing care	20%		\$300 per day up to 5 days	
	Durable medical equipment	20%		20%	
	Hospice service	No cost share		No cost share	
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
Dental Restorative and Orthodontia Services					

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.
- 5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.

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7/18/2013

	Individual	Individual
	Silver Coinsurance Plan	Silver Copay Plan
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	\$2,000	\$2,000
Brand Drugs	\$250	\$250
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	\$6,350	\$6,350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (see footnote)	\$45		\$45		
	Specialist visit	\$65		\$65		
	Other practitioner office visit	\$45		\$45		
	Preventive care/ screening/ immunization	No cost share		No cost share		
Tests	Laboratory Tests	\$45		\$45		
	X-rays and Diagnostic Imaging	\$65		\$65		
	Imaging (CT/PET scans, MRIs)	20%	X	\$250		
Drugs to treat illness or condition	Generic drugs	\$19		\$19		
	Preferred brand drugs	\$50	X	\$50	X	
	Non-preferred brand drugs	\$70	X	\$70	X	
	Specialty drugs	20%	X	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%		20%		
	Physician/surgeon fees	20%		20%		
Need immediate attention	Emergency room services (waived if admitted)	\$250	X	\$250	X	
	Emergency medical transportation	\$250	X	\$250	X	
	Urgent care	\$90		\$90		
Hospital stay	Facility fee (e.g., hospital room)	20%	X	20%	X	
	Physician/surgeon fee	20%				
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45		\$45		
	Mental/Behavioral health inpatient services	20%	X	20%	X	
	Substance use disorder outpatient services	\$45		\$45		
	Substance use disorder inpatient services	20%	X	20%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share		
	Delivery and all inpatient services	Hospital	20%	X	20%	X
		Professional	20%			
Help recovering or other special health needs	Home health care	20%		\$45		
	Rehabilitation services	\$45		\$45		
	Habilitation services	\$45		\$45		
	Skilled nursing care	20%	X	20%	X	
	Durable medical equipment	20%		20%		
	Hospice service	No cost share		No cost share		
Child needs dental or eye care	Eye exam (deductible waived)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached		
	Dental Basic Services					
Dental Restorative and Orthodontia Services						

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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7/18/2013

		SHOP		SHOP		
		Silver Coinsurance Plan		Silver Copay Plan		
Overall deductible		N/A		N/A		
Other deductibles for specific services						
Medical		\$1,500		\$1,500		
Brand Drugs		\$500		\$500		
Dental		See attachment		See attachment		
Out-of-pocket limit on expenses		\$6,350		\$6,350		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (see footnote)	\$45		\$45		
	Specialist visit	\$65		\$65		
	Other practitioner office visit	\$45		\$45		
	Preventive care/ screening/ immunization	No cost share		No cost share		
Tests	Laboratory Tests	\$45		\$45		
	X-rays and Diagnostic Imaging	\$65		\$65		
	Imaging (CT/PET scans, MRIs)	20%	X	\$250		
Drugs to treat illness or condition	Generic drugs	\$19		\$19		
	Preferred brand drugs	\$50	X	\$50	X	
	Non-preferred brand drugs	\$70	X	\$70	X	
	Specialty drugs	20%	X	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%		20%		
	Physician/surgeon fees	20%		20%		
Need immediate attention	Emergency room services (waived if admitted)	\$250	X	\$250	X	
	Emergency medical transportation	\$250	X	\$250	X	
	Urgent care	\$90		\$90		
Hospital stay	Facility fee (e.g., hospital room)	20%	X	20%	X	
	Physician/surgeon fee	20%				
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45		\$45		
	Mental/Behavioral health inpatient services	20%	X	20%	X	
	Substance use disorder outpatient services	\$45		\$45		
	Substance use disorder inpatient services	20%	X	20%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share		
	Delivery and all inpatient services	Hospital	20%	X	20%	X
		Professional	20%			
Help recovering or other special health needs	Home health care	20%		\$45		
	Rehabilitation services	\$45		\$45		
	Habilitation services	\$45		\$45		
	Skilled nursing care	20%	X	20%	X	
	Durable medical equipment	20%		20%		
	Hospice service	No cost share		No cost share		
Child needs dental or eye care	Eye exam (deductible waived)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached		
	Dental Basic Services					
Dental Restorative and Orthodontia Services						

