

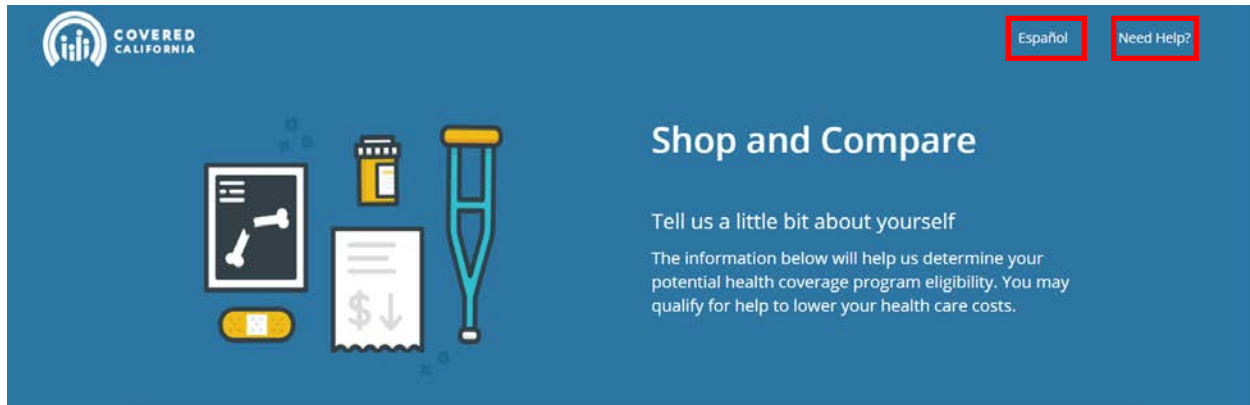
Appendix F.7 - Platform Walkthroughs (Screen Shots) – Covered California

Scenario 1: Single, 40, female, \$29,400, 95815

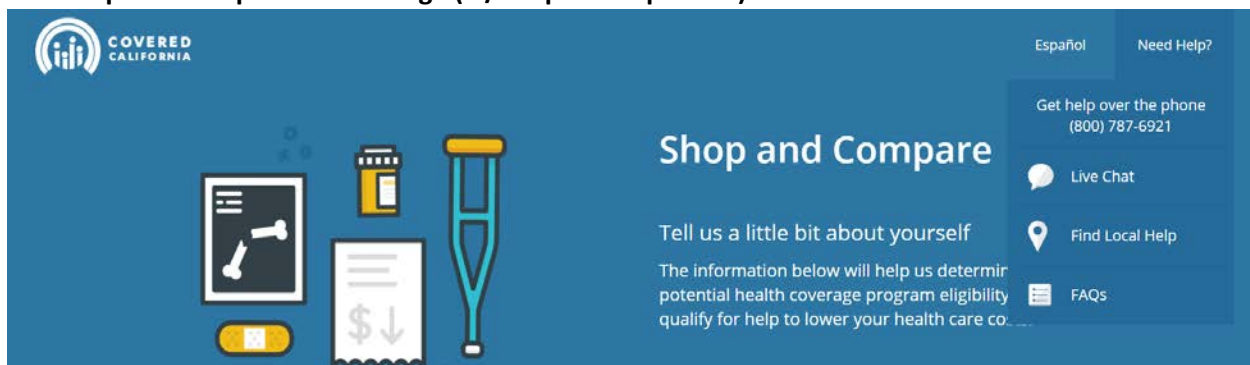
1.a. Shop and Compare Starter Page

Page offers the ability to:

1. Translate entire text of current and following pages into Spanish by clicking on “Español” (and convert back to English by clicking on “Inglés” in the same location).
2. Get help via a Live Chat, Over the Phone, Locating Local Help, and Frequently Asked Questions (FAQs) (see #1b).



1.b. Shop and Compare Starter Page (w/ Help link expanded)



2.a. Client information Page (1 of 2)

Clicking the “i” symbol reveals additional information about the term.

Scenario 1: Single, 40, female, \$29,400, 95815

The user must include at least him- or herself in the headcount of the household.

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

2019 ▼

What is your Zip Code? ⓘ

95815

What is your total household income per year? ⓘ

\$29400

How many people are in your household? ⓘ

1 ▼

2.b. Client information Page (2 of 2)

Clicking the “i” symbol reveals additional information about the term.

Scenario 1: Single, 40, female, \$29,400, 95815

Depending on the user's household headcount, the site will ask for the age of each of those individuals, including the head (i.e. the user). User can also provide further information about themselves (or others) by: if they need coverage, if they are pregnant, and/or if they are blind or disabled.

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

See My Results

3. Disclaimer Pop-up Page

Scenario 1: Single, 40, female, \$29,400, 95815

A pop up appears once you click “See My Results” to inform user that continuing is not a formal application for Covered California, Medicaid, or any other state-offered health plans. Qualification requires formally applying. Being told one does not qualify through this process should not discourage the user from applying anyways.

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click [Get Help](#) to find Local assistance to help you apply.

Cancel

Continue

4. Results Section

Scenario 1: Single, 40, female, \$29,400, 95815

The results section is the last part of Client Information page.

User has the option to see more information about Covered California insurance (see #5), “Preview Plans” (see #6a), “Apply Now” (see #17), or go Back to the Client Information Page.

Clicking the “i” symbol reveals additional information on how to return to Covered CA home page.

Based on what you told us, here is what you may qualify for:


We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (40)	Lower Monthly Premium and Lower Out of Pocket Costs

[More Information](#)[Preview Plans](#)

These results are only an estimate. You will need to complete an application 

[Back](#)[Apply Now](#)

5. More Information Page

Scenario 1: Single, 40, female, \$29,400, 95815

Both hyperlinks take you back to the Shop and Compare Starter page.

How much does it cost to buy insurance through Covered California?

The cost of health insurance varies. The best way to get a quick estimate of the price you would pay is to use the [Shop and Compare Tool](#). The price is based on your estimated income for the coverage year, your ZIP code, your household size and your age.

If you are a low- or moderate-income Californian, you may get help buying insurance from Covered California through monthly subsidies that lower your premium costs so that you pay less for top-quality, brand-name insurance. The majority of our customers get financial help. [Learn more about who qualifies for a subsidy.](#)

[← Back](#)

Scenario 1: Single, 40, female, \$29,400, 95815

User can search for a nearby Doctor, “Dentist for your children”, or Hospital within a 1 to 100-mile radius of their entered zip code. User is not required to enter a doctor’s name.

[◀ Back to Shop and Compare](#)

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor ▼** that you may want to use in your health plan (Select up to 5)

of

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

6.b.i. Tell Us About Your Health Care Needs Page - Medical Services (2 of 3)

Scenario 1: Single, 40, female, \$29,400, 95815

User has the option to select their level of care usage.

Placing cursor over “medical services” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.b.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- ☐ LOW USE: 1 doctor visit and 2 lab tests each year; preventive visits and care too
- ☒ MEDIUM USE: 4-5 doctor visits, lab tests and one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- ☐ HIGH USE: surgery or other treatment in an outpatient center; 6 or more doctor visits, lab tests, x-rays and an imaging scan.
- ☐ VERY HIGH USE: a hospital stay and treatment in an outpatient center; 6 or more doctor visits with lab tests, x-rays and an imaging scan.

◀ BackNext ▶

6.b.ii. Medical Service Pop-Up

Scenario 1: Single, 40, female, \$29,400, 95815

Choose one of the 4 medical use categories to compare health plans on the estimated amount you pay when you get medical care. If in excellent health and expect no medical needs other than preventive care the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medical care next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medical services, based on the medical use category you chose, plus the premium you pay the health plan.

Scenario 1: Single, 40, female, \$29,400, 95815

User has the option to select their level of prescription drug usage.

Placing cursor over “prescription drug” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.c.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the **prescription drug** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

- ☐ LOW USE: 2-3 prescriptions during the year for unexpected, brief illness.
- ☒ MEDIUM USE: 1-2 prescriptions each month for a health problem.
- ☐ HIGH USE: 3 prescriptions each month for health problems; often higher cost medications.
- ☐ VERY HIGH USE: 4 or more prescriptions each month for health problems OR very high cost medications.

[◀ Back](#)[View Plans](#)

6.c.ii. Prescription Drug Pop-Up

Scenario 1: Single, 40, female, \$29,400, 95815

Choose one of the 4 prescription drug use categories to compare health plans on the estimated amount you pay when you buy prescription drugs. If in excellent health and expect no medication needs the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medications next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medications, based on the drug use category you chose, plus the premium you pay the health plan.

Scenario 1: Single, 40, female, \$29,400, 95815

Hovering over yellow “CSR?” provides additional information on what Cost-Sharing Reductions are and who likely qualifies. User can toggle between available health plans and dental plans, filter and sort health plans using left-side column (see #8 and #9a-b), compare plans (see #10), expand on the details of a plan (see #11), or add a plan to their cart (see #15).

[Back to Shop and Compare](#) [Back to preferences](#)

24 Health Plans

Dental Plans

0

Estimated Monthly Savings \$296.56/month For 1 Member in zipcode 95815.
Coverage could start as early as 01/01/2019.

Cost-Sharing Reductions (CSR) **CSR** You pay lower copays, deductibles, coinsurance

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

FILTER BY

PLAN TYPE


☐ HMO

☐ PPO

PLAN FEATURES

☐ Cost-Sharing Reductions (CSR)
You pay lower copays, deductibles, coinsurance

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan



Bronze 60 HMO
BRONZE HMO

\$56.60
monthly premium
after \$296.56 monthly savings

Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$6300 / \$500 (May Not Apply)

Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE



Bronze 60 HMO
BRONZE HMO

\$98.32
monthly premium
after \$296.56 monthly savings

Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$6300 / \$500 (May Not Apply)

Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE


Bronze 60 HDHP HMO
BRONZE HSA HMO

\$46.68
monthly premium
after \$296.56 monthly savings

Primary Care Visits You pay 40%
Generic Drugs You pay 40%
Yearly Deductible \$6000 (May Not Apply)










Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE

7.b. Health Plan Options (2 of 4 of Page 1)




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Scenario 1: Single, 40, female, \$29,400, 95815

 <p>Silver 73 Trio HMO</p> <p>SILVER HMO CSR</p> <p>\$177.40 monthly premium after \$296.56 monthly savings</p> <p>Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2200 / \$175 (May Not Apply) Total Expense Estimate Lower  Quality Rating Quality Rating in Future Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Bronze 60 EnhancedCare P...</p> <p>BRONZE PPO</p> <p>\$139.20 monthly premium after \$296.56 monthly savings</p> <p>Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower  Quality Rating Quality Rating in Future Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Silver 73 HMO</p> <p>SILVER HMO CSR</p> <p>\$197.84 monthly premium after \$296.56 monthly savings</p> <p>Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2200 / \$175 (May Not Apply) Total Expense Estimate Lower  Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>
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7.c. Health Plan Options (3 of 4 of Page 1)

Scenario 1: Single, 40, female, \$29,400, 95815




<div> Bronze 60 HDHP HMO BRONZE HSA HMO \$112.05 monthly premium after \$296.56 monthly savings Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$6000 (May Not Apply) Total Expense Estimate Lower 🟢 Quality Rating ★★☆☆☆ Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>	<div> Gold 80 HMO Coinsurance GOLD HMO \$216.60 monthly premium after \$296.56 monthly savings Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Lower 🟢 Quality Rating ★★★★★ Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>	<div> Bronze 60 HDHP EnhancedC... BRONZE HSA PPO \$135.71 monthly premium after \$296.56 monthly savings Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$6000 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating Quality Rating in Future Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>
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7.d. Health Plan Options (4 of 4 of Page 1)

Scenario 1: Single, 40, female, \$29,400, 95815

<div><div> Gold 80 HMO</div><div>GOLD HMO</div><div><div>\$247.87</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>★★★★★</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>	<div><div> Bronze 60 PPO</div><div>BRONZE PPO</div><div><div>\$204.99</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$75</div></div><div><div>Generic Drugs</div><div>You pay 100%</div></div><div><div>Yearly Deductible</div><div>\$6300 / \$500 (May Not Apply)</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>★★★★☆</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>	<div><div> Gold 80 Trio HMO</div><div>GOLD HMO</div><div><div>\$259.26</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>Quality Rating in Future</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>
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Scenario 1: Single, 40, female, \$29,400, 95815










<div> Platinum 90 HMO PLATINUM HMO</div> <div>\$296.80 monthly premium after \$296.56 monthly savings</div> <div>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/></div>	<div> Bronze 60 HDHP PPO BRONZE HSA PPO</div> <div>\$199.85 monthly premium after \$296.56 monthly savings</div> <div>Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$6000 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★☆ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/></div>	<div> Silver 73 HMO SILVER HMO CSR</div> <div>\$299.34 monthly premium after \$296.56 monthly savings</div> <div>Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2200 / \$175 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★☆ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/></div>
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7.f. Health Plan Options (2 of 4 of Page 2)










Scenario 1: Single, 40, female, \$29,400, 95815

<div><div>Western Health Advantage</div><div>Gold 80 HMO</div><div>GOLD HMO</div><div>\$310.89</div><div>monthly premium</div><div>after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average</div><div>Quality Rating</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>Health Net</div><div>Silver 73 EnhancedCare P...</div><div>SILVER PPO CSR</div><div>\$323.33</div><div>monthly premium</div><div>after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$35</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$2200 / \$175 (May Not Apply)</div><div>Total Expense Estimate Average</div><div>Quality Rating Quality Rating in Future</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>Western Health Advantage</div><div>Platinum 90 HMO</div><div>PLATINUM HMO</div><div>\$376.67</div><div>monthly premium</div><div>after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$15</div><div>Generic Drugs You pay \$5</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average</div><div>Quality Rating</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>
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Scenario 1: Single, 40, female, \$29,400, 95815

<div><div> Silver 73 PPO</div><div>SILVER PPOCSR</div><div>\$376.66 monthly premium after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2200 / \$175 (May Not Apply) Total Expense Estimate Higher  Quality Rating ★★★★★ Provider Search</div><div><input type="checkbox"/> COMPAREDETAILSADD </div></div>	<div><div> Platinum 90 Trio HMO</div><div>PLATINUM HMO</div><div>\$461.94 monthly premium after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search</div><div><input type="checkbox"/> COMPAREDETAILSADD </div></div>	<div><div> Gold 80 EnhancedCare PPO</div><div>GOLD PPO</div><div>\$441.60 monthly premium after \$296.56 monthly savings</div><div>Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search</div><div><input type="checkbox"/> COMPAREDETAILSADD </div></div>
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Scenario 1: Single, 40, female, \$29,400, 95815

<div><div> Gold 80 PPO</div><div>GOLD PPO</div><div><div>\$472.83</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>★★★★☆</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	<div><div> Platinum 90 EnhancedCare...</div><div>PLATINUM PPO</div><div><div>\$645.59</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$15</div></div><div><div>Generic Drugs</div><div>You pay \$5</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>Quality Rating in Future</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	<div><div> Platinum 90 PPO</div><div>PLATINUM PPO</div><div><div>\$731.76</div><div>monthly premium</div><div>after \$296.56 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$15</div></div><div><div>Generic Drugs</div><div>You pay \$5</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>★★★★☆</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>
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8. Sorting Preferences

Scenario 1: Single, 40, female, \$29,400, 95815

Left-side column on Plan Options page helps user sort plans by total expense estimate, low to high monthly premium cost, or preferred doctor or provider.

