2015 Health Insurance Benefits and Rates

COVERED CALIFORNIA™

2015 STANDARD BENEFIT DESIGN BY METAL TIER								
Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers 0% until out-of-pocket maximum is met	Covers 60% average annual cost	Covers 70% average annual cost	Covers 73% average annual cost	Covers 87% average annual cost	Covers 94% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	$22,981 to $28,725 (>200% to ≤250% FPL)	$17,236 to $22,980 (>150% to ≤200% FPL)	up to $17,235 (100% to ≤150% FPL)	N/A	N/A
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Vist	after first 3 non-preventive visits, pay negotiated carrier rate per instance until out-of-pocket maximum is met	$60 for first 3 non-preventive visits	$45	$40	$15	$3	$30	$20
Specialist Visit	pay negotiated carrier rate per service until out-of-pocket maximum is met	$70 after deductible is met	$65	$50	$20	$5	$50	$40
Emergency Room		$300 after deductible is met	$250	$250	$75	$25	$250	$150
Laboratory Tests		30% after deductible is met	$45	$40	$15	$3	$30	$20
X-Rays and Diagnostics		30% after deductible is met	$65	$50	$20	$5	$50	$40
Imaging		30% after deductible is met	20%	20%	15%	10%	20%	10%
Preferred Drugs (after drug deductible, if any)		$50 after deductible is met	$50	$35	$15	$5	$50	$15
Generic Drugs		$15 or less after deductible is met	$15 or less	$15 or less	$5	$3	$15 or less	$5 or less
Deductible	N/A	$5,000	$2,000 medical $250 brand drugs	$1,600 medical $250 brand drugs	$500 medical $50 brand drugs	$0	$0	$0
Annual Out-of-Pocket Maximum Individual and Family	$6,600 individual only	$6,250 individual $12,500 family	$6,250 individual $12,500 family	$5,200 individual $10,400 family	$2,250 individual $4,500 family	$2,250 individual $4,500 family	$6,250 individual $12,500 family	$4,000 individual $8,000 family