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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## Standard Benefit Plan Designs - FINAL

### Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

#### SHOP

#### Silver HSA Plan

Common Medical Event	Service Type	Member Cost Share	Deductible Applies
<b>Overall deductible</b>		\$1,500 integrated Med/Rx	
<b>Other deductibles for specific services</b>			
<b>Medical</b>		N/A	
<b>Brand Drugs</b>		N/A	
<b>Dental</b>		See attachment	
<b>Out-of-pocket limit on expenses</b>		\$6,350	
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	20%	X
	Specialist visit	20%	X
	Other practitioner office visit	20%	X
	Preventive care/ screening/ immunization	No cost share	
<b>Tests</b>	Laboratory Tests	20%	X
	X-rays and Diagnostic Imaging	20%	X
	Imaging (CT/PET scans, MRIs)	20%	X
<b>Drugs to treat illness or condition</b>	Generic drugs	20%	X
	Preferred brand drugs	20%	X
	Non-preferred brand drugs	20%	X
	Specialty drugs	20%	X
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	20%	X
	Physician/surgeon fees	20%	X
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	20%	X
	Emergency medical transportation	20%	X
	Urgent care	20%	X
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	20%	X
	Physician/surgeon fee	20%	X
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	20%	X
	Mental/Behavioral health inpatient services	20%	X
	Substance use disorder outpatient services	20%	X
	Substance use disorder inpatient services	20%	X
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services	Hospital 20%	X
		Professional 20%	X
<b>Help recovering or other special health needs</b>	Home health care	20%	X
	Rehabilitation services	20%	X
	Habilitation services	20%	X
	Skilled nursing care	20%	X
	Durable medical equipment	20%	X
	Hospice service	No cost share	X
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%	
	Glasses	1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached	
	Dental Basic Services		
	Dental Restorative and Orthodontia Services		

**Notes:**

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

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7/18/2013

Silver Coinsurance Plan 100%-150% FPL	Silver Coinsurance Plan 150%-200% FPL
[ 94% ]	[ 87% ]
\$0	N/A
\$0	\$500
\$0	\$50
See attachment	See attachment
\$2,250	\$2,250

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (see footnote)	\$3		\$15	
	Specialist visit	\$5		\$20	
	Other practitioner office visit	\$3		\$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	\$3		\$15	
	X-rays and Diagnostic Imaging	\$5		\$20	
	Imaging (CT/PET scans, MRIs)	10%		15%	X
Drugs to treat illness or condition	Generic drugs	\$3		\$5	
	Preferred brand drugs	\$5		\$15	X
	Non-preferred brand drugs	\$10		\$25	X
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g., ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
Need immediate attention	Emergency room services (waived if admitted)	\$25		\$75	X
	Emergency medical transportation	\$25		\$75	X
	Urgent care	\$6		\$30	
Hospital stay	Facility fee (e.g., hospital room)	10%		15%	X
	Physician/surgeon fee	10%		15%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$3		\$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	\$3		\$15	
	Substance use disorder inpatient services	10%		15%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	10%	15%	X
		Professional	10%		15%
Help recovering or other special health needs	Home health care	10%		15%	
	Rehabilitation services	\$3		\$15	
	Habilitation services	\$3		\$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
Child needs dental or eye care	Hospice service	No cost share		No cost share	
	Eye exam (deductible waived)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic Dental Basic Services Dental Restorative and Orthodontia Services	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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7/18/2013

**Silver Coinsurance Plan**  
**200%-250% FPL**

<b>Overall deductible</b>	N/A
<b>Other deductibles for specific services</b>	
<b>Medical</b>	\$1,500
<b>Brand Drugs</b>	\$250
<b>Dental</b>	See attachment
<b>Out-of-pocket limit on expenses</b>	\$5,200

