

Adopt Section 6458 to read:

SECTION 6458: 2014 STANDARD BENEFIT PLAN DESIGNS

- (a) For plan year and calendar year 2014, The California Health Benefit Exchange adopts the Standard Benefit Plan Designs identified as the 2014 Standard Benefit Plan Designs, dated July 18, 2013, which is incorporated by reference.

Authority: Government Code Section 100504

Reference: Government Code Sections 100503 and 100504(c)

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

		Platinum Coinsurance Plan		Platinum Copay Plan	
Overall deductible		\$0		\$0	
Other deductibles for specific services					
Medical		\$0		\$0	
Brand Drugs		\$0		\$0	
Dental		See Dental Design Below		See Dental Design Below	
Out-of-pocket limit on expenses		\$4,000		\$4,000	
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	\$20		\$20	
	Specialist visit	\$40		\$40	
	Other practitioner office visit	\$20		\$20	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	\$20		\$20	
	X-rays and Diagnostic Imaging	\$40		\$40	
	Imaging (CT/PET scans, MRIs)	10%		\$150	
Drugs to treat illness or condition	Generic drugs	\$5		\$5	
	Preferred brand drugs	\$15		\$15	
	Non-preferred brand drugs	\$25		\$25	
	Specialty drugs	10%		10%	
Outpatient surgery	Facility fee (e.g., ASC)	10%		\$250	
	Physician/surgeon fees	10%			
Need immediate attention	Emergency room services (waived if admitted)	\$150		\$150	
	Emergency medical transportation	\$150		\$150	
	Urgent care	\$40		\$40	
Hospital stay	Facility fee (e.g., hospital room)	10%		\$250 per day up to 5 days	
	Physician/surgeon fee	10%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20		\$20	
	Mental/Behavioral health inpatient services	10%		\$250 per day up to 5 days	
	Substance use disorder outpatient services	\$20		\$20	
	Substance use disorder inpatient services	10%		\$250 per day up to 5 days	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	10%	\$250 per day up to 5 days	
		Professional	10%		
Help recovering or other special health needs	Home health care	10%		\$20	
	Rehabilitation services	\$20		\$20	
	Habilitation services	\$20		\$20	
	Skilled nursing care	10%		\$150 per day up to 5 days	
	Durable medical equipment	10%		10%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		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.

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

		Gold Coinsurance Plan		Gold Copay Plan	
Overall deductible		\$0		\$0	
Other deductibles for specific services					
Medical		\$0		\$0	
Brand Drugs		\$0		\$0	
Dental		See Dental Design Below		See Dental Design Below	
Out-of-pocket limit on expenses		\$6,350		\$6,350	
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	\$30		\$30	
	Specialist visit	\$50		\$50	
	Other practitioner office visit	\$30		\$30	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	\$30		\$30	
	X-rays and Diagnostic Imaging	\$50		\$50	
	Imaging (CT/PET scans, MRIs)	20%		\$250	
Drugs to treat illness or condition	Generic drugs	\$19		\$19	
	Preferred brand drugs	\$50		\$50	
	Non-preferred brand drugs	\$70		\$70	
	Specialty drugs	20%		20%	
Outpatient surgery	Facility fee (e.g., ASC)	20%		\$600	
	Physician/surgeon fees	20%			
Need immediate attention	Emergency room services (waived if admitted)	\$250		\$250	
	Emergency medical transportation	\$250		\$250	
	Urgent care	\$60		\$60	
Hospital stay	Facility fee (e.g., hospital room)	20%		\$600 per day up to 5 days	
	Physician/surgeon fee	20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30		\$30	
	Mental/Behavioral health inpatient services	20%		\$600 per day up to 5 days	
	Substance use disorder outpatient services	\$30		\$30	
	Substance use disorder inpatient services	20%		\$600 per day up to 5 days	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	20%	\$600 per day up to 5 days	
		Professional	20%		
Help recovering or other special health needs	Home health care	20%		\$30	
	Rehabilitation services	\$30		\$30	
	Habilitation services	\$30		\$30	
	Skilled nursing care	20%		\$300 per day up to 5 days	
	Durable medical equipment	20%		20%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		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.
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