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

9.a. Filter preferences (1 of 2)

Scenario 1: Single, 40, female, \$29,400, 95815

Left-side column can filter plans by: plan type, plan features, and metal tiers (i.e. coverage levels).

FILTER BY

PLAN TYPE

☐ HMO

☐ PPO

PLAN FEATURES

☐ Cost-Sharing Reductions (CSR)
You pay lower copays, deductibles,
coinsurance

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible
Health Plan

METAL TIER

☐ Platinum
highest premiums, lowest out-of-pocket costs

☐ Gold
higher premiums, lower out-of-pocket costs

☐ Silver
lower premiums, moderate out-of-pocket
costs

☐ Bronze
lowest premiums, highest out-of-pocket costs

9.b. Filter Preferences (2 of 2)

Scenario 1: Single, 40, female, \$29,400, 95815

Left-hand column can also filter plans by yearly deductible within two set ranges, company that offers the plan, and quality ranking (1-5 stars).

YEARLY DEDUCTIBLE

☐ \$2500 and less

☐ \$7500 and less

COMPANY

☐ Blue Shield

☐ Health Net

☐ Kaiser

☐ Western Health

QUALITY RATING

☐ ★★★★★

☐ ★★★★★☆

☐ ★★★★☆

☐ ★★★☆☆


☐ ★☆☆☆☆

10. Compare Plans Pop-Up

Scenario 1: Single, 40, female, \$29,400, 95815


Page will let you compare up to 3 plans in the left-hand column.

Compare Plans 2 of 3

**KAISER
PERMANENTE**

BRONZE HMO

\$56.60

**Western Health
Advantage**

BRONZE HMO

\$98.32

Add a plan

Compare Now

Scenario 1: Single, 40, female, \$29,400, 95815


Hovering cursor over terms bolded in blue provides a pop-up box with more information on term.


Clicking “View Directory” will take you to company’s provider-related site.

Tabs can be expanded or collapsed to reveal more information on compared plans by topic by clicking on left-hand arrow.

[Back to Shop and Compare](#) [Back to Plans](#)

Compare Plans


Bronze 60 HMO
BRONZE HMO
\$56.60
monthly premium
after \$296.56 monthly savings
[ADD](#)


Bronze 60 HMO
BRONZE HMO
\$98.32
monthly premium
after \$296.56 monthly savings
[ADD](#)

▼ Summary

Total Expense Estimate	\$1841.98	\$2342.62
Doctors & Facilities	View Directory	View Directory
Plan Type	HMO	HMO
Health Savings Account (HSA)	No	No
Quality Rating	★★★★★	★★★★☆

▼ Doctors and Facilities

Check for your doctor

Doctors within
within 10 miles r of 95815

N/A

N/A

10.b. Compare Plans page (2 of 2)

Scenario 1: Single, 40, female, \$29,400, 95815


▼ Yearly Deductible & Out-of-Pocket (In Network)		
Yearly Deductible	\$6300 (Individual)	\$6300 (Individual)
Separate Drug Deductible	\$500 (Individual)	\$500 (Individual)
Out-of-Pocket Max	\$7550 (Individual)	\$7550 (Individual)
Maximum Cost per Prescription	\$500	\$500
Other Deductibles	Not Available	Not Available
▶ Doctor Visit		
▶ Tests		
▶ Drugs		
▶ Outpatient Services		
▶ ER & Urgent Care		
▶ Hospital		
▶ Mental/Behavioral Health		
▶ Pregnancy		
▶ Other Special Needs		
▶ Children's Vision		
▶ Children's Dental		

11.a. Plan Details (1 of 2)

Scenario 1: Single, 40, female, \$29,400, 95815

User can see the key takeaways of their plan, add plan to their cart (see #15), download separate PDFs of “Summary of Benefits and Coverage” (see #12) and “Plan Brochure” (if provided by company), or click on “Drug List” or “Provider Directory” to be taken to the company’s respective website for each. Clicking on “Check for your doctor” will redirect you back to Tell Us About Your Healthcare Needs Page (see #6.a.).

Plan Details



Bronze 60 HMO

BRONZE HMO

\$56.60
monthly premium
after \$296.56 monthly savings

ADD

Plan Highlights

Total Expense Estimate	\$1841.98
Plan Name	Bronze 60 HMO
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$6300 / \$500 (May Not Apply)
Health Savings Account (HSA)	No
Quality Rating	★★★★★
Provider	Search

Benefits Resources

[Summary of Benefits and Coverage](#)[Plan Brochure](#)[Provider Directory](#)[Drug List](#)

Doctors and Facilities

Check for your doctor

N/A Doctors available within 10 miles r radius of 95815.

11.b. Plan Details (2 of 2)

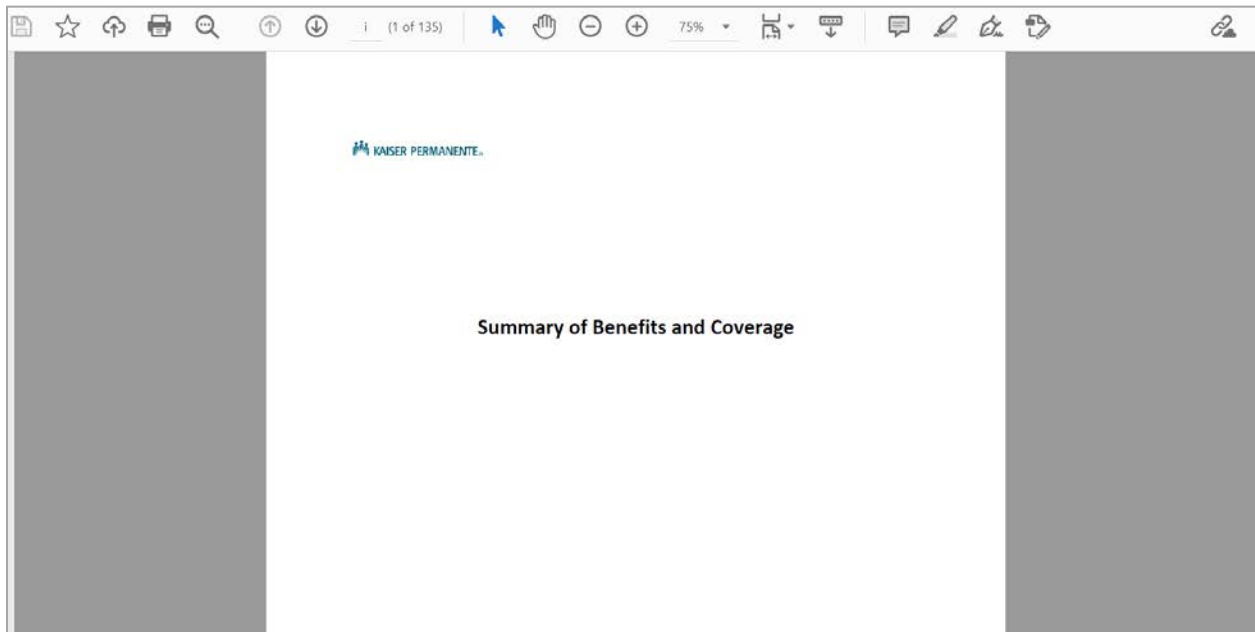
Scenario 1: Single, 40, female, \$29,400, 95815

Hovering cursor over terms bolded in blue provides a pop-up box with more information on term. Hovering over “View” will provide pop-up box that asks user to refer to plan’s Summary of Benefits and Coverage, Evidence of Coverage, or policy document to find complete information on benefits and exclusion. User can collapse or expand lists by clicking on right-hand arrow.

Yearly Deductible & Out-of-Pocket				^
	In Network	Out-of-Network		
Yearly Deductible	\$6300 (Individual)	Not Applicable		
Separate Drug Deductible	\$500 (Individual)	Not Applicable		
Out-of-Pocket Max	\$7550 (Individual)	Not Applicable		
Maximum Cost per Prescription	\$500			
Doctor Visit				^
	In Network	Out-of-Network	Additional Information	
Primary Care Visit	First 3 visits at \$75 Copay before deductible	100% Coinsurance	View	
Specialist Visit	\$105 Copay after deductible	100% Coinsurance	View	
Other Practitioner Office Visit	\$75 Copay after deductible	100% Coinsurance	View	
Preventive Care/Screening/Immunization	No Charge	100% Coinsurance	View	
Tests				▼
Drugs				▼
Outpatient Services				▼
ER & Urgent Care				▼
Hospital				▼
Mental/Behavioral Health				▼
Pregnancy				▼
Other Special Needs				▼
Children's Vision				▼
Children's Dental				▼

Scenario 1: Single, 40, female, \$29,400, 95815

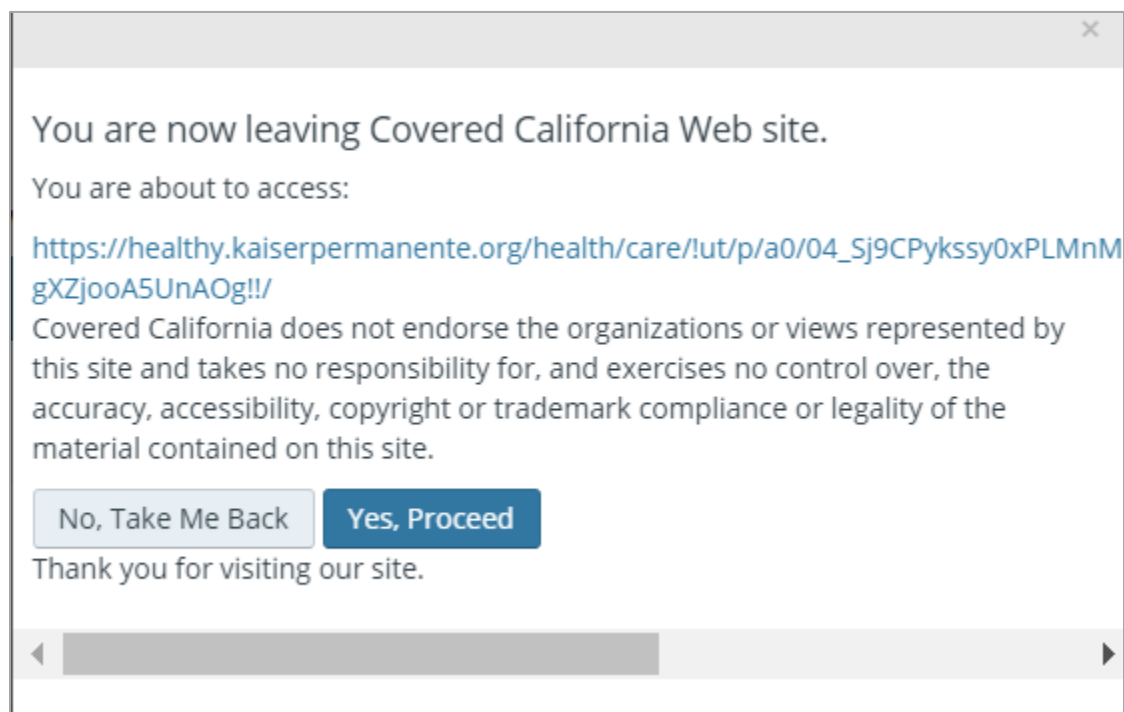
12. Summary of Benefits and Coverage PDF



Scenario 1: Single, 40, female, \$29,400, 95815

13. Disclaimer Pop-Up

When clicking on “Drug List” or “Provider Directory” user will be notified they are leaving Covered California’s website.






Scenario 1: Single, 40, female, \$29,400, 95815

14.a. Dental Plan Options (1 of 2)

[Health Plans](#) [8 Dental Plans](#)











Dental Coverage For 1 Member in zipcode 95815.
Coverage could start as early as 01/01/2019.

SORT BY
☒ Monthly Premium (low to high)
☐ Yearly Deductible (low to high)
FILTER BY
PLAN TYPE
☐ HMO
☐ PPO
PLAN TIER
☐ Lower
☐ Higher

 Family Dental HMO HIGH HMO \$8.45 monthly premium Dental Checkup (Adult) You pay \$0 Dental Checkup (Child) You pay \$0 Yearly Deductible (Child) Not Applicable COMPARE DETAILS ADD	 Family Dental HMO HIGH HMO \$9.35 monthly premium Dental Checkup (Adult) You pay \$0 Dental Checkup (Child) You pay \$0 Yearly Deductible (Child) Not Applicable COMPARE DETAILS ADD	 Family Dental HMO HIGH HMO \$10.80 monthly premium Dental Checkup (Adult) You pay \$0 Dental Checkup (Child) You pay \$0 Yearly Deductible (Child) Not Applicable COMPARE DETAILS ADD
--	---	---

Scenario 1: Single, 40, female, \$29,400, 95815

14.b. Dental Plan Options (2 of 2)

<div><div></div><div>Dental Health Services</div><div>Family Dental HMO</div><div>HIGH HMO</div><div>\$11.50</div><div>monthly premium</div><div>Dental Checkup (Adult) You pay \$0</div><div>Dental Checkup (Child) You pay \$0</div><div>Yearly Deductible (Child) Not Applicable</div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	<div><div></div><div>DELTA DENTAL</div><div>Family Dental HMO</div><div>HIGH HMO</div><div>\$14.99</div><div>monthly premium</div><div>Dental Checkup (Adult) You pay \$0</div><div>Dental Checkup (Child) You pay \$0</div><div>Yearly Deductible (Child) Not Applicable</div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	<div><div></div><div>ANthem</div><div>BlueCross</div><div>Family Dental PPO</div><div>HIGH PPO</div><div>\$50.80</div><div>monthly premium</div><div>Dental Checkup (Adult) You pay \$0</div><div>Dental Checkup (Child) You pay \$0</div><div>Yearly Deductible (Child) \$75</div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>
<div><div></div><div>DELTA DENTAL</div><div>Family Dental PPO</div><div>HIGH PPO</div><div>\$51.99</div><div>monthly premium</div><div>Dental Checkup (Adult) You pay \$0</div><div>Dental Checkup (Child) You pay \$0</div><div>Yearly Deductible (Child) \$75</div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	<div><div></div><div>PREMIER ACCESS</div><div>Family Dental PPO</div><div>HIGH PPO</div><div>\$52.58</div><div>monthly premium</div><div>Dental Checkup (Adult) You pay \$0</div><div>Dental Checkup (Child) You pay \$0</div><div>Yearly Deductible (Child) \$75</div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div>	

Scenario 1: Single, 40, female, \$29,400, 95815

15. Add Plan to Cart

User can Continue to Cart or Add an additional Dental Plans.

