State of California Office of Administrative Law

In re:

California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections:

6458

Amend sections: Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY REGULATORY ACTION

Government Code Sections 11346.1 and 11349.6

OAL File No. 2014-0606-01 EE

In this emergency readopt, HBEX proposes to adopt the 2014 Standard Benefit Plan Designs, which standardizes the way health insurance issuers design their health plans.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 6/16/2014 and will expire on . The Certificate of Compliance for this action is due no later than 9/15/2014.

Date:

6/16/2014

Thanh Huynh

Senior Attorney

For:

DEBRA M. CORNEZ

Director

Original: Peter Lee

Copy: Brandon Ross

STATE OF CALIFORNIA-OFFICE OF A For use by Secretary of State only instructions on NOTICE PUBLICAT reverse) STD. 400 (REV. 01-2013) N THE OFFICE OF OAL FILE NOTICE FILE NUMBER REGULATORY ACTION NUMBER **EMERGENCY NUMBER NUMBERS** 2014-0606-01EE For use by Office of Administrative Law (OAL) only COMMETARY OF NOTICE REGULATIONS AGENCY WITH RULEMAKING AUTHORITY AGENCY FILE NUMBER (If any) California Health Benefit Exchange A. PUBLICATION OF NOTICE (Complete for publication in Notice Register) 1. SUBJECT OF NOTICE TITLE(S) FIRST SECTION AFFECTED 2. REQUESTED PUBLICATION DATE 3. NOTICE TYPE
Notice re Proposed 4. AGENCY CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) Other Regulatory Action ACTION ON PROPOSED NOTICE OAL USE NOTICE REGISTER NUMBER PUBLICATION DATE Approved as Approved as Disapproved/ ONLY Modified Submitted Withdrawn **B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)** 1a. SUBJECT OF REGULATION(S) 1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2014 Standard Benefit Design 2013-0910-03 E; 2014-0307-01EE 2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related) ADOP SECTION(S) AFFECTED 6458 (List all section number(s) AMEND individually. Attach additional sheet if needed.) TITLE(S) REPEAL 10 3. TYPE OF FILING Regular Rulemaking (Gov. Certificate of Compliance: The agency officer named Emergency Readopt (Gov. Code §11346) **Changes Without Regulatory** below certifies that this agency complied with the Code, §11346.1(h)) Effect (Cal. Code Regs., title Resubmittal of disapproved or provisions of Gov. Code §§11346.2-11347.3 either withdrawn nonemergency 1, §100) before the emergency regulation was adopted or filing (Gov. Code §§11349.3, File & Print **Print Only** within the time period required by statute. 11349.4) Emergency (Gov. Code, Resubmittal of disapproved or withdrawn Other (Specify) emergency filing (Gov. Code, §11346.1) §11346.1(b)) 4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) 5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) Effective January 1, April 1, July 1, or Effective on filing with §100 Changes Without Effective October 1 (Gov. Code §11343.4(a)) Secretary of State Regulatory Effect other (Specify) 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY Fair Political Practices Commission Department of Finance (Form STD. 399) (SAM §6660) State Fire Marshal Other (Specify) 7. CONTACT PERSON TELEPHONE NUMBER FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) **Brandon Ross** 916-228-8281 brandon.ross@covered.ca.gov For use by Office of Administrative Law (OAL) only I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form ENDORSED APPROVED is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification. SIGNATURE OF AGENCY HEAD OR DESIGNEE JUN 16 2014 6/6/2014 TYPED Office of Administrative Law Kathleen Keeshen, General Counsel

Readopt Section 6458 to read:

Section 6458: 2014 Standard Benefit Plan Designs

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

Authority: Government Code Section 100504

Reference: Government Code Sections 100503 and 100504(c); Health and Safety Code Section 1366.6(e) and Insurance Code Section 10112.3(e)

Covered California 2014 Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

	SOUT OF POCKET COSTS	Platinum Coinsurance Plan	Platinum Copay Plan
7/18/201:			
verall deductible		\$0	\$0
ther deductibles	for specific services		V
	Medical	\$0	. \$0
	Brand Drugs Dental	\$0 See Dental Design Below	\$0 See Dental Design Below
Out-of-pocket lin		\$4,000	\$4,000
Common Medica Event	Service Type	Member Cost Deductibl Share Applies	
			Share Applies
isit to a health are provider's	Primary care visit to treat an injury or illness	\$20	\$20
ffice or clinic	Specialist visit	\$40	\$40
	Other practitioner office visit	\$20	\$20
	Preventive care/ screening/ immunization	No cost share	No cost share
ests	Laboratory Tests X-rays and Diagnostic Imaging	\$20 \$40	\$20 \$40
	Imaging (CT/PET scans, MRIs)	10%	\$40 \$150
rugs to treat	Generic drugs	\$5	\$5
ness or	Preferred brand drugs	\$15	\$15
ondition	Non-preferred brand drugs	\$25	\$25
utpatient	Specialty drugs Facility fee (e.g., ASC)	10%	10%
rgery	Physician/surgeon fees	10% 10%	\$250
	Emergency room services (waived if admitted)	\$150	\$150
	Emergency medical transportation	\$150	\$150
eed immediate tention	Urgent care	\$40	\$40
	Facility fee (e.g., hospital room)	10%	\$250 per day up
ospital stay	Physician/surgeon fee	10%	to 5 days
	Mental/Behavioral health outpatient services	\$20	\$20
ental health, chavioral health,	Mental/Behavioral health inpatient services	10%	\$250 per day up to 5 days
substance ouse needs	Substance use disorder outpatient services	\$20	\$20
	Substance use disorder inpatient services	10%	\$250 per day up to 5 days
	Prenatal care and preconception visits	No cost share	No cost share
egnancy	Delivery and all inpatient Hospital	10%	\$250 per day up
	services Professional	10%	to 5 days
	Home health care Rehabilitation services	10%	\$20
lp recovering	Habilitation services Habilitation services	\$20 \$20	\$20 \$20
other special	Similar Control Contro	- Company of the Comp	\$20 \$150 per day up
aith needs	Skilled nursing care	10%	to 5 days
	Durable medical equipment	10%	10%
	Hospice service	No cost share	No cost share
	Eye exam (deductible waived) Glasses	0%	0%
ild needs	Dental check-up - Preventive and Diagnostic	1 pair per year	1 pair per year
ntal or eye care	Dental Basic Services Dental Restorative and Orthodontia Services	See Dental Design Below	See Dental Design Below

Hotes

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs) in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or consurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

²⁾ Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

³⁾ Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

⁴⁾ For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

^{5) &}quot;Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.

Covered California 2014 Standard Benefit Plan Designs - FINAL

Summary of Be	enefits and Coverage		Individual	Only	Individual	Only
	AMOUNTS DESCRIBE THE OUT OF POCKET COSTS		Silver Colnsurance	and the second second	Silve Copay F	
7/18/2013						
Overall deductible Other deductibles