		Individual Only		Individual Only		
		Silver Coinsurance Plan		Silver Copay Plan		
Overall deductible		N/A		N/A		
Other deductibles for specific services						
Medical		\$2,000		\$2,000		
Brand Drugs		\$250		\$250		
Dental		See Dental Design Below		See Dental Design Below		
Out-of-pocket limit on expenses		\$6,350		\$6,350		
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	\$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)	20%	X	\$250		
Drugs to treat illness or condition	Generic drugs	\$19		\$19		
	Preferred brand drugs	\$50	X	\$50	X	
	Non-preferred brand drugs	\$70	X	\$70	X	
	Specialty drugs	20%	X	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%		20%		
	Physician/surgeon fees	20%		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)	20%	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	20%	X	20%	X	
	Substance use disorder outpatient services	\$45		\$45		
	Substance use disorder inpatient services	20%	X	20%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share		
	Delivery and all inpatient services	Hospital	20%	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	20%	X	20%	X	
	Durable medical equipment	20%		20%		
	Hospice service	No cost share		No cost share		
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		See Dental Design Below		
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

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Summary of Benefits and Coverage

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

7/18/2013

		SHOP Only		SHOP Only		
		Silver Coinsurance Plan		Silver Copay Plan		
Overall deductible		N/A		N/A		
Other deductibles for specific services						
Medical		\$1,500		\$1,500		
Brand Drugs		\$500		\$500		
Dental		See Dental Design Below		See Dental Design Below		
Out-of-pocket limit on expenses		\$6,350		\$6,350		
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	\$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)	20%	X	\$250		
Drugs to treat illness or condition	Generic drugs	\$19		\$19		
	Preferred brand drugs	\$50	X	\$50	X	
	Non-preferred brand drugs	\$70	X	\$70	X	
	Specialty drugs	20%	X	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%		20%		
	Physician/surgeon fees	20%		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)	20%	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	20%	X	20%	X	
	Substance use disorder outpatient services	\$45		\$45		
	Substance use disorder inpatient services	20%	X	20%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share		
	Delivery and all inpatient services	Hospital	20%	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	20%	X	20%	X	
	Durable medical equipment	20%		20%		
	Hospice service	No cost share		No cost share		
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		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.
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Summary of Benefits and Coverage

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

7/18/2013

SHOP Only

Silver HSA Plan

Overall deductible	\$1,500 integrated Med/Rx
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See Dental Design Below
Out-of-pocket limit on expenses	\$6,350

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	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 care and preconception visits	No cost share		
	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 (<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.
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COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Individual Only	Individual Only
	Silver Coinsurance Plan 100%-150% FPL	Silver Coinsurance Plan 150%-200% FPL
Overall deductible	\$0	N/A
Other deductibles for specific services		
Medical	\$0	\$500
Brand Drugs	\$0	\$50
Dental	See Dental Design Below	See Dental Design Below
Out-of-pocket limit on expenses	\$2,250	\$2,250

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	\$3		\$15	
	Specialist visit	\$5		\$20	
	Other practitioner office visit	\$3		\$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	\$3		\$15	
	X-rays and Diagnostic Imaging	\$5		\$20	
	Imaging (CT/PET scans, MRIs)	10%		15%	X
Drugs to treat illness or condition	Generic drugs	\$3		\$5	
	Preferred brand drugs	\$5		\$15	X
	Non-preferred brand drugs	\$10		\$25	X
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g., ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
Need immediate attention	Emergency room services (waived if admitted)	\$25		\$75	X
	Emergency medical transportation	\$25		\$75	X
	Urgent care	\$6		\$30	
Hospital stay	Facility fee (e.g., hospital room)	10%		15%	X
	Physician/surgeon fee	10%		15%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$3		\$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	\$3		\$15	
	Substance use disorder inpatient services	10%		15%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	Hospital	10%	15%	X
		Professional	10%		15%
Help recovering or other special health needs	Home health care	10%		15%	
	Rehabilitation services	\$3		\$15	
	Habilitation services	\$3		\$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
Child needs dental or eye care	Hospice service	No cost share		No cost share	
	Eye exam (<i>deductible waived</i>)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		See Dental Design Below	
	Dental Basic Services				
Dental Restorative and Orthodontia Services					

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7/18/2013

Individual Only
Silver Coinsurance Plan 200%-250% FPL
N/A
\$1,500
\$250
See Dental Design Below
\$5,200