Fantastic!

You've selected **Bronze 60 HMO** for your family.

[Continue To Dental Plans](#) [CONTINUE TO CART](#)

Scenario 1: Single, 40, female, \$29,400, 95815

16. My Cart Page



User must click on “Apply” to sign-up for plans they have selected into their cart. This will take user to the Covered California Application Log-In or Create an Account page (see #17).

Your Cart

What's next?

In order to enroll in the plan(s) you have selected, you must complete an application. To begin this process, click APPLY at the bottom of the screen. Your current plan selections will remain in your cart during the application process.

IMPORTANT: Your monthly saving shown here is only an estimate. Additional information you provide during the application process will determine your actual monthly saving. The monthly payments and coverage options you see may be different after you have completed the application.

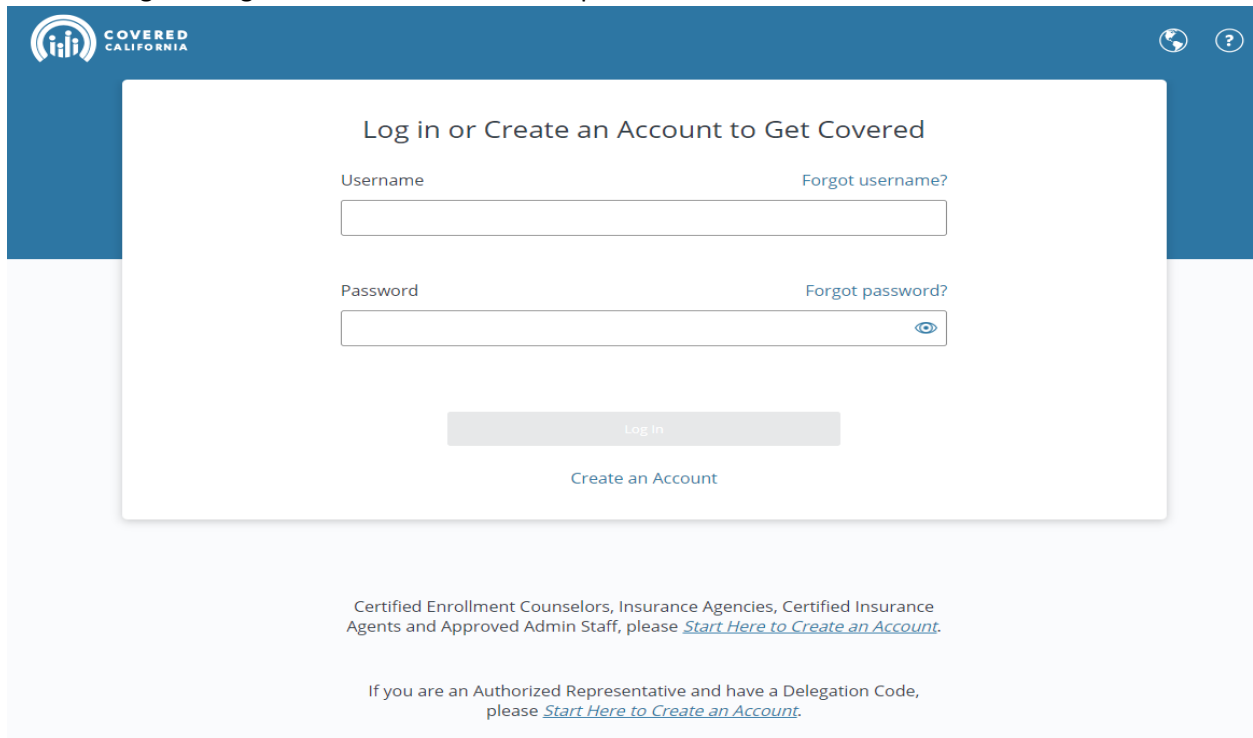
Health Plan		Remove
 Kaiser Bronze 60 HMO Coverage Start Date: 01/01/2019	Monthly Premium	\$353.16
	Monthly Federal Tax Credit	-\$296.56
	HEALTH MONTHLY PAYMENT	\$56.60
Dental Plan		Remove
 Liberty Family Dental HMO Coverage Start Date: 01/01/2019	Monthly Premium	\$8.45
	DENTAL MONTHLY PAYMENT	\$8.45
Cart Total		
	Health Monthly Payment	\$56.60
	Dental Monthly Payment	\$8.45
	TOTAL MONTHLY PAYMENT	\$65.05

[Back to Shopping](#)[Apply ▶](#)

Scenario 1: Single, 40, female, \$29,400, 95815

17. Covered California Application Log In or Create an Account Page

User can log-in using established username and password or create an account.



The image shows a screenshot of the Covered California website's login and account creation page. The page has a blue header with the Covered California logo on the left and a globe icon and a help icon on the right. The main content area is white and contains the following elements:

- Log in or Create an Account to Get Covered**: The main heading for the section.
- Username**: A text input field with a "Forgot username?" link to its right.
- Password**: A text input field with a "Forgot password?" link to its right and a toggle icon (an eye) to its right.
- Log in**: A gray button.
- Create an Account**: A blue link.

Below the login section, there is a paragraph of text:

Certified Enrollment Counselors, Insurance Agencies, Certified Insurance Agents and Approved Admin Staff, please [Start Here to Create an Account](#).

If you are an Authorized Representative and have a Delegation Code, please [Start Here to Create an Account](#).

Scenario 1: Single, 40, female, \$29,400, 95815

17.a. Create an Account Page (1 of 3)

Create an Account to Apply

[Or Log In to Your Account](#)


First name

Last name

Date of birth

Social Security number (SSN) *Optional*

Do you have an Access Code to link an existing case to this application?



If you created a Covered California application by phone or in person, you will need an access code to link your application to your account. If you do not have your access code, call Covered California: 800-787-6921.

☐ Yes ☐ No

Scenario 1: Single, 40, female, \$29,400, 95815

17.b. Create an Account Page (2 of 3)

If we need to get in touch with you, how do you want us to contact you?



Email



Phone



Mail

Username

- Must be at least 8 characters
- Cannot be more than 50 characters
- May have numbers, letters, hyphens (-) and periods (.)

Password

- Must be at least 8 characters
- Cannot be more than 50 characters
- Cannot contain dictionary words, name, and common keyboard patterns (example: Qwerty1!)

And must contain at least 3 of the following:

- UPPERCASE letter (A-Z)
- Lowercase letter (a-z)
- Number (0-9)
- Special character `~!@#\$%^&*()_+-=[\]{}|;':",./<>?



Re-enter password



Scenario 1: Single, 40, female, \$29,400, 95815

17.c. Create an Account Page (3 of 3)

PIN

Hint: Use 4 numbers you will remember. You will use this PIN to e-sign your application.

Re-enter PIN

☐ I understand and agree to the [Terms and Conditions of Use](#) and [Notice of Privacy Practices](#).

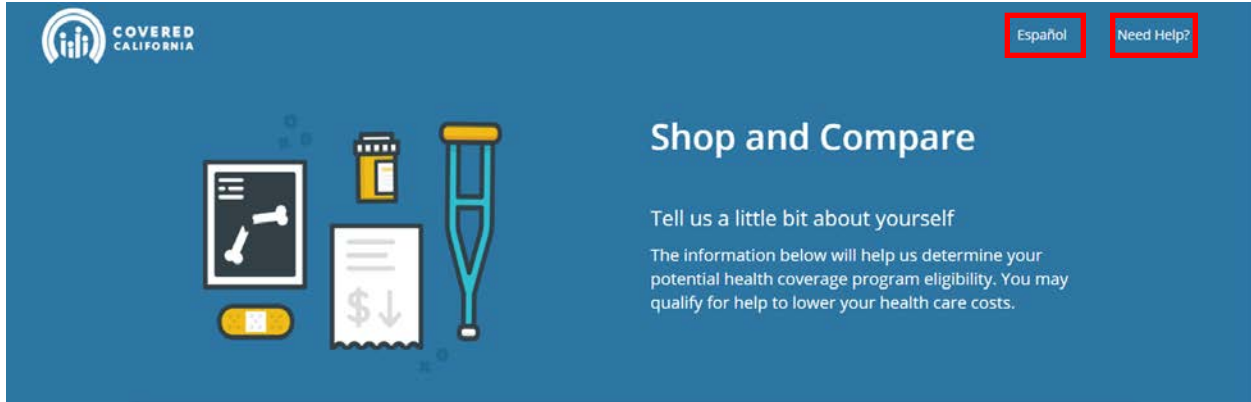
Next

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

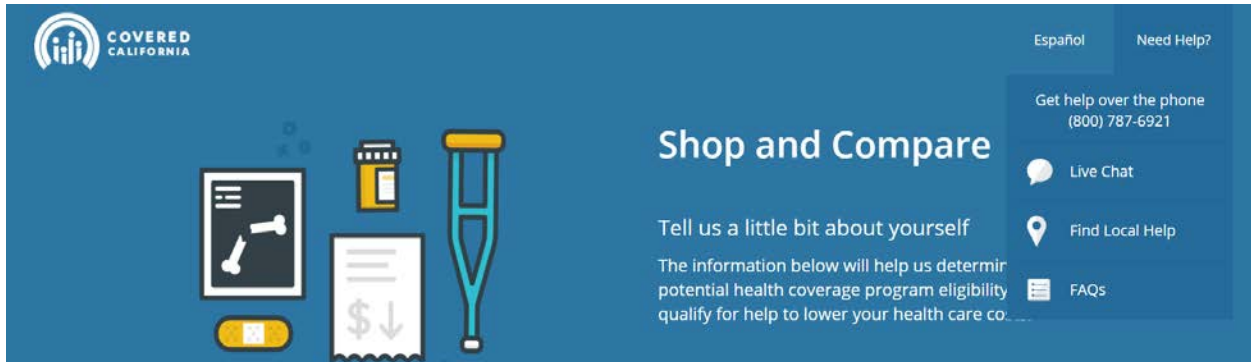
1.a. Shop and Compare Starter Page

Page offers the ability to:

1. Translate entire text of current and following pages into Spanish by clicking on “Español” (and convert back to English by clicking on “Inglés” in the same location).
2. Get help via a Live Chat, Over the Phone, Locating Local Help, and Frequently Asked Questions (FAQs) (see #1b).



1.b. Shop and Compare Starter Page (w/ Help link expanded)



2.a. Client information Page (1 of 2)

Clicking the “i” symbol reveals additional information about the term.

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

The user must include at least him- or herself in the headcount of the household.

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

2019 ▼

What is your Zip Code? ⓘ

94102

What is your total household income per year? ⓘ

\$64840

How many people are in your household? ⓘ

2 ▼

2.b. Client information Page (2 of 2)

Clicking the “i” symbol reveals additional information about the term.

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Depending on the user's household headcount, the site will ask for the age of each of those individuals, including the head (i.e. the user). User can also provide further information about themselves (or others) by: if they need coverage, if they are pregnant, and/or if they are blind or disabled.

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 2:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

See My Results

3. Disclaimer Pop-up Page

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

A pop up appears once you click “See My Results” to inform user that continuing is not a formal application for Covered California, Medicaid, or any other state-offered health plans. Qualification requires formally applying. Being told one does not qualify through this process should not discourage the user from applying anyways.

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click [Get Help](#) to find Local assistance to help you apply.

Cancel

Continue

4. Results Section

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

The results section is the last part of Client Information page. User has the option to see more information about Covered California insurance (see #5), “Preview Plans” (see #6a), “Apply Now” (see #16), or go Back to the Client Information Page.

Clicking the “i” symbol reveals additional information on how to return to Covered CA home page.

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (35)	Lower Monthly Premium
Person 2 (32)	Lower Monthly Premium

[More Information](#) [Preview Plans](#)

These results are only an estimate. You will need to complete an application ⓘ

[Back](#) [Apply Now](#)

5. More Information Page

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Both hyperlinks take you back to the Shop and Compare Starter page.

How much does it cost to buy insurance through Covered California?

The cost of health insurance varies. The best way to get a quick estimate of the price you would pay is to use the [Shop and Compare Tool](#). The price is based on your estimated income for the coverage year, your ZIP code, your household size and your age.

If you are a low- or moderate-income Californian, you may get help buying insurance from Covered California through monthly subsidies that lower your premium costs so that you pay less for top-quality, brand-name insurance. The majority of our customers get financial help. [Learn more about who qualifies for a subsidy.](#)

[← Back](#)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

User can search for a nearby Doctor, “Dentist for your children”, or Hospital within a 1 to 100-mile radius of their entered zip code. User is not required to enter a doctor’s name.

[Back to Shop and Compare](#)

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a Doctor ▼ that you may want to use in your health plan (Select up to 5)

of

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

6.b.i. Tell Us About Your Health Care Needs Page - Medical Services (2 of 3)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

User has the option to select their level of care usage.

Placing cursor over “medical services” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.b.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- ☐ LOW USE: 1 doctor visit and 2 lab tests each year; preventive visits and care too
- ☒ MEDIUM USE: 4-5 doctor visits, lab tests and one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- ☐ HIGH USE: surgery or other treatment in an outpatient center; 6 or more doctor visits, lab tests, x-rays and an imaging scan.
- ☐ VERY HIGH USE: a hospital stay and treatment in an outpatient center; 6 or more doctor visits with lab tests, x-rays and an imaging scan.