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$40		
	Specialist visit	\$50		
	Other practitioner office visit	\$40		
	Preventive care/ screening/ immunization	No cost share		
<b>Tests</b>	Laboratory Tests	\$40		
	X-rays and Diagnostic Imaging	\$50		
	Imaging (CT/PET scans, MRIs)	20%	X	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$19		
	Preferred brand drugs	\$30	X	
	Non-preferred brand drugs	\$50	X	
	Specialty drugs	20%	X	
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	20%		
	Physician/surgeon fees	20%		
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$250	X	
	Emergency medical transportation	\$250	X	
	Urgent care	\$80		
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	20%	X	
	Physician/surgeon fee	20%		
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$40		
	Mental/Behavioral health inpatient services	20%	X	
	Substance use disorder outpatient services	\$40		
	Substance use disorder inpatient services	20%	X	
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		
	Delivery and all inpatient services	Hospital	20%	X
		Professional	20%	
<b>Help recovering or other special health needs</b>	Home health care	20%		
	Rehabilitation services	\$40		
	Habilitation services	\$40		
	Skilled nursing care	20%	X	
	Durable medical equipment	20%		
	Hospice service	No cost share		
<b>Child needs dental or eye care</b>	Eye exam ( <i>deductible waived</i> )	0%		
	Glasses	1 pair per year		
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		
	Dental Basic Services			
Dental Restorative and Orthodontia Services				

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
- 2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.
- 3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.
- 4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Silver Copay Plan 100%-150% FPL	Silver Copay Plan 150%-200% FPL
<b>Overall deductible</b>	\$0	N/A
<b>Other deductibles for specific services</b>		
<b>Medical</b>	\$0	\$500
<b>Brand Drugs</b>	\$0	\$50
<b>Dental</b>	See attachment	See attachment
<b>Out-of-pocket limit on expenses</b>	\$2,250	\$2,250

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$3		\$15	
	Specialist visit	\$5		\$20	
	Other practitioner office visit	\$3		\$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
<b>Tests</b>	Laboratory Tests	\$3		\$15	
	X-rays and Diagnostic Imaging	\$5		\$20	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$3		\$5	
	Preferred brand drugs	\$5		\$15	X
	Non-preferred brand drugs	\$10		\$25	X
	Specialty drugs	10%		15%	X
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$25		\$75	X
	Emergency medical transportation	\$25		\$75	X
	Urgent care	\$6		\$30	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	10%		15%	X
	Physician/surgeon fee				
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$3		\$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	\$3		\$15	
	Substance use disorder inpatient services	10%		15%	X
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	10%	Hospital Professional	15%	X
Home health care	\$3				
<b>Help recovering or other special health needs</b>	Rehabilitation services	\$3		\$15	
	Habilitation services	\$3		\$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
	Hospice service	No cost share		No cost share	
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
Dental Restorative and Orthodontia Services					

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

**Silver Copay Plan**  
**200%-250% FPL**

<b>Overall deductible</b>	N/A
<b>Other deductibles for specific services</b>	
<b>Medical</b>	\$1,500
<b>Brand Drugs</b>	\$250
<b>Dental</b>	See attachment
<b>Out-of-pocket limit on expenses</b>	\$5,200

Common Medical Event	Service Type	Member Cost Share	Deductible Applies
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$40	
	Specialist visit	\$50	
	Other practitioner office visit	\$40	
	Preventive care/ screening/ immunization	No cost share	
<b>Tests</b>	Laboratory Tests	\$40	
	X-rays and Diagnostic Imaging	\$50	
	Imaging (CT/PET scans, MRIs)	\$250	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$19	
	Preferred brand drugs	\$30	X
	Non-preferred brand drugs	\$50	X
	Specialty drugs	20%	X
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	20%	
	Physician/surgeon fees	20%	
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$250	X
	Emergency medical transportation	\$250	X
	Urgent care	\$80	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	20%	X
	Physician/surgeon fee		
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$40	
	Mental/Behavioral health inpatient services	20%	X
	Substance use disorder outpatient services	\$40	
	Substance use disorder inpatient services	20%	X
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services	Hospital Professional	20%
<b>Help recovering or other special health needs</b>	Home health care	\$40	
	Rehabilitation services	\$40	
	Habilitation services	\$40	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice service	No cost share	
<b>Child needs dental or eye care</b>	Eye exam ( <i>deductible waived</i> )	0%	
	Glasses	1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached	
	Dental Basic Services		
Dental Restorative and Orthodontia Services			

