Covered California Standard Benefit Plan Designs

Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBES THE ENROLLEES OUT OF POCKET COSTS 2/13/2013 Actuard Value SUBJECT TO FINAL FEDERAL RULES Overall deductible Other deductibles for specific services Modical Strand Drugs Dental Sea datacriment Sea datacrim	Summary of Benefits and Coverage		SHOP		SHOP		
Actuarial Value SUBJECT TO FINAL FEDERAL RULES							
Other deductibles for specific services Medical Brand Drugs Dental \$500 \$500 \$500 See attachment \$6.400 \$6.400 \$6.400 Common Medical Event Service Type Membor Cost Share Deductible Share Membor Cost Operation of Sea attachment Sea attachment Visit to a health Care provider's office or clinic or clinic or clinic or practitioner office visit Other preventive care' screening' immunization No cost share No cost share Other Preventive care' screening' immunization No cost share Other State Other O				71.2%		71.0%	
Other deductibles for specific services Medical Brand Drugs Dental \$500 \$500 \$500 See attachment \$6.400 \$6.400 \$6.400 Common Medical Event Service Type Membor Cost Share Deductible Share Membor Cost Operation of Sea attachment Sea attachment Visit to a health Care provider's office or clinic or clinic or clinic or practitioner office visit Other preventive care' screening' immunization No cost share No cost share Other Preventive care' screening' immunization No cost share Other State Other O	Overall deductible			N/Δ		NI/A	
Member cost St.500 St.50				IN/A		IW/A	
Second	Other deddetables			\$1.50	0	\$1.500	
Common Medical Event See attachment							
Common Medical Event Primary care visit to treat an injury or illness (see fortice or clinic care provider's office or clinic office visit Sec							
Visit to a health care provider's office or clinic	Out-of-pocket lim	it on expenses		\$6,400		\$6,400	
Visit to a health care provider's office or clinic	Common Modical			Mambar Cost		Marshar Cast	
Visit to a health care provider's office or clinic of clinic or clinic of clinic or clinic of		Service Type	9				
Other practitioner office visit Preventive care/ screening/ immunization No cost share No cost share No cost share		, ,		\$45		\$45	
Preventive care/ screening/ immunization No cost share Laboratory Tests Laboratory Tests S45	office or clinic	Specialist visit					
Laboratory Tests						· ·	
Tests							
Imaging (CT/PET scans, MRIs)							
Drugs to treat litness or condition Preferred brand drugs \$25 \$50 \$325 \$50 \$325 \$50 \$325 \$50 \$325 \$50 \$325 \$500 \$300 \$300 \$300 \$370 \$300	Tests						
Preferred brand drugs					X		
Illness or condition	Drugs to treat						
Outpatient Facility fee (e.g., ASC) 20% X 20% X	_	-					
Pregnancy Preg	condition						
Physician/surgeon fees	Outnotiont					0%	Х
Emergency room services (waived if admitted) \$250						20%	Х
Emergency medical transportation \$250	Surgery				Y	\$250	Y
Need immediate attention Urgent care \$90 \$90 \$90						· · · · · · · · · · · · · · · · · · ·	
Physician/surgeon fee Mental/Behavioral health outpatient services \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45							
Mental/Behavioral health outpatient services \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45 \$45	Haswital stay	Facility fee (e.g., hospital room)		0%	Х	200/	V
Mental health, behavioral health, or substance abuse needs Mental/Behavioral health inpatient services 0% X 20% X Pregnancy Substance use disorder outpatient services 0% X 20% X Pregnancy Prenatal and postnatal care \$45 \$45 Pregnancy Home health care \$20% X Professional 20% \$45 \$45 Professional 20% \$45 \$45 Professional 20% \$45 \$45 Help recovering or other special health needs \$45 \$45 \$45 Skilled nursing care \$45 \$45 \$45 Authority of the special health needs \$45 \$45 \$45 Professional 20% X 20% X Professional 20% X 20% X Professional 20% X </td <td>Hospital Stay</td> <td colspan="2">· · · · · · · · · · · · · · · · · · ·</td> <td>20%</td> <td></td> <td>20%</td> <td>Χ</td>	Hospital Stay	· · · · · · · · · · · · · · · · · · ·		20%		20%	Χ
behavioral health, or substance abuse needs Substance use disorder outpatient services Substance use disorder inpatient services Substance use disorder inpatient services Substance use disorder inpatient services O% X 20% X Prenatal and postnatal care Pregnancy Delivery and all inpatient services \$45 \$45 Professional 20% \$45 P		Mental/Behavioral health outpatient services		\$45		\$45	
Substance use disorder inpatient services Pregnancy Prenatal and postnatal care Pregnancy Delivery and all inpatient services Professional Profe	· ·	· ·		0%	Х	20%	Х
Pregnancy Prenatal and postnatal care Pregnancy Delivery and all inpatient services Delivery and all inpatient services Professional Professiona		Substance use disorder outpatient services		\$45		\$45	
Pregnancy Delivery and all inpatient services Professional Hospital Professional Delivery and all inpatient services And Delivery and all inpatient services See attachment Attachment Delivery and all inpatient See attachment Attachment See attachment Delivery and all inpatient See attachment Attachment Attachment See attachment	abuse needs	Substance use disorder inpatient services		0%	Х	20%	Х
services Professional 20% \$45 Home health care 20% \$45 Rehabilitation services \$45 Habilitation services \$45 Habilitation services \$45 Skilled nursing care 0% X Durable medical equipment 20% X Durable medical equipment 20% X 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 See attachment See attachment	Pregnancy	Prenatal and postnatal care		\$45		\$45	
Home health care 20% \$45		·			X	20%	X
Rehabilitation services Habilitation services Skilled nursing care Durable medical equipment Hospice service Child needs dental or eye care Rehabilitation services Skilled nursing care Skilled nursing care O% X 20% X 20% X 20% No cost share No cost share O% O% O% O% 1 pair per year See attachment See attachment			Professional				
Help recovering or other special health needs Skilled nursing care Durable medical equipment Hospice service Child needs dental or eye care Habilitation services Skilled nursing care 0% X 20% X 20% No cost share No cost share 0% 1 pair per year 1 pair per year See attachment See attachment							
or other special health needs Skilled nursing care 0%	Halm no a sure vive v						
Durable medical equipment 20% 20% 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 See attachment See attachment	or other special				Х		Х
Hospice service Eye exam (deductible waived) Child needs dental or eye care Hospice service Ow Ow 1 pair per year 1 pair per year Dental check-up - Preventive and Diagnostic Dental Basic Services See attachment See attachment	nealth needs	Durable medical equipment		20%		20%	
Eye exam (deductible waived) Child needs dental or eye care Eye exam (deductible waived) Glasses Dental check-up - Preventive and Diagnostic Dental Basic Services Dental See attachment See attachment							
Child needs dental or eye care Glasses Dental check-up - Preventive and Diagnostic Dental Basic Services 1 pair per year See attachment See attachment	Child needs	·					
dental or eye care Dental check-up - Preventive and Diagnostic Dental Basic Services See attachment See attachment							
Dental Restorative and Orthodontia Services		Dental Basic Services		See attachment			
		Dental Restorative and Orthodo	ntia Services				