[◀ Back](#)[Next ▶](#)

6.b.ii. Medical Service Pop-Up

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Choose one of the 4 medical use categories to compare health plans on the estimated amount you pay when you get medical care. If in excellent health and expect no medical needs other than preventive care the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medical care next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medical services, based on the medical use category you chose, plus the premium you pay the health plan.

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

User has the option to select their level of prescription drug usage.

Placing cursor over “prescription drug” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.c.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the **prescription drug** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

- ☐ LOW USE: 2-3 prescriptions during the year for unexpected, brief illness.
- ☒ MEDIUM USE: 1-2 prescriptions each month for a health problem.
- ☐ HIGH USE: 3 prescriptions each month for health problems; often higher cost medications.
- ☐ VERY HIGH USE: 4 or more prescriptions each month for health problems OR very high cost medications.

[◀ Back](#)[View Plans](#)

6.c.ii. Prescription Drug Pop-Up

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Choose one of the 4 prescription drug use categories to compare health plans on the estimated amount you pay when you buy prescription drugs. If in excellent health and expect no medication needs the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medications next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medications, based on the drug use category you chose, plus the premium you pay the health plan.

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

User can toggle between available health plans and dental plans, filter and sort health plans using left-side column (see #8 and #9a-b), compare plans (see #10), expand on the details of a plan (see #11), or add a plan to their cart (see #14).

[Back to Shop and Compare](#) [Back to preferences](#)

28 Health Plans

Dental Plans

0

Estimated Monthly Savings \$495.55/month For 2 Members in zipcode 94102.
Coverage could start as early as 01/01/2019.

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

FILTER BY

PLAN TYPE

☐ HMO

☐ EPO

☐ PPO

PLAN FEATURES

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

Balance
by CCHP
Bronze 60 HMO
BRONZE HMO

\$219.50
monthly premium
after \$495.55 monthly savings

Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$12600 / \$1000
(May Not Apply)
Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE

DETAILS

ADD

KAISER PERMANENTE
Bronze 60 HMO
BRONZE HMO

\$239.00
monthly premium
after \$495.55 monthly savings

Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$12600 / \$1000
(May Not Apply)
Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE

DETAILS

ADD

oscar
Bronze 60 EPO
BRONZE EPO

\$270.96
monthly premium
after \$495.55 monthly savings

Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$12600 / \$1000
(May Not Apply)
Total Expense Estimate Lower
Quality Rating ★★★★★
Provider Search

☐ COMPARE

DETAILS

























ADD

1 of 3

7.b. Health Plan Options (2 of 3 of Page 1)




768

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

 Bronze 60 HDHP HMO BRONZE HSA HMO \$212.35 monthly premium after \$495.55 monthly savings Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Bronze 60 HDHP HMO BRONZE HSA HMO \$218.36 monthly premium after \$495.55 monthly savings Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Bronze 60 HDHP EPO BRONZE HSA EPO \$227.73 monthly premium after \$495.55 monthly savings Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 
 Bronze 60 PPO BRONZE PPO \$441.18 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Silver 70 HMO SILVER HMO \$506.01 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Silver 70 HMO SILVER HMO \$532.77 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 




7.c. Health Plan Options (3 of 3 of Page 1)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102







 <p>Bronze 60 HDHP PPO</p> <p>BRONZE HSA PPO</p> <p>\$431.57 monthly premium after \$495.55 monthly savings</p> <p>Primary Care Visits You pay 40%</p> <p>Generic Drugs You pay 40%</p> <p>Yearly Deductible \$12000 (May Not Apply)</p> <p>Total Expense Estimate Average 🏆</p> <p>Quality Rating ★★★★★</p> <p>Provider Search</p>	 <p>Bronze 60 PureCare One E...</p> <p>BRONZE EPO</p> <p>\$508.49 monthly premium after \$495.55 monthly savings</p> <p>Primary Care Visits You pay \$75</p> <p>Generic Drugs You pay 100%</p> <p>Yearly Deductible \$12600 / \$1000 (May Not Apply)</p> <p>Total Expense Estimate Average 🏆</p> <p>Quality Rating One Quality Rating Available</p> <p>Provider Search</p>	 <p>Gold 80 HMO</p> <p>GOLD HMO</p> <p>\$565.92 monthly premium after \$495.55 monthly savings</p> <p>Primary Care Visits You pay \$30</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$0 / \$0</p> <p>Total Expense Estimate Average 🏆</p> <p>Quality Rating ★★★★★</p> <p>Provider Search</p>
<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/>	<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/>	<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD 🛒"/>

7.d. Health Plan Options (1 of 3 of Page 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102










<div>< 2 of 3 ></div>		
<div><div> Gold 80 HMO Coinsurance</div><div><div>GOLD HMO</div></div><div><div>\$571.80</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🏆</div><div>Quality Rating ★★★★★</div><div>Provider Search</div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div></div>	<div><div> Gold 80 HMO</div><div><div>GOLD HMO</div></div><div><div>\$636.83</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🏆</div><div>Quality Rating ★★★★★</div><div>Provider Search</div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div></div>	<div><div> Platinum 90 HMO</div><div><div>PLATINUM HMO</div></div><div><div>\$675.56</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits You pay \$15</div><div>Generic Drugs You pay \$5</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🏆</div><div>Quality Rating ★★★★★☆☆</div><div>Provider Search</div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div></div>

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102















 Silver 70 Trio HMO SILVER HMO \$660.86 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating Quality Rating in Future Provider Search	 Platinum 90 HMO PLATINUM HMO \$738.61 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search	 Silver 70 EPO SILVER EPO \$741.43 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★☆ Provider Search
<input type="checkbox"/> COMPARE DETAILS ADD 🛒	<input type="checkbox"/> COMPARE DETAILS ADD 🛒	<input type="checkbox"/> COMPARE DETAILS ADD 🛒
 Silver 70 PPO SILVER PPO \$761.80 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★☆ Provider Search	 Gold 80 EPO GOLD EPO \$860.24 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★☆ Provider Search	 Gold 80 Trio HMO GOLD HMO \$860.60 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating Quality Rating in Future Provider Search
<input type="checkbox"/> COMPARE DETAILS ADD 🛒	<input type="checkbox"/> COMPARE DETAILS ADD 🛒	<input type="checkbox"/> COMPARE DETAILS ADD 🛒

7.f. Health Plan Options (3 of 3 of Page 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

<div><div><div><div></div><div>Gold 80 PPO</div></div><div><div>GOLD PPO</div></div><div><div>\$941.43</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>★★★★☆</div></div><div><div>Provider</div><div>Search</div></div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div></div>	<div><div><div><div></div><div>Silver 70 PureCare One E...</div></div><div><div>SILVER EPO</div></div><div><div>\$1007.97</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$40</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$5000 / \$400</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>One Quality Rating Available</div></div><div><div>Provider</div><div>Search</div></div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div></div>	<div><div><div><div></div><div>Gold 80 PureCare One EPO</div></div><div><div>GOLD EPO</div></div><div><div>\$1165.87</div><div>monthly premium</div><div>after \$495.55 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Higher </div></div><div><div>Quality Rating</div><div>One Quality Rating Available</div></div><div><div>Provider</div><div>Search</div></div></div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD </div></div></div>
---	--	--

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

 Platinum 90 EPO PLATINUM EPO \$1206.71 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search	 Platinum 90 Trio HMO PLATINUM HMO \$1355.14 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search	 Platinum 90 PPO PLATINUM PPO \$1425.02 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search
<input type="checkbox"/> COMPARE DETAILS ADD 	<input type="checkbox"/> COMPARE DETAILS ADD 	<input type="checkbox"/> COMPARE DETAILS ADD 
 Platinum 90 PureCare One... PLATINUM EPO \$1465.99 monthly premium after \$495.55 monthly savings Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating One Quality Rating Available Provider Search		
<input type="checkbox"/> COMPARE DETAILS ADD 		

8. Sorting Preferences

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Left-side column on Plan Options page helps user sort plans by total expense estimate, low to high monthly premium cost, or preferred doctor or provider.

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

9.a. Filter preferences (1 of 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Left-side column can filter plans by: plan type, plan features, and metal tiers (i.e. coverage levels).

FILTER BY

PLAN TYPE

☐ HMO

☐ EPO

☐ PPO

PLAN FEATURES

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

METAL TIER

☐ Platinum
highest premiums, lowest out-of-pocket costs

☐ Gold
higher premiums, lower out-of-pocket costs

☐ Silver
lower premiums, moderate out-of-pocket costs

☐ Bronze
lowest premiums, highest out-of-pocket costs

9.b. Filter Preferences (2 of 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Left-hand column can also filter plans by: yearly deductible within four set ranges, company that offers the plan, and quality ranking (1-5 stars).

YEARLY DEDUCTIBLE
☐ \$2500 and less
☐ \$7500 and less
☐ \$12000 and less
☐ \$15000 and less

COMPANY
☐ Blue Shield
☐ CCHP
☐ Health Net
☐ Kaiser
☐ Oscar Health Plan


QUALITY RATING
☐ ★★★★★
☐ ★★★★★☆
☐ ★★★★☆
☐ ★★★☆☆
☐ ★☆☆☆☆


10. Compare Plans Pop-Up


Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Page will let you compare up to 3 plans in the left-hand column.

Compare Plans 3 of 3


BRONZE EPO
\$270.96


BRONZE HMO
\$239.00


BRONZE HMO
\$219.50

Compare Now

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102


Hovering cursor over terms bolded in blue provides a pop-up box with more information on term.


Clicking “View Directory” will take you to company’s provider-related site.


Tabs can be expanded or collapsed to reveal more information on compared plans by topic by clicking on left-hand arrow.

[Back to Shop and Compare](#) [Back to Plans](#)

Compare Plans


Bronze 60 EPO
BRONZE EPO
\$270.96
monthly premium
after \$495.55 monthly savings
[ADD](#)


Bronze 60 HMO
BRONZE HMO
\$239.00
monthly premium
after \$495.55 monthly savings
[ADD](#)


Bronze 60 HMO
BRONZE HMO
\$219.50
monthly premium
after \$495.55 monthly savings
[ADD](#)

▼ Summary

Total Expense Estimate	\$4596.30	\$4212.78	\$3978.78
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	EPO	HMO	HMO
Health Savings Account (HSA)	No	No	No
Quality Rating	★★★★☆	★★★★★	★★★★☆

▼ Doctors and Facilities

Check for your doctor

Doctors within
within 10 miles r of 94102

N/A

N/A

N/A

10.b. Compare Plans page (2 of 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102


▼ Yearly Deductible & Out-of-Pocket (In Network)			
Yearly Deductible	\$6300 (Individual)	\$6300 (Individual)	\$6300 (Individual)
	\$12600 (Family)	\$12600 (Family)	\$12600 (Family)
Separate Drug Deductible	\$500 (Individual)	\$500 (Individual)	\$500 (Individual)
	\$1000 (Family)	\$1000 (Family)	\$1000 (Family)
Out-of-Pocket Max	\$7550 (Individual)	\$7550 (Individual)	\$7550 (Individual)
	\$15100 (Family)	\$15100 (Family)	\$15100 (Family)
Maximum Cost per Prescription	\$500	\$500	\$500
Other Deductibles	Not Available	Not Available	Not Available
▶ Doctor Visit			
▶ Tests			
▶ Drugs			
▶ Outpatient Services			
▶ ER & Urgent Care			
▶ Hospital			
▶ Mental/Behavioral Health			
▶ Pregnancy			
▶ Other Special Needs			
▶ Children's Vision			
▶ Children's Dental			

11.a. Plan Details (1 of 2)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

User can see the key takeaways of their plan, add a plan to their cart (see #14), download separate PDFs of “Summary of Benefits and Coverage” (see #12) and “Plan Brochure” (if provided by company), or click on “Drug List” or “Provider Directory” to be taken to the company’s respective website for each. Clicking on “Check for your doctor” will redirect you back to Tell Us About Your Healthcare Needs Page (see #6.a.).


Plan Details



Bronze 60 HMO

BRONZE HMO

\$219.50
monthly premium
after \$495.55 monthly savings

ADD 

Plan Highlights


Total Expense Estimate	\$3978.78
Plan Name	Bronze 60 HMO
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$12600 / \$1000 (May Not Apply)
Health Savings Account (HSA)	No
Quality Rating	★★★★☆
Provider	Search

Benefits Resources

[Summary of Benefits and Coverage](#)[Plan Brochure](#)[Provider Directory](#)[Drug List](#)

Doctors and Facilities

Check for your doctor

N/A Doctors available within 10 miles  radius of 94102.

11.b. Plan Details (2 of 2)


Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

Hovering cursor over terms bolded in blue provides a pop-up box with more information on term. Hovering over “View” will provide pop-up box that asks user to refer to plan’s Summary of Benefits and Coverage, Evidence of Coverage, or policy document to find complete information on benefits and exclusion. User can collapse or expand lists by clicking on right-hand arrow.

Yearly Deductible & Out-of-Pocket				^
	In Network	Out-of-Network		
Yearly Deductible	\$6300 (Individual) \$12600 (Family)	Not Applicable		
Separate Drug Deductible	\$500 (Individual) \$1000 (Family)	Not Applicable		
Out-of-Pocket Max	\$7550 (Individual) \$15100 (Family)	Not Applicable		
Maximum Cost per Prescription	\$500			
Doctor Visit				^
	In Network	Out-of-Network	Additional Information	
Primary Care Visit	First 3 visits at \$75 Copay before deductible	100% Coinsurance	View	
Specialist Visit	\$105 Copay after deductible	100% Coinsurance	View	
Other Practitioner Office Visit	\$75 Copay after deductible	100% Coinsurance	View	
Preventive Care/Screening/Immunization	No Charge	100% Coinsurance	View	
Tests				▼
Drugs				▼
Outpatient Services				▼
ER & Urgent Care				▼
Hospital				▼
Mental/Behavioral Health				▼
Pregnancy				▼
Other Special Needs				▼
Children's Vision				▼
Children's Dental				▼

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

12. Summary of Benefits and Coverage PDF

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services		Coverage Period: 1/1/2019 – 12/31/2019
CCHP: Bronze 60 HMO		Coverage for: Individual and Family Plan Type: HMO
<p> The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, 1-888-775-7888. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary/ or call 1-888-775-7888 to request a copy.</p>		
Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$6,300/Individual or \$12,600/Family	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> , office visits, outpatient services, medical supplies, and most home health services.	This plan covers some items and services even if you haven't yet met the deductible amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this plan covers certain <u>preventative services</u> without <u>cost sharing</u> and before you meet your deductible. See a list of covered preventative services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$500/Individual or \$1,000/Family for Tiers 1, 2, 3, and 4 <u>prescription drugs</u> . There are no other specific deductibles.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services. There are no other specific deductibles.
What is the out-of-pocket limit for this plan?	Yes. \$7,550 Individual / \$15,100 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> and health care this plan doesn't cover, and out-of-network services.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See http://www.cchphealthplan.com/director-locations or call 1-888-775-7888 for a list of <u>network providers</u> .	This plan uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the plan's <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .