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

		Bronze Plan		Bronze HSA Plan		
<b>Overall deductible</b>		\$5,000 integrated Med/Rx		\$4,500 integrated Med/Rx		
<b>Other deductibles for specific services</b>						
<b>Medical</b>		N/A		N/A		
<b>Brand Drugs</b>		N/A		N/A		
<b>Dental</b>		See attachment		See attachment		
<b>Out-of-pocket limit on expenses</b>		\$6,350		\$6,350		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	\$60	After 1st 3 non-preventive visits	40%	X	
	Specialist visit	\$70	X	40%	X	
	Other practitioner office visit	\$60	X	40%	X	
	Preventive care/ screening/ immunization	No cost share		No cost share		
<b>Tests</b>	Laboratory Tests	30%	X	40%	X	
	X-rays and Diagnostic Imaging	30%	X	40%	X	
	Imaging (CT/PET scans, MRIs)	30%	X	40%	X	
<b>Drugs to treat illness or condition</b>	Generic drugs	\$19	X	40%	X	
	Preferred brand drugs	\$50	X	40%	X	
	Non-preferred brand drugs	\$75	X	40%	X	
	Specialty drugs	30%	X	40%	X	
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	30%	X	40%	X	
	Physician/surgeon fees	30%	X	40%	X	
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	\$300	X	40%	X	
	Emergency medical transportation	\$300	X	40%	X	
	Urgent care	\$120	After 1st 3 non-preventive visits	40%	X	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	30%	X	40%	X	
	Physician/surgeon fee	30%	X	40%	X	
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	\$60	After 1st 3 non-preventive visits	40%	X	
	Mental/Behavioral health inpatient services	30%	X	40%	X	
	Substance use disorder outpatient services	\$60	After 1st 3 non-preventive visits	40%	X	
	Substance use disorder inpatient services	30%	X	40%	X	
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		No cost share		
	Delivery and all inpatient services	Hospital	30%	X	40%	X
		Professional	30%	X	40%	X
<b>Help recovering or other special health needs</b>	Home health care	30%	X	40%	X	
	Rehabilitation services	30%	X	40%	X	
	Habilitation services	30%	X	40%	X	
	Skilled nursing care	30%	X	40%	X	
	Durable medical equipment	30%	X	40%	X	
	Hospice service	No cost share	X	No cost share	X	
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached		
	Dental Basic Services					
Dental Restorative and Orthodontia Services						

**Notes:**

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.
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7/18/2013

**Catastrophic Plan**

<b>Overall deductible</b>	\$6,350 integrated Med/Rx
<b>Other deductibles for specific services</b>	
<b>Medical</b>	N/A
<b>Brand Drugs</b>	N/A
<b>Dental</b>	See attachment
<b>Out-of-pocket limit on expenses</b>	\$6,350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	
<b>Visit to a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness (see footnote)	0%	After 1st 3 non-preventive visits	
	Specialist visit	0%	X	
	Other practitioner office visit	0%	X	
	Preventive care/ screening/ immunization	No cost share		
<b>Tests</b>	Laboratory Tests	0%	X	
	X-rays and Diagnostic Imaging	0%	X	
	Imaging (CT/PET scans, MRIs)	0%	X	
<b>Drugs to treat illness or condition</b>	Generic drugs	0%	X	
	Preferred brand drugs	0%	X	
	Non-preferred brand drugs	0%	X	
	Specialty drugs	0%	X	
<b>Outpatient surgery</b>	Facility fee (e.g., ASC)	0%	X	
	Physician/surgeon fees	0%	X	
<b>Need immediate attention</b>	Emergency room services (waived if admitted)	0%	X	
	Emergency medical transportation	0%	X	
	Urgent care	0%	After 1st 3 non-preventive visits	
<b>Hospital stay</b>	Facility fee (e.g., hospital room)	0%	X	
	Physician/surgeon fee	0%	X	
<b>Mental health, behavioral health, or substance abuse needs</b>	Mental/Behavioral health outpatient services	0%	After 1st 3 non-preventive visits	
	Mental/Behavioral health inpatient services	0%	X	
	Substance use disorder outpatient services	0%	After 1st 3 non-preventive visits	
	Substance use disorder inpatient services	0%	X	
<b>Pregnancy</b>	Prenatal care and preconception visits	No cost share		
	Delivery and all inpatient services	Hospital	0%	X
		Professional	0%	X
<b>Help recovering or other special health needs</b>	Home health care	0%	X	
	Rehabilitation services	0%	X	
	Habilitation services	0%	X	
	Skilled nursing care	0%	X	
	Durable medical equipment	0%	X	
	Hospice service	No cost share	X	
<b>Child needs dental or eye care</b>	Eye exam (deductible waived)	0%		
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	Dental Basic Services			
Dental Restorative and Orthodontia Services				

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