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	\$40		
	Specialist visit	\$50		
	Other practitioner office visit	\$40		
	Preventive care/ screening/ immunization	No cost share		
Tests	Laboratory Tests	\$40		
	X-rays and Diagnostic Imaging	\$50		
	Imaging (CT/PET scans, MRIs)	20%	X	
Drugs to treat illness or condition	Generic drugs	\$19		
	Preferred brand drugs	\$30	X	
	Non-preferred brand drugs	\$50	X	
	Specialty drugs	20%	X	
Outpatient surgery	Facility fee (e.g., ASC)	20%		
	Physician/surgeon fees	20%		
Need immediate attention	Emergency room services (waived if admitted)	\$250	X	
	Emergency medical transportation	\$250	X	
	Urgent care	\$80		
Hospital stay	Facility fee (e.g., hospital room)	20%	X	
	Physician/surgeon fee	20%		
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40		
	Mental/Behavioral health inpatient services	20%	X	
	Substance use disorder outpatient services	\$40		
	Substance use disorder inpatient services	20%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		
	Delivery and all inpatient services	Hospital	20%	X
		Professional	20%	
Help recovering or other special health needs	Home health care	20%		
	Rehabilitation services	\$40		
	Habilitation services	\$40		
	Skilled nursing care	20%	X	
	Durable medical equipment	20%		
	Hospice service	No cost share		
Child needs dental or eye care	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			

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- 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.

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

	Individual Only	Individual Only
	Silver Copay Plan 100%-150% FPL	Silver Copay Plan 150%-200% FPL
Overall deductible	\$0	N/A
Other deductibles for specific services		
Medical	\$0	\$500
Brand Drugs	\$0	\$50
Dental	See Dental Design Below	See Dental Design Below
Out-of-pocket limit on expenses	\$2,250	\$2,250

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	\$3		\$15	
	Specialist visit	\$5		\$20	
	Other practitioner office visit	\$3		\$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	\$3		\$15	
	X-rays and Diagnostic Imaging	\$5		\$20	
	Imaging (CT/PET scans, MRIs)	\$50		\$100	
Drugs to treat illness or condition	Generic drugs	\$3		\$5	
	Preferred brand drugs	\$5		\$15	X
	Non-preferred brand drugs	\$10		\$25	X
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g., ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
Need immediate attention	Emergency room services (waived if admitted)	\$25		\$75	X
	Emergency medical transportation	\$25		\$75	X
	Urgent care	\$6		\$30	
Hospital stay	Facility fee (e.g., hospital room)	10%		15%	X
	Physician/surgeon fee				
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$3		\$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	\$3		\$15	
	Substance use disorder inpatient services	10%		15%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services	10%	Hospital	15%	X
	Professional				
Help recovering or other special health needs	Home health care	\$3		\$15	
	Rehabilitation services	\$3		\$15	
	Habilitation services	\$3		\$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		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.
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- 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.
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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

Individual Only
Silver Copay Plan 200%-250% FPL
N/A
\$1,500
\$250
See Dental Design Below
\$5,200

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	\$40	
	Specialist visit	\$50	
	Other practitioner office visit	\$40	
	Preventive care/ screening/ immunization	No cost share	
Tests	Laboratory Tests	\$40	
	X-rays and Diagnostic Imaging	\$50	
	Imaging (CT/PET scans, MRIs)	\$250	
Drugs to treat illness or condition	Generic drugs	\$19	
	Preferred brand drugs	\$30	X
	Non-preferred brand drugs	\$50	X
	Specialty drugs	20%	X
Outpatient surgery	Facility fee (e.g., ASC)	20%	
	Physician/surgeon fees	20%	
Need immediate attention	Emergency room services (waived if admitted)	\$250	X
	Emergency medical transportation	\$250	X
	Urgent care	\$80	
Hospital stay	Facility fee (e.g., hospital room)	20%	X
	Physician/surgeon fee		
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$40	
	Mental/Behavioral health inpatient services	20%	X
	Substance use disorder outpatient services	\$40	
	Substance use disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services	Hospital Professional	20% X
Help recovering or other special health needs	Home health care	\$40	
	Rehabilitation services	\$40	
	Habilitation services	\$40	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice service	No cost share	
Child needs dental or eye care	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.
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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