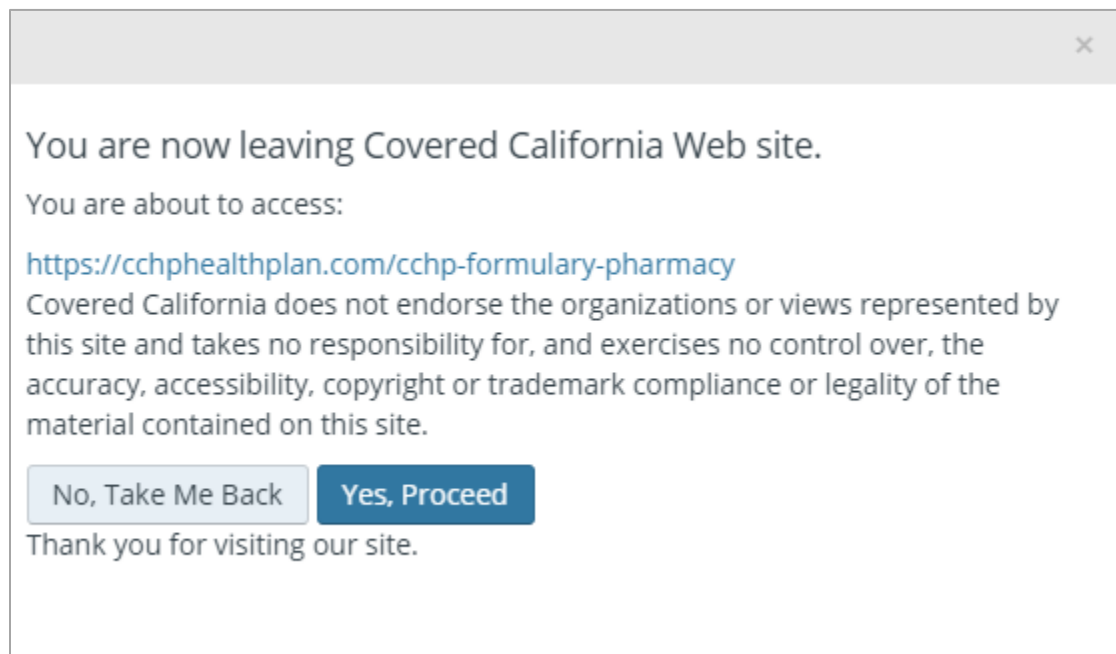
OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146
Released on April 6, 2016

1 of 6

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

13. Disclaimer Pop-Up

When clicking on “Drug List” or “Provider Directory” user will be notified they are leaving Covered California’s website.



Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

14. Add Plan to Cart

User can Continue to Cart or Add an additional Dental Plans.

Fantastic!

You've selected **Bronze 60 HMO** for your family.

[Continue To Dental Plans](#)

[CONTINUE TO CART](#)

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

15. My Cart Page

User must click on “Apply” to sign-up for plans they have selected into their cart. This will take user to the Covered California Application Log-In or Create an Account page (see #16).


Your Cart

What's next?

In order to enroll in the plan(s) you have selected, you must complete an application. To begin this process, click APPLY at the bottom of the screen. Your current plan selections will remain in your cart during the application process.

IMPORTANT: Your monthly saving shown here is only an estimate. Additional information you provide during the application process will determine your actual monthly saving. The monthly payments and coverage options you see may be different after you have completed the application.

Shop For Dental Plans

Health Plan		Remove
 CCHP Bronze 60 HMO Coverage Start Date: 01/01/2019	Monthly Premium	\$715.05
	Monthly Federal Tax Credit	-\$495.55
	HEALTH MONTHLY PAYMENT	\$219.50
	Cart Total	
	Health Monthly Payment	\$219.50
	TOTAL MONTHLY PAYMENT	\$219.50

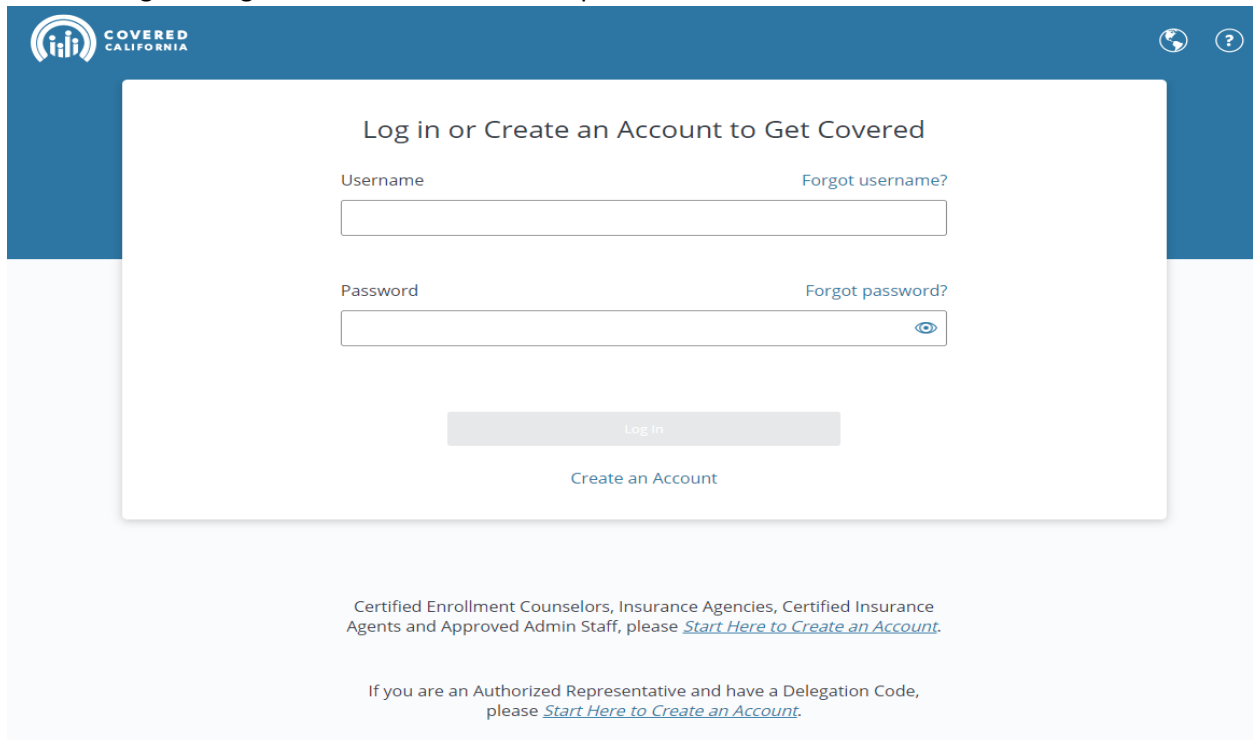
Back to Shopping

Apply ▶

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

16. Covered California Application Log In or Create an Account Page

User can log-in using established username and password or create an account.



The screenshot shows the 'Log in or Create an Account to Get Covered' page. The page has a blue header with the 'COVERED CALIFORNIA' logo on the left and a globe icon and a help icon on the right. The main content area is white and contains the following elements:

- Title:** Log in or Create an Account to Get Covered
- Username Field:** A text input field with the label 'Username' and a link 'Forgot username?' to its right.
- Password Field:** A text input field with the label 'Password' and a link 'Forgot password?' to its right. There is an eye icon on the right side of the password field to toggle visibility.
- Log In Button:** A gray button with the text 'Log in'.
- Create an Account Link:** A blue link with the text 'Create an Account'.

Below the login form, there is a paragraph of text:

Certified Enrollment Counselors, Insurance Agencies, Certified Insurance Agents and Approved Admin Staff, please [Start Here to Create an Account](#).

If you are an Authorized Representative and have a Delegation Code, please [Start Here to Create an Account](#).

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

16.a. Create an Account Page (1 of 3)

Create an Account to Apply

[Or Log In to Your Account](#)


First name

Last name

Date of birth

Social Security number (SSN) *Optional*

Do you have an Access Code to link an existing case to this application?






If you created a Covered California application by phone or in person, you will need an access code to link your application to your account. If you do not have your access code, call Covered California: 800-787-6921.

☐ Yes ☐ No

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

16.b. Create an Account Page (2 of 3)

If we need to get in touch with you, how do you want us to contact you?

 Email	 Phone	 Mail
--	--	---

Username

- Must be at least 8 characters
- Cannot be more than 50 characters
- May have numbers, letters, hyphens (-) and periods (.)

Password

- Must be at least 8 characters
- Cannot be more than 50 characters
- Cannot contain dictionary words, name, and common keyboard patterns (example: Qwerty1!)

And must contain at least 3 of the following:

- UPPERCASE letter (A-Z)
- Lowercase letter (a-z)
- Number (0-9)
- Special character `~!@#\$%^&*()_+-=[\]\{|};':",./<>?

Re-enter password

Scenario 2: Two Party: 35 (male), 32 (female), \$64,840, 94102

16.c. Create an Account Page (3 of 3)

PIN

Hint: Use 4 numbers you will remember. You will use this PIN to e-sign your application.

Re-enter PIN

☐ I understand and agree to the [Terms and Conditions of Use](#) and [Notice of Privacy Practices](#).

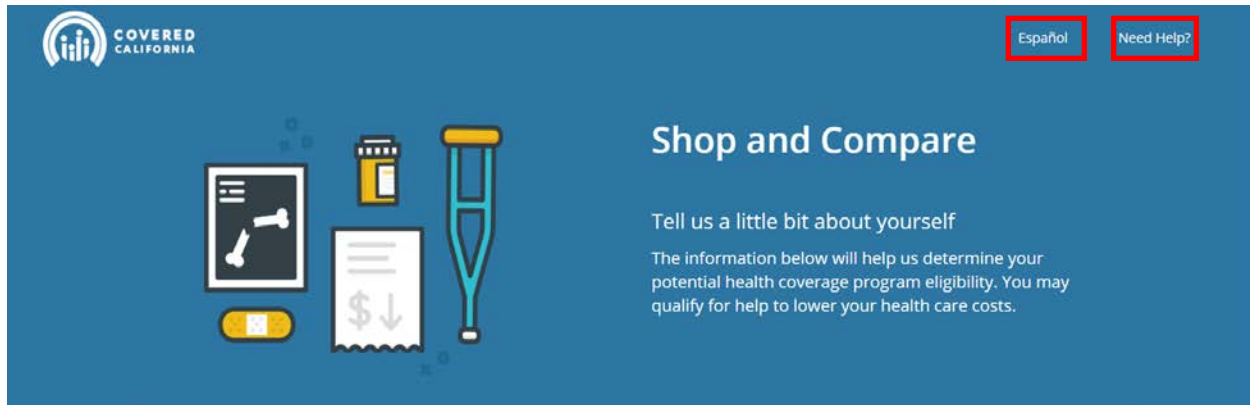
Next

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

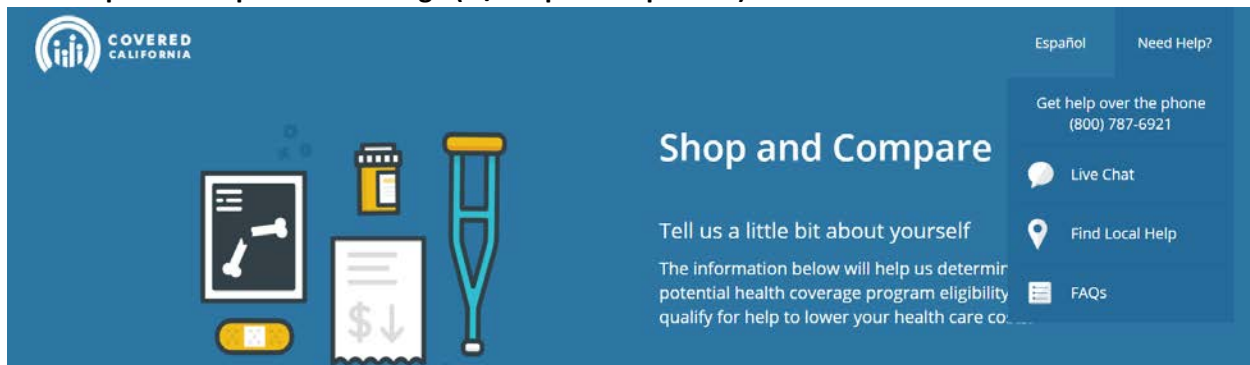
1.a. Shop and Compare Starter Page

Page offers the ability to:

1. Translate entire text of current and following pages into Spanish by clicking on “Español” (and convert back to English by clicking on “Inglés” in the same location).
2. Get help via a Live Chat, Over the Phone, Locating Local Help, and Frequently Asked Questions (FAQs) (see #1b).



1.b. Shop and Compare Starter Page (w/ Help link expanded)



2.a. Client information Page (1 of 2)


Clicking the “i” symbol reveals additional information about the term.


Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

The user must include at least him- or herself in the headcount of the household.


Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:


2019 


What is your Zip Code? 

90001

What is your total household income per year? 

\$103900

How many people are in your household? 

3 

2.b. Client information Page (2 of 2)

Clicking the “i” symbol reveals additional information about the term.

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Depending on the user's household headcount, the site will ask for the age of each of those individuals, including the head (i.e. the user). User can also provide further information about themselves (or others) by: if they need coverage, if they are pregnant, and/or if they are blind or disabled.

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 2:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 3:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

See My Results

3. Disclaimer Pop-up Page

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

A pop up appears once you click “See My Results” to inform user that continuing is not a formal application for Covered California, Medicaid, or any other state-offered health plans. Qualification requires formally applying. Being told one does not qualify through this process should not discourage the user from applying anyways.

This isn't an application for health coverage.