SHOP

SHOP

Notes

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense.
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges.
- 5) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits.

specified in another benefit category.

- 7) Glasses benefit limited to \$100 per year.
- 8) Dental benefits are described on separate attachment. For pediatric oral care, the high option dental benefits are paired with the Platinum and Gold medical metal tier plans and the low option benefits are paired with the Silver and Bronze tier plans.

 2/13/2013

Covered California Standard Benefit Plan Designs

Summary of Benefits and Coverage	Individual & SHOP		
COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS	Silver HSA Plan		
2/13/2013			
Actuarial Value SUBJECT TO FINAL FEDERAL RULES	71.6%		
Overall deductible	\$1500 integrated Med/Rx Ded		
Other deductibles for specific services			
Medical	N/A		
Brand Drugs	N/A		
Dental	See attachment		
Out-of-pocket limit on expenses	\$6,400		

Common Medical			Member Cost	Deductible
Event	Service Type		Share	Applies
Visit to a health care provider's	Primary care visit to treat an injury or illness (see footnote)		20%	Х
office or clinic	Specialist visit	20%	X	
	Other practitioner office visit		20%	X
	Preventive care/ screening/ immunization		No cost share	
	Laboratory Tests		20%	X
Tests	X-rays and Diagnostic Imaging		20%	X
	Imaging (CT/PET scans, MRIs)		20%	X
Drugs to treat	Generic drugs		20%	X
illness or	Preferred brand drugs	20%	X	
condition	Non-preferred brand drugs	20%	X	
	Specialty drugs	20%	X	
Outpatient	Facility fee (e.g., ASC)	20%	X	
surgery	Physician/surgeon fees	1:6 1 :6 1)	20%	X
	Emergency room services (waiv	· ·	20%	X
No sal imama aliata	Emergency medical transportati	ion	20%	X
Need immediate attention	Urgent care		20%	Х
Usanital stay	Facility fee (e.g., hospital room)		20%	X
Hospital stay	Physician/surgeon fee		20%	X
	Mental/Behavioral health outpatient services		20%	X
Mental health, behavioral health,	Mental/Behavioral health inpation	20%	Х	
or substance	Substance use disorder outpatie	20%	X	
abuse needs	Substance use disorder inpatier	20%	Х	
Pregnancy	Prenatal and postnatal care		20%	Х
	Delivery and all inpatient	Hospital	20%	X
	services	Professional	20%	X
	Home health care		20%	X
	Rehabilitation services	20%	X	
Help recovering	Habilitation services		20%	X
or other special health needs	Skilled nursing care		20%	Х
	Durable medical equipment	20%	X	
	Hospice service	No cost share	X	
	Eye exam (deductible waived)	0%		
Child needs	Glasses		1 pair per year	
dental or eye care	Dental check-up - Preventive ar	See attachment		
dental of eye cale	Dental Basic Services			
	Dental Restorative and Orthodo	ntia Services		

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