		Bronze Plan		Bronze HSA Plan		
Overall deductible		\$5,000 integrated Med/Rx		\$4,500 integrated Med/Rx		
Other deductibles for specific services						
Medical		N/A		N/A		
Brand Drugs		N/A		N/A		
Dental		See Dental Design Below		See Dental Design Below		
Out-of-pocket limit on expenses		\$6,350		\$6,350		
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	\$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	\$19	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	After 1st 3 non-preventive visits	40%	X	
	Mental/Behavioral health inpatient services	30%	X	40%	X	
	Substance use disorder outpatient services	\$60	After 1st 3 non-preventive visits	40%	X	
	Substance use disorder inpatient services	30%	X	40%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share		
	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	
	Hospice service	No cost share	X	No cost share	X	
Child needs dental or eye care	Eye exam (<i>deductible waived</i>)	0%		0%		
	Glasses	1 pair per year		1 pair per year		
	Dental check-up - Preventive and Diagnostic	See Dental Design Below		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.
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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

Catastrophic Plan

Overall deductible	\$6,350 integrated Med/Rx
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See Dental Design Below
Out-of-pocket limit on expenses	\$6,350

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	0%	After 1st 3 non-preventive visits	
	Specialist visit	0%	X	
	Other practitioner office visit	0%	X	
	Preventive care/ screening/ immunization	No cost share		
Tests	Laboratory Tests	0%	X	
	X-rays and Diagnostic Imaging	0%	X	
	Imaging (CT/PET scans, MRIs)	0%	X	
Drugs to treat illness or condition	Generic drugs	0%	X	
	Preferred brand drugs	0%	X	
	Non-preferred brand drugs	0%	X	
	Specialty drugs	0%	X	
Outpatient surgery	Facility fee (e.g., ASC)	0%	X	
	Physician/surgeon fees	0%	X	
Need immediate attention	Emergency room services (waived if admitted)	0%	X	
	Emergency medical transportation	0%	X	
	Urgent care	0%	After 1st 3 non-preventive visits	
Hospital stay	Facility fee (e.g., hospital room)	0%	X	
	Physician/surgeon fee	0%	X	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0%	After 1st 3 non-preventive visits	
	Mental/Behavioral health inpatient services	0%	X	
	Substance use disorder outpatient services	0%	After 1st 3 non-preventive visits	
	Substance use disorder inpatient services	0%	X	
Pregnancy	Prenatal care and preconception visits	No cost share		
	Delivery and all inpatient services	Hospital	0%	X
		Professional	0%	X
Help recovering or other special health needs	Home health care	0%	X	
	Rehabilitation services	0%	X	
	Habilitation services	0%	X	
	Skilled nursing care	0%	X	
	Durable medical equipment	0%	X	
	Hospice service	No cost share	X	
Child needs dental or eye care	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.
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Covered California
Standard Pediatric Dental Essential Health Benefits Plan Design
For the 2014 Plan Year

Procedure Categories	DPPO High	DPPO Low	DHMO High	DHMO Low
Diagnostic & Preventive (D&P) X-rays, Exams, Cleanings Sealants	100%	100%	\$0	\$0
Office Visit	n/a	n/a	\$0	\$20
Basic Services - Basic Restorative	80%	50%	\$40 ³	\$95 ³
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery	50%	50%	\$365 ⁴	\$365 ⁴
Orthodontics (Medically Necessary)	50%	50%	\$1,000	\$1,000
Deductible	\$50 (not applied to D&P)	\$60 (applied to all services)	None	None
Annual Maximum	None	None	None	None
OOP Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Periods (Major & Ortho)	None	None	None	None
Actuarial Value (AV)	86%	72%	87%	72%

Notes:

1. Actuarial values are based on pediatric claims experience.
2. Orthodontics includes medically-necessary orthodontia only.
3. DHMO Basic Services copayments vary by procedure within this category. Using a statistically significant set of claims data, the plan's average co-pay charged for procedures in this category cannot exceed the stated amount.
4. DHMO Major Services copayments vary by procedure within this category. Using a statistically significant set of claims data, the plan's average co-pay charged for procedures in this category cannot exceed the stated amount.
5. When more than one child is covered by a pediatric dental plan or policy, the policy/plan deductibles and out of pocket maximum amounts are equal to 2 times the individual values, however each individual child is responsible only for the single deductible and out of pocket maximum in a plan year.
6. DEPO products must conform to the DHMO Benefit Plan Design.