This is just a quick check to tell you if you might qualify for Covered California, Medi-Cal, or other health programs offered by the state of California.

We ask for only basic information to quickly tell if you might qualify. The coverage application itself asks for more details.

The only way to know for sure if you qualify is to apply. You can do that anytime, even if the results on the next page say that you don't appear to qualify. If you qualify for a Special Enrollment Period, you can enroll outside of the yearly Open Enrollment Period.

If you need help, you can click [Get Help](#) to find Local assistance to help you apply.

Cancel

Continue

4. Results Section

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

The results section is the last part of Client Information page. User has the option to see more information about Covered California insurance (see #5), “Preview Plans” (see #6a), “Apply Now” (see #16), or go Back to the Client Information Page.

Clicking the “i” symbol reveals additional information on how to return to Covered CA home page.

Based on what you told us, here is what you may qualify for:


We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (62)	Negotiated Prices
Person 2 (53)	Negotiated Prices
Person 3 (19)	Negotiated Prices

[More Information](#)[Preview Plans](#)

These results are only an estimate. You will need to complete an application 

[Back](#)[Apply Now](#)

5. More Information Page

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Both hyperlinks take you back to the Shop and Compare Starter page.

How much does it cost to buy insurance through Covered California?

The cost of health insurance varies. The best way to get a quick estimate of the price you would pay is to use the [Shop and Compare Tool](#). The price is based on your estimated income for the coverage year, your ZIP code, your household size and your age.

If you are a low- or moderate-income Californian, you may get help buying insurance from Covered California through monthly subsidies that lower your premium costs so that you pay less for top-quality, brand-name insurance. The majority of our customers get financial help. [Learn more about who qualifies for a subsidy.](#)

[← Back](#)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

User can search for a nearby Doctor, “Dentist for your children”, or Hospital within a 1 to 100-mile radius of their entered zip code. User is not required to enter a doctor’s name.

[◀ Back to Shop and Compare](#)

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor ▼** that you may want to use in your health plan (Select up to 5)

Search by doctor last or first name

within 20 miles radius ▼ of 90001

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

6.b.i. Tell Us About Your Health Care Needs Page - Medical Services (2 of 3)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

User has the option to select their level of care usage.

Placing cursor over “medical services” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.b.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- ☐ LOW USE: 1 doctor visit and 2 lab tests each year; preventive visits and care too
- ☒ MEDIUM USE: 4-5 doctor visits, lab tests and one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- ☐ HIGH USE: surgery or other treatment in an outpatient center; 6 or more doctor visits, lab tests, x-rays and an imaging scan.
- ☐ VERY HIGH USE: a hospital stay and treatment in an outpatient center; 6 or more doctor visits with lab tests, x-rays and an imaging scan.

◀ BackNext ▶

6.b.ii. Medical Service Pop-Up

Choose one of the 4 medical use categories to compare health plans on the estimated amount you pay when you get medical care. If in excellent health and expect no medical needs other than preventive care the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medical care next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medical services, based on the medical use category you chose, plus the premium you pay the health plan.

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

User has the option to select their level of prescription drug usage.

Placing cursor over “prescription drug” expands information to help user pick the right level of coverage usage given their household’s specific needs (see #6.c.ii).

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the **prescription drug** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

- ☐ LOW USE: 2-3 prescriptions during the year for unexpected, brief illness.
- ☒ MEDIUM USE: 1-2 prescriptions each month for a health problem.
- ☐ HIGH USE: 3 prescriptions each month for health problems; often higher cost medications.
- ☐ VERY HIGH USE: 4 or more prescriptions each month for health problems OR very high cost medications.

[◀ Back](#)[View Plans](#)

6.c.ii. Prescription Drug Pop-Up

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Choose one of the 4 prescription drug use categories to compare health plans on the estimated amount you pay when you buy prescription drugs. If in excellent health and expect no medication needs the “low use” category fits best.

For families, choose the category that best fits the person who will probably need the most medications next year. The health plan cost estimate will include all family members.

When comparing health plans, see the **Total Expense Estimate** which shows an estimated cost that you pay for medications, based on the drug use category you chose, plus the premium you pay the health plan.

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

User can toggle between available health plans and dental plans, filter and sort health plans using left-side column (see #8 and #9a-b), compare plans (see #10), expand on the details of a plan (see #11), or add a plan to their cart (see #14).

[Back to Shop and Compare](#) [Back to preferences](#)

36 Health Plans Dental Plans 0

Health Coverage
For 3 Members in zipcode 90001.
Coverage could start as early as 01/01/2019.

SORT BY

- ☒ Total Expense Estimate
- ☐ Monthly Premium (low to high)
- ☐ Preferred Doctor or Provider

FILTER BY**PLAN TYPE**

- ☐ EPO
- ☐ HMO
- ☐ PPO

PLAN FEATURES

- ☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

oscar
Bronze 60 EPO
BRONZE EPO
\$1284.26
monthly premium
Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$12600 / \$1000 (May Not Apply)
Total Expense Estimate Lower
Quality Rating
Provider [Search](#)
☐ COMPARE [DETAILS](#) **ADD**























L.A. Care
Bronze 60 HMO
BRONZE HMO
\$1292.45
monthly premium
Primary Care Visits You pay \$75
Generic Drugs You pay 100%
Yearly Deductible \$12600 / \$1000 (May Not Apply)
Total Expense Estimate Lower
Quality Rating
Provider [Search](#)
☐ COMPARE [DETAILS](#) **ADD**

oscar
Bronze 60 HDHP EPO
BRONZE HSA EPO
\$1211.81
monthly premium
Primary Care Visits You pay 40%
Generic Drugs You pay 40%
Yearly Deductible \$12000 (May Not Apply)
Total Expense Estimate Lower
Quality Rating
Provider [Search](#)
☐ COMPARE [DETAILS](#) **ADD**

1 of 3













Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

7.b. Health Plan Options (2 of 3 of Page 1)

 <p>Bronze 60 HMO</p> <p>BRONZE HMO</p> <p>\$1318.13 monthly premium</p> <p>Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Bronze 60 HMO</p> <p>BRONZE HMO</p> <p>\$1385.24 monthly premium</p> <p>Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Bronze 60 HDHP HMO</p> <p>BRONZE HSA HMO</p> <p>\$1346.30 monthly premium</p> <p>Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>
 <p>Bronze 60 EnhancedCare P...</p> <p>BRONZE PPO</p> <p>\$1567.52 monthly premium</p> <p>Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower  Quality Rating Quality Rating in Future Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Silver 70 HMO</p> <p>SILVER HMO</p> <p>\$1659.58 monthly premium</p> <p>Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>	 <p>Bronze 60 HDHP EnhancedC...</p> <p>BRONZE HSA PPO</p> <p>\$1554.97 monthly premium</p> <p>Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Lower  Quality Rating Quality Rating in Future Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD </p>




7.c. Health Plan Options (3 of 3 of Page 1)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

<div> Gold 80 HMO GOLD HMO \$1729.37 monthly premium Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Lower  Quality Rating  Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS ADD </div>	<div> Bronze 60 PureCare HSP BRONZE HMO \$1675.45 monthly premium Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS ADD </div>	<div> Silver 70 HMO SILVER HMO \$1757.86 monthly premium Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Lower  Quality Rating  Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS ADD </div>
--	--	---







7.d. Health Plan Options (1 of 3 of Page 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

<div>< 2 of 3 ></div>		
<div><div>Health Net®</div><div>Silver 70 CommunityCare ...</div><div>SILVER HMO</div><div>\$1783.30</div><div>monthly premium</div><div>Primary Care Visits You pay \$40</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$5000 / \$400 (May Not Apply)</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating ★★☆☆☆</div><div>Provider Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>	<div><div>blue california</div><div>Bronze 60 PPO</div><div>BRONZE PPO</div><div>\$1816.37</div><div>monthly premium</div><div>Primary Care Visits You pay \$75</div><div>Generic Drugs You pay 100%</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating ★★★★★</div><div>Provider Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>	<div><div>MOLINA HEALTHCARE</div><div>Gold 80 HMO</div><div>GOLD HMO</div><div>\$1894.06</div><div>monthly premium</div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating ★★★☆☆</div><div>Provider Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>


Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

7.e. Health Plan Options (2 of 3 of Page 2)




 <p>Platinum 90 HMO</p> <p>PLATINUM HMO</p> <p>\$1963.98 monthly premium</p> <p>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>	 <p>Silver 70 HMO</p> <p>SILVER HMO</p> <p>\$1939.22 monthly premium</p> <p>Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>	 <p>Bronze 60 HDHP PPO</p> <p>BRONZE HSA PPO</p> <p>\$1797.75 monthly premium</p> <p>Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$12000 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>
 <p>Gold 80 CommunityCare HM...</p> <p>GOLD HMO</p> <p>\$1994.15 monthly premium</p> <p>Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>	 <p>Gold 80 HMO Coinsurance</p> <p>GOLD HMO</p> <p>\$2012.81 monthly premium</p> <p>Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>	 <p>Silver 70 Trio HMO</p> <p>SILVER HMO</p> <p>\$2036.33 monthly premium</p> <p>Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating Quality Rating in Future Provider Search</p> <p><input type="checkbox"/> COMPARE DETAILS ADD</p>

7.f. Health Plan Options (3 of 3 of Page 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001























<div> Silver 70 EPO SILVER EPO</div> <div>\$2072.47 monthly premium</div> <div>Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating ★★★★★☆ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD🛒"/></div>	<div> Gold 80 HMO GOLD HMO</div> <div>\$2135.45 monthly premium</div> <div>Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🟡 Quality Rating ★★★★★★ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD🛒"/></div>	<div> Platinum 90 HMO PLATINUM HMO</div> <div>\$2241.94 monthly premium</div> <div>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🟡 Quality Rating ★★★★★☆ Provider Search</div> <div><input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input type="button" value="ADD🛒"/></div>
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Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

<div>< 3 of 3 ></div>		
<div><div> Health Net®</div><div>Silver 70 EnhancedCare P...</div><div>SILVER PPO</div><div>\$2229.88</div><div>monthly premium</div><div>Primary Care Visits You pay \$40</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$5000 / \$400 (May Not Apply)</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating Quality Rating in Future</div><div>Provider Search</div></div>	<div><div> oscar</div><div>Gold 80 EPO</div><div>GOLD EPO</div><div>\$2271.53</div><div>monthly premium</div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating ★★★★★☆</div><div>Provider Search</div></div>	<div><div> KAISER PERMANENTE®</div><div>Platinum 90 HMO</div><div>PLATINUM HMO</div><div>\$2327.40</div><div>monthly premium</div><div>Primary Care Visits You pay \$15</div><div>Generic Drugs You pay \$5</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Average 🚩</div><div>Quality Rating ★★★★★★</div><div>Provider Search</div></div>
<div><input type="checkbox"/> COMPARE</div>	<div>DETAILS</div>	<div>ADD 🛒</div>
<div><input type="checkbox"/> COMPARE</div>	<div>DETAILS</div>	<div>ADD 🛒</div>
<div><input type="checkbox"/> COMPARE</div>	<div>DETAILS</div>	<div>ADD 🛒</div>








7.h. Health Plan Options (2 of 3 of Page 3)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

 Gold 80 Trio HMO GOLD HMO \$2388.06 monthly premium Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Platinum 90 CommunityCar... PLATINUM HMO \$2471.97 monthly premium Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Silver 70 PPO SILVER PPO \$2438.06 monthly premium Primary Care Visits You pay \$40 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$400 (May Not Apply) Total Expense Estimate Higher  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 
 Gold 80 EnhancedCare PPO GOLD PPO \$2655.31 monthly premium Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Gold 80 PPO GOLD PPO \$2786.36 monthly premium Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 	 Platinum 90 EPO PLATINUM EPO \$2852.03 monthly premium Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search <input type="checkbox"/> COMPARE DETAILS ADD 

7.i. Health Plan Options (3 of 3 of Page 3)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

 Platinum 90 Trio HMO PLATINUM HMO \$3258.88 monthly premium Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search	 Platinum 90 EnhancedCare... PLATINUM PPO \$3389.10 monthly premium Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search	 Platinum 90 PPO PLATINUM PPO \$3724.09 monthly premium Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search
<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input data-bbox="511 745 576 777" type="button" value="ADD"/>	<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input data-bbox="917 745 982 777" type="button" value="ADD"/>	<input type="checkbox"/> COMPARE <input type="button" value="DETAILS"/> <input data-bbox="1323 745 1388 777" type="button" value="ADD"/>

8. Sorting Preferences

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Left-side column on Plan Options page helps user sort plans by total expense estimate, low to high monthly premium cost, or preferred doctor or provider.

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

9.a. Filter preferences (1 of 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Left-side column can filter plans by: plan type, plan features, and metal tiers (i.e. coverage levels).

FILTER BY

PLAN TYPE

☐ EPO

☐ HMO

☐ PPO

PLAN FEATURES

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible
Health Plan

METAL TIER

☐ Platinum
highest premiums, lowest out-of-pocket costs

☐ Gold
higher premiums, lower out-of-pocket costs

☐ Silver
lower premiums, moderate out-of-pocket
costs

☐ Bronze
lowest premiums, highest out-of-pocket costs

9.b. Filter Preferences (2 of 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Left-hand column can also filter plans by: yearly deductible within four set ranges, company that offers the plan, and quality ranking (1-5 stars).

YEARLY DEDUCTIBLE
☐ \$2500 and less
☐ \$7500 and less
☐ \$12000 and less
☐ \$15000 and less

COMPANY
☐ Blue Shield
☐ Health Net
☐ Health Net
☐ Kaiser
☐ LA Care
☐ Molina Health Care
☐ Oscar Health Plan


QUALITY RATING
☐ ★★★★★
☐ ★★★★☆
☐ ★★★☆☆
☐ ★★☆☆☆
☐ ★☆☆☆☆


10. Compare Plans Pop-Up


Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Page will let you compare up to 3 plans in the left-hand column.

Compare Plans 3 of 3


BRONZE EPO
\$1284.26


BRONZE HMO
\$1385.24


BRONZE HMO
\$1292.45

Compare Now

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001


Hovering cursor over terms bolded in blue provides a pop-up box with more information on term.


Clicking “View Directory” will take you to company’s provider-related site.


Tabs can be expanded or collapsed to reveal more information on compared plans by topic by clicking on left-hand arrow.

