

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

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

2/25/2013

Actuarial Value - Final AV Calculator

	Bronze Plan	Bronze HSA Plan
	60.4%	59.0%
Overall deductible	\$5000 integrated Med/Rx Ded	\$4500 integrated Med/Rx Ded
Other deductibles for specific services		
Medical	N/A	N/A
Brand Drugs	N/A	N/A
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)	\$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		
Tests	Laboratory Tests	30%	X	40%	X	
	X-rays and Diagnostic Imaging	30%	X	40%	X	
	Imaging (CT/PET scans, MRIs)	30%	X	40%	X	
Drugs to treat illness or condition	Generic drugs	\$25	X	40%	X	
	Preferred brand drugs	\$50	X	40%	X	
	Non-preferred brand drugs	\$75	X	40%	X	
	Specialty drugs	30%	X	40%	X	
Outpatient surgery	Facility fee (e.g., ASC)	30%	X	40%	X	
	Physician/surgeon fees	30%	X	40%	X	
Need immediate attention	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	
Hospital stay	Facility fee (e.g., hospital room)	30%	X	40%	X	
	Physician/surgeon fee	30%	X	40%	X	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$60	X	40%	X	
	Mental/Behavioral health inpatient services	30%	X	40%	X	
	Substance use disorder outpatient services	\$60	X	40%	X	
	Substance use disorder inpatient services	30%	X	40%	X	
Pregnancy	Prenatal and postnatal care	\$60	After 1st 3 non-preventive visits	40%	X	
	Delivery and all inpatient services	Hospital	30%	X	40%	X
		Professional	30%	X	40%	X
Help recovering or other special health needs	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	
Child needs dental or eye care	Hospice service	No cost share	X	No cost share	X	
	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	See attachment		See attachment		

Notes:

- 1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values.
- 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 prenatal/postnatal visits or 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.
- 6) Glasses benefit limited to \$100 per year.
- 7) 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.