

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

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

2/13/2013

Actuarial Value SUBJECT TO FINAL FEDERAL RULES

	SHOP	SHOP
	Silver Coinsurance Plan	Silver Copay Plan
	71.2%	71.0%
	N/A	N/A
Overall deductible		
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	\$6,400	\$6,400

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)	0%	X	\$250		
Drugs to treat illness or condition	Generic drugs	\$25		\$25		
	Preferred brand drugs	\$50	X	\$50	X	
	Non-preferred brand drugs	\$70	X	\$70	X	
	Specialty drugs	0%	X	0%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%	X	20%	X	
	Physician/surgeon fees	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)	0%	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	0%	X	20%	X	
	Substance use disorder outpatient services	\$45		\$45		
	Substance use disorder inpatient services	0%	X	20%	X	
Pregnancy	Prenatal and postnatal care	\$45		\$45		
	Delivery and all inpatient services	Hospital	0%	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	0%	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	See attachment		See attachment		
	Dental Basic Services					
Dental Restorative and Orthodontia Services						

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.
- 6) 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.

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Individual & SHOP
Silver HSA Plan
71.6%
\$1500 integrated Med/Rx Ded
N/A
N/A
See attachment
\$6,400

Common Medical Event	Service Type	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)	20%	X	
	Specialist visit	20%	X	
	Other practitioner office visit	20%	X	
	Preventive care/ screening/ immunization	No cost share		
Tests	Laboratory Tests	20%	X	
	X-rays and Diagnostic Imaging	20%	X	
	Imaging (CT/PET scans, MRIs)	20%	X	
Drugs to treat illness or condition	Generic drugs	20%	X	
	Preferred brand drugs	20%	X	
	Non-preferred brand drugs	20%	X	
	Specialty drugs	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%	X	
	Physician/surgeon fees	20%	X	
Need immediate attention	Emergency room services (waived if admitted)	20%	X	
	Emergency medical transportation	20%	X	
	Urgent care	20%	X	
Hospital stay	Facility fee (e.g., hospital room)	20%	X	
	Physician/surgeon fee	20%	X	
Mental health, behavioral health, or substance abuse needs	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	
Pregnancy	Prenatal and postnatal care	20%	X	
	Delivery and all inpatient services	Hospital	20%	X
		Professional	20%	X
Help recovering or other special health needs	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	
Child needs dental or eye care	Eye exam (deductible waived)	0%		
	Glasses	1 pair per year		
	Dental check-up - Preventive and Diagnostic	See attachment		
	Dental Basic Services			
Dental Restorative and Orthodontia Services				

Notes:

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