[Back to Shop and Compare](#) [Back to Plans](#)

Compare Plans


Bronze 60 EPO
BRONZE EPO
\$1284.26
monthly premium
[ADD](#)


Bronze 60 HMO
BRONZE HMO
\$1385.24
monthly premium
[ADD](#)


Bronze 60 HMO
BRONZE HMO
\$1292.45
monthly premium
[ADD](#)

Summary

Total Expense Estimate	\$16937.90	\$18149.66	\$17036.18
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	EPO	HMO	HMO
Health Savings Account (HSA)	No	No	No
Quality Rating	★★★★☆	★★★★★	★★★★☆

Doctors and Facilities

Check for your doctor

Doctors within
within 10 miles r of 90001

N/A

N/A

N/A

10.b. Compare Plans page (2 of 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

▼ Yearly Deductible & Out-of-Pocket (In Network)			
Yearly Deductible	\$6300 (Individual)	\$6300 (Individual)	\$6300 (Individual)
	\$12600 (Family)	\$12600 (Family)	\$12600 (Family)
Separate Drug Deductible	\$500 (Individual)	\$500 (Individual)	\$500 (Individual)
	\$1000 (Family)	\$1000 (Family)	\$1000 (Family)
Out-of-Pocket Max	\$7550 (Individual)	\$7550 (Individual)	\$7550 (Individual)
	\$15100 (Family)	\$15100 (Family)	\$15100 (Family)
Maximum Cost per Prescription	\$500	\$500	\$500
Other Deductibles	Not Available	Not Available	Not Available
▶ Doctor Visit			
▶ Tests			
▶ Drugs			
▶ Outpatient Services			
▶ ER & Urgent Care			
▶ Hospital			
▶ Mental/Behavioral Health			
▶ Pregnancy			
▶ Other Special Needs			
▶ Children's Vision			
▶ Children's Dental			


11.a. Plan Details (1 of 2)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

User can see the key takeaways of their plan, add a plan to their cart (see #14), download separate PDFs of “Summary of Benefits and Coverage” (see #12) and “Plan Brochure” (if provided by company), or click on “Drug List” or “Provider Directory” to be taken to the company’s respective website for each. Clicking on “Check for your doctor” will redirect you back to Tell Us About Your Healthcare Needs Page (see #6.a.)

[Back to Shop and Compare](#) [Back to Plans](#)


Plan Details



Bronze 60 EPO

BRONZE EPO

\$1284.26
monthly premium

ADD 

Plan Highlights


Total Expense Estimate	\$16937.90
Plan Name	Bronze 60 EPO
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$12600 / \$1000 (May Not Apply)
Health Savings Account (HSA)	No
Quality Rating	★★★★☆
Provider	Search

Benefits Resources

[Summary of Benefits and Coverage](#)[Plan Brochure](#)[Provider Directory](#)[Drug List](#)

Doctors and Facilities

[Check for your doctor](#)

N/A Doctors available within 10 miles  radius of 90001.

11.b. Plan Details (2 of 2)


Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

Hovering cursor over terms bolded in blue provides a pop-up box with more information on term. Hovering over “View” will provide pop-up box that asks user to refer to plan’s Summary of Benefits and Coverage, Evidence of Coverage, or policy document to find complete information on benefits and exclusion. User can collapse or expand lists by clicking on right-hand arrow

Yearly Deductible & Out-of-Pocket				^
	In Network	Out-of-Network		
Yearly Deductible	\$6300 (Individual) \$12600 (Family)	Not Applicable		
Separate Drug Deductible	\$500 (Individual) \$1000 (Family)	Not Applicable		
Out-of-Pocket Max	\$7550 (Individual) \$15100 (Family)	Not Applicable		
Maximum Cost per Prescription	\$500			
Doctor Visit				^
	In Network	Out-of-Network	Additional Information	
Primary Care Visit	First 3 visits at \$75 Copay before deductible	100% Coinsurance	View	
Specialist Visit	\$105 Copay after deductible	100% Coinsurance	View	
Other Practitioner Office Visit	\$75 Copay after deductible	100% Coinsurance	View	
Preventive Care/Screening/Immunization	No Charge	100% Coinsurance	View	
Tests				▼
Drugs				▼
Outpatient Services				▼
ER & Urgent Care				▼
Hospital				▼
Mental/Behavioral Health				▼
Pregnancy				▼
Other Special Needs				▼
Children's Vision				▼
Children's Dental				▼

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

12. Summary of Benefits and Coverage PDF

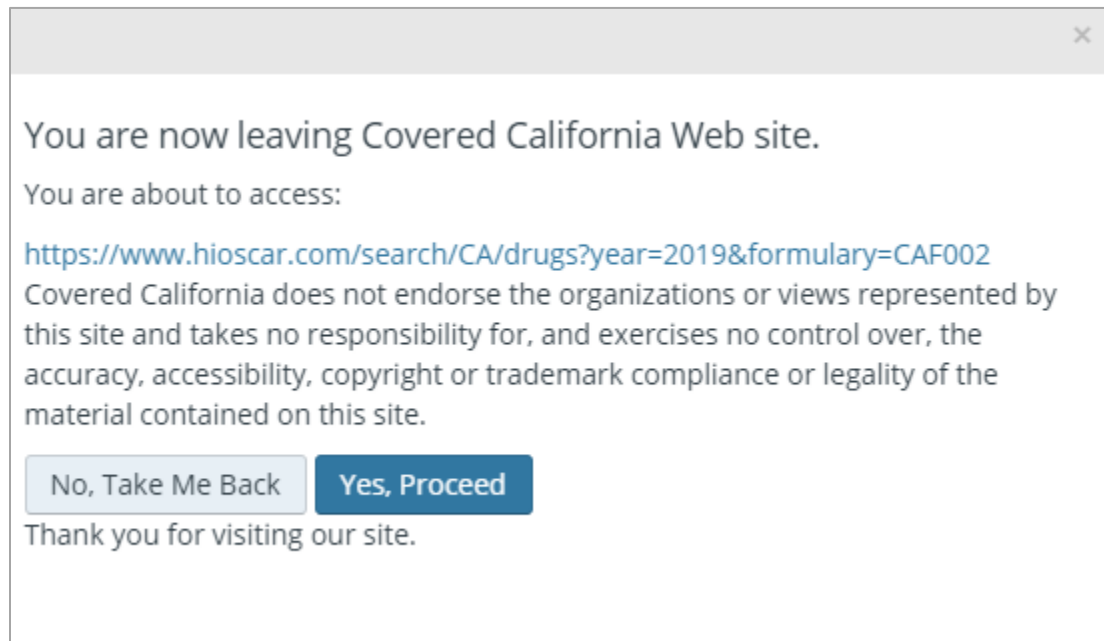
Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services		Coverage Period: 01/01/2019 - 12/31/2019
Oscar Bronze 60 EPO		Coverage for: Individual + Family Plan Type: EPO
 <p>The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-855-OSCAR-55 or visit https://www.hioscar.com/forms/?planYear=2019&planState=CA. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-855-OSCAR-55 to request a copy.</p>		
Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$6,300 individual / \$12,600 family	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Preventive care</u> , pre- and post-natal care, outpatient hab/rehab, labs, hospice and telemedicine.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	Yes. \$500 individual / \$1,000 family for <u>prescription drug coverage</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	\$7,550 individual / \$15,100 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums and healthcare this <u>plan</u> does not cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See www.hioscar.com or call 1-855-OSCAR-55 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

1 of 8

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

13. Disclaimer Pop-Up

When clicking on “Drug List” or “Provider Directory” user will be notified they are leaving Covered California’s website.



Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

14. Add Plan to Cart

User can Continue to Cart or Add an additional Dental Plans

Fantastic!

You've selected **Bronze 60 EPO** for your family.

[Continue To Dental Plans](#)[CONTINUE TO CART](#)

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

15. My Cart Page

User must click on “Apply” to sign-up for plans they have selected into their cart. This will take user to the Covered California Application Log-In or Create an Account page (see #16).


Your Cart

What's next?

In order to enroll in the plan(s) you have selected, you must complete an application. To begin this process, click APPLY at the bottom of the screen. Your current plan selections will remain in your cart during the application process.

IMPORTANT: Your monthly saving shown here is only an estimate. Additional information you provide during the application process will determine your actual monthly saving. The monthly payments and coverage options you see may be different after you have completed the application.

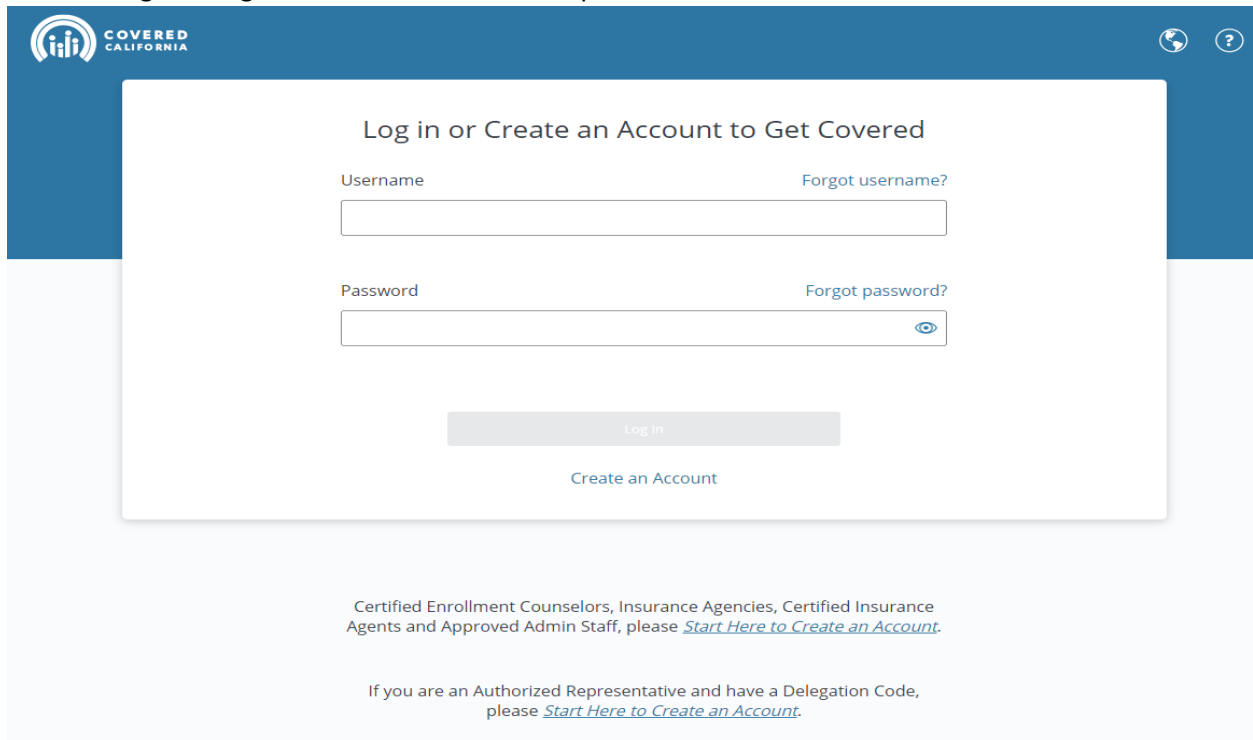
Shop For Dental Plans

Health Plan		Remove
 Oscar Health Plan Bronze 60 EPO Coverage Start Date: 01/01/2019	Monthly Premium	\$1,284.26
	Monthly Federal Tax Credit	-\$0.00
	<hr/>	
	HEALTH MONTHLY PAYMENT	\$1,284.26
<hr/>		
Cart Total		
	Health Monthly Payment	\$1,284.26
	<hr/>	
	TOTAL MONTHLY PAYMENT	\$1,284.26
<hr/>		
Back to Shopping		Apply ▶

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

16. Covered California Application Log In or Create an Account Page

User can log-in using established username and password or create an account



The image shows a screenshot of the Covered California website's login and account creation page. The page has a blue header with the Covered California logo on the left and a globe icon and a help icon on the right. The main content area is white and contains the following elements:

- Log in or Create an Account to Get Covered**: The main heading for the section.
- Username**: A text input field with a "Forgot username?" link to its right.
- Password**: A text input field with a "Forgot password?" link to its right and a toggle icon (an eye) to its left.
- Log in**: A gray button.
- Create an Account**: A blue link.

Below the login section, there is a paragraph of text:

Certified Enrollment Counselors, Insurance Agencies, Certified Insurance Agents and Approved Admin Staff, please [Start Here to Create an Account](#).

If you are an Authorized Representative and have a Delegation Code, please [Start Here to Create an Account](#).

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

16.a. Create an Account Page (1 of 3)

Create an Account to Apply

[Or Log In to Your Account](#)


First name

Last name

Date of birth

Social Security number (SSN) *Optional*

Do you have an Access Code to link an existing case to this application?






If you created a Covered California application by phone or in person, you will need an access code to link your application to your account. If you do not have your access code, call Covered California: 800-787-6921.

☐ Yes ☐ No

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

16.b. Create an Account Page (2 of 3)

If we need to get in touch with you, how do you want us to contact you?

 Email	 Phone	 Mail
--	--	---

Username

- Must be at least 8 characters
- Cannot be more than 50 characters
- May have numbers, letters, hyphens (-) and periods (.)

Password

- Must be at least 8 characters
- Cannot be more than 50 characters
- Cannot contain dictionary words, name, and common keyboard patterns (example: Qwerty1!)

And must contain at least 3 of the following:

- UPPERCASE letter (A-Z)
- Lowercase letter (a-z)
- Number (0-9)
- Special character `~!@#\$%^&*()_+-=[\]\{|;':",./<>?

Re-enter password

Scenario 3: Family: 62 (female), 53 (male), 19 (male), \$103,900, 90001

16.c. Create an Account Page (3 of 3)

PIN

Hint: Use 4 numbers you will remember. You will use this PIN to e-sign your application.

Re-enter PIN

☐ I understand and agree to the [Terms and Conditions of Use](#) and [Notice of Privacy Practices](#).

Next

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

1.a. Client information Page (1 of 2)

Clicking the “i” symbol reveals additional information about the term.

The user must include at least him- or herself in the headcount of the household.

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

2019

What is your Zip Code? i

95815

What is your total household income per year? i

\$23750

How many people are in your household?
i

2

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

1.b. Client information Page (2 of 2)

Clicking the “i” symbol reveals additional information about the term.

Depending on the user’s household headcount, the site will ask for the age of each of those individuals, including the head (i.e. the user). User can also provide further information about themselves (or others) by: if they need coverage, if they are pregnant, and/or if they are blind or disabled.

