

**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

**SHOP Only**

**Silver HSA Plan**

<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 Dental Design Below
<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	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 ( <i>deductible waived</i> )	0%		
	Glasses	1 pair per year		
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		
	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.