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

Age of Person 2:

☒ Needs Coverage?
☐ Pregnant? ⓘ
☐ Blind or Disabled? ⓘ

See My Results

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

2. Results Section

The results section is the last part of Client Information page.

User has the option to see more information about Covered California insurance, “Preview Plans” (see #3a), “Apply Now”, or go Back to the Client Information Page.

Clicking the “i” symbol reveals additional information on how to return to Covered CA home page.

Based on what you told us, here is what you may qualify for:


We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 1 (30)	Lower Monthly Premium and Lower Out of Pocket Costs
Person 2 (29)	Lower Monthly Premium and Lower Out of Pocket Costs

[More Information](#)[Preview Plans](#)

These results are only an estimate. You will need to complete an application 

Back

Apply Now

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

3.a. Tell Us About Your Health Care Needs Page (1 of 3)

User can search for a nearby Doctor, “Dentist for your children”, or Hospital within a 1 to 100-mile radius of their entered zip code. User is not required to enter a doctor’s name.

[Back to Shop and Compare](#)

Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor** that you may want to use in your health plan (Select up to 5)

of

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

3.b. Tell Us About Your Health Care Needs Page - Medical Services (2 of 3)

User has the option to select their level of care usage.

Placing cursor over “medical services” expands information to help user pick the right level of coverage usage given their household’s specific.

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the **medical service** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medical services next year.

- ☐ LOW USE: 1 doctor visit and 2 lab tests each year; preventive visits and care too
- ☒ MEDIUM USE: 4-5 doctor visits, lab tests and one or more small treatments done in doctor's office; often the care is for an ongoing health problem.
- ☐ HIGH USE: surgery or other treatment in an outpatient center; 6 or more doctor visits, lab tests, x-rays and an imaging scan.
- ☐ VERY HIGH USE: a hospital stay and treatment in an outpatient center; 6 or more doctor visits with lab tests, x-rays and an imaging scan.

◀ Back

Next ▶

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

3.c. Tell Us About Your Health Care Needs Page - Prescription Drug Usage (3 of 3)

User has the option to select their level of prescription drug usage.

Placing cursor over “prescription drug” expands information to help user pick the right level of coverage usage given their household’s specific needs.

Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the **prescription drug** use you expect for the next year.
For families, choose the category that best fits the person who probably will need the most medications next year.

- ☐ LOW USE: 2-3 prescriptions during the year for unexpected, brief illness.
- ☒ MEDIUM USE: 1-2 prescriptions each month for a health problem.
- ☐ HIGH USE: 3 prescriptions each month for health problems; often higher cost medications.
- ☐ VERY HIGH USE: 4 or more prescriptions each month for health problems OR very high cost medications.

[◀ Back](#)[View Plans](#)

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.a. Health Plan Options (1 of 4 of Page 1)

Hovering over yellow “CSR?” provides additional information on what Cost-Sharing Reductions are and who likely qualifies. User can toggle between available health plans and dental plans, filter and sort health plans using left-side column, compare plans, expand on the details of a plan, or add a plan to their cart.

[◀ Back to Shop and Compare](#) [◀ Back to preferences](#)

24 Health Plans

Dental Plans

0

Estimated Monthly Savings \$796.75/month For 2 Members in zipcode 95815.
Coverage could start as early as 01/01/2019.

Cost-Sharing Reductions (CSR) **CSR ?** You pay lower copays, deductibles, coinsurance

1 of 2

SORT BY

☒ Total Expense Estimate

☐ Monthly Premium (low to high)

☐ Preferred Doctor or Provider

FILTER BY

PLAN TYPE

☐ HMO

☐ PPO

PLAN FEATURES

☐ Cost-Sharing Reductions (CSR)
You pay lower copays, deductibles, coinsurance

☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible Health Plan

blue california

Silver 94 Trio HMO

SILVER HMO CSR

\$39.16

monthly premium

after \$796.75 monthly savings

Primary Care Visits You pay \$5

Generic Drugs You pay \$3

Yearly Deductible \$150 / \$0 (May Not Apply)

Total Expense Estimate Lower

Quality Rating Quality Rating in Future

Provider Search

COMPARE

DETAILS

ADD

KAISER PERMANENTE

Silver 94 HMO

SILVER HMO CSR

\$75.22

monthly premium

after \$796.75 monthly savings

Primary Care Visits You pay \$5

Generic Drugs You pay \$3

Yearly Deductible \$150 / \$0 (May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★

Provider Search

COMPARE

DETAILS

ADD

KAISER PERMANENTE

Bronze 60 HMO

BRONZE HMO

\$2.00

monthly premium

after \$620.87 monthly savings

Primary Care Visits You pay \$75

Generic Drugs You pay 100%

Yearly Deductible \$12600 / \$1000 (May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★

Provider Search

COMPARE

DETAILS

ADD

833




Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.b. Health Plan Options (2 of 4 of Page 1)

<div><div>Western Health Advantage</div><div>Bronze 60 HMO</div><div>BRONZE HMO</div><div>\$2.00</div><div>monthly premium</div><div>after \$694.44 monthly savings</div><div>Primary Care Visits You pay \$75</div><div>Generic Drugs You pay 100%</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>Health Net</div><div>Bronze 60 EnhancedCare P...</div><div>BRONZE PPO</div><div>\$3.07</div><div>monthly premium</div><div>after \$765.47 monthly savings</div><div>Primary Care Visits You pay \$75</div><div>Generic Drugs You pay 100%</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating</div><div>Quality Rating in Future</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>KAISER PERMANENTE</div><div>Gold 80 HMO Coinsurance</div><div>GOLD HMO</div><div>\$108.31</div><div>monthly premium</div><div>after \$796.75 monthly savings</div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Lower</div><div>Quality Rating</div><div>Provider Search</div></div> <div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.c. Health Plan Options (3 of 4 of Page 1)

<div><div></div><div>Bronze 60 HDHP HMO</div><div>BRONZE HSA HMO</div><div>\$2.00</div><div>monthly premium</div><div>after \$603.36 monthly savings</div><div>Primary Care Visits You pay 40%</div><div>Generic Drugs You pay 40%</div><div>Yearly Deductible \$12000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating</div><div>Provider Search</div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD</div></div></div>	<div><div></div><div>Bronze 60 HDHP HMO</div><div>BRONZE HSA HMO</div><div>\$2.00</div><div>monthly premium</div><div>after \$718.67 monthly savings</div><div>Primary Care Visits You pay 40%</div><div>Generic Drugs You pay 40%</div><div>Yearly Deductible \$12000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating</div><div>Provider Search</div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD</div></div></div>	<div><div></div><div>Bronze 60 HDHP EnhancedC...</div><div>BRONZE HSA PPO</div><div>\$3.05</div><div>monthly premium</div><div>after \$759.34 monthly savings</div><div>Primary Care Visits You pay 40%</div><div>Generic Drugs You pay 40%</div><div>Yearly Deductible \$12000 (May Not Apply)</div><div>Total Expense Estimate Average</div><div>Quality Rating</div><div>Quality Rating in Future</div><div>Provider Search</div><div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD</div></div></div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.d. Health Plan Options (4 of 4 of Page 1)

<div><div> Bronze 60 PPO</div><div>BRONZE PPO</div><div><div>\$87.83</div><div>monthly premium</div><div>after \$796.75 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$75</div></div><div><div>Generic Drugs</div><div>You pay 100%</div></div><div><div>Yearly Deductible</div><div>\$12600 / \$1000 (May Not Apply)</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>★★★★☆</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>	<div><div> Gold 80 HMO</div><div>GOLD HMO</div><div><div>\$163.46</div><div>monthly premium</div><div>after \$796.75 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>★★★★★</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>	<div><div> Gold 80 Trio HMO</div><div>GOLD HMO</div><div><div>\$183.54</div><div>monthly premium</div><div>after \$796.75 monthly savings</div></div><div><div>Primary Care Visits</div><div>You pay \$30</div></div><div><div>Generic Drugs</div><div>You pay \$15</div></div><div><div>Yearly Deductible</div><div>\$0 / \$0</div></div><div><div>Total Expense Estimate</div><div>Average 🏆</div></div><div><div>Quality Rating</div><div>Quality Rating in Future</div></div><div><div>Provider</div><div>Search</div></div></div> <div><div><input type="checkbox"/> COMPARE</div><div>DETAILS</div><div>ADD 🛒</div></div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.e. Health Plan Options (1 of 4 of Page 2)

<div> Bronze 60 HDHP PPO BRONZE HSA PPO</div> <div>\$78.76 monthly premium after \$796.75 monthly savings</div> <div><div>Primary Care Visits</div><div>You pay 40%</div></div> <div><div>Generic Drugs</div><div>You pay 40%</div></div> <div><div>Yearly Deductible</div><div>\$12000 (May Not Apply)</div></div> <div><div>Total Expense Estimate</div><div>Average 🏆</div></div> <div><div>Quality Rating</div><div>★★★★☆</div></div> <div><div>Provider</div><div>Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>	<div> Silver 94 HMO SILVER HMO CSR</div> <div>\$254.23 monthly premium after \$796.75 monthly savings</div> <div><div>Primary Care Visits</div><div>You pay \$5</div></div> <div><div>Generic Drugs</div><div>You pay \$3</div></div> <div><div>Yearly Deductible</div><div>\$150 / \$0 (May Not Apply)</div></div> <div><div>Total Expense Estimate</div><div>Average 🏆</div></div> <div><div>Quality Rating</div><div>★★★★☆</div></div> <div><div>Provider</div><div>Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>	<div> Platinum 90 HMO PLATINUM HMO</div> <div>\$249.76 monthly premium after \$796.75 monthly savings</div> <div><div>Primary Care Visits</div><div>You pay \$15</div></div> <div><div>Generic Drugs</div><div>You pay \$5</div></div> <div><div>Yearly Deductible</div><div>\$0 / \$0</div></div> <div><div>Total Expense Estimate</div><div>Average 🏆</div></div> <div><div>Quality Rating</div><div>★★★★★</div></div> <div><div>Provider</div><div>Search</div></div> <div><input type="checkbox"/> COMPARE</div> <div>DETAILS</div> <div>ADD 🛒</div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.f. Health Plan Options (2 of 4 of Page 2)

<div> Silver 94 EnhancedCare P... SILVER PPO CSR \$296.55 monthly premium after \$796.75 monthly savings Primary Care Visits You pay \$5 Generic Drugs You pay \$3 Yearly Deductible \$150 / \$0 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating Quality Rating in Future Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>	<div> Gold 80 HMO GOLD HMO \$274.60 monthly premium after \$796.75 monthly savings Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>	<div> Silver 94 PPO SILVER PPO CSR \$390.60 monthly premium after \$796.75 monthly savings Primary Care Visits You pay \$5 Generic Drugs You pay \$3 Yearly Deductible \$150 / \$0 (May Not Apply) Total Expense Estimate Average 🏆 Quality Rating ★★★★★ Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD 🛒</div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.g. Health Plan Options (3 of 4 of Page 2)

<div><div><div>Western Health Advantage</div><div>Platinum 90 HMO</div><div>PLATINUM HMO</div><div>\$390.62</div><div>monthly premium</div><div>after \$796.75 monthly savings</div><div>Primary Care Visits You pay \$15</div><div>Generic Drugs You pay \$5</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Higher</div><div>Quality Rating</div><div>Provider Search</div></div></div>	<div><div><div>Health Net</div><div>Gold 80 EnhancedCare PPO</div><div>GOLD PPO</div><div>\$505.13</div><div>monthly premium</div><div>after \$796.75 monthly savings</div><div>Primary Care Visits You pay \$30</div><div>Generic Drugs You pay \$15</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Higher</div><div>Quality Rating</div><div>Provider Search</div></div></div>	<div><div><div>blue california</div><div>Platinum 90 Trio HMO</div><div>PLATINUM HMO</div><div>\$541.01</div><div>monthly premium</div><div>after \$796.75 monthly savings</div><div>Primary Care Visits You pay \$15</div><div>Generic Drugs You pay \$5</div><div>Yearly Deductible \$0 / \$0</div><div>Total Expense Estimate Higher</div><div>Quality Rating</div><div>Provider Search</div></div></div>
<div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>	<div><div>COMPARE</div><div>DETAILS</div><div>ADD</div></div>

Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

4.h. Health Plan Options (4 of 4 of Page 2)

<div> Gold 80 PPO</div> <div>GOLD PPO</div> <div>\$560.22 monthly premium after \$796.75 monthly savings</div> <div>Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD </div>	<div> Platinum 90 EnhancedCare...</div> <div>PLATINUM PPO</div> <div>\$864.91 monthly premium after \$796.75 monthly savings</div> <div>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating Quality Rating in Future Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD </div>	<div> Platinum 90 PPO</div> <div>PLATINUM PPO</div> <div>\$1016.89 monthly premium after \$796.75 monthly savings</div> <div>Primary Care Visits You pay \$15 Generic Drugs You pay \$5 Yearly Deductible \$0 / \$0 Total Expense Estimate Higher  Quality Rating  Provider Search</div> <div><input type="checkbox"/> COMPARE DETAILS ADD </div>
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Scenario 4: Two Party: 30 (male), 29 (female), \$23,750, 95815

5. Plan Details

User can see the key takeaways of their plan, add a plan to their cart, download separate PDFs of “Summary of Benefits and Coverage” and “Plan Brochure” (if provided by company), or click on “Drug List” or “Provider Directory” to be taken to the company’s respective website for each. Clicking on “Check for your doctor” will redirect you back to Tell Us About Your Healthcare Needs Page (see #6.a.)

[Back to Shop and Compare](#) [Back to Plans](#)

Plan Details



Silver 94 Trio HMO

SILVER HMO **CSR**

\$39.16
monthly premium
after \$796.75 monthly savings

REMOVE

Plan Highlights

Total Expense Estimate	\$643.96
Plan Name	Silver 94 Trio HMO
Primary Care Visits	You pay \$5
Generic Drugs	You pay \$3
Yearly Deductible	\$150 / \$0 (May Not Apply)
Health Savings Account (HSA)	No
Quality Rating	Quality Rating in Future
Provider	Search

Benefits Resources

[Summary of Benefits and Coverage](#)[Plan Brochure](#)[Provider Directory](#)[Drug List](#)

Doctors and Facilities

Check for your doctor

N/A Doctors available within 10 miles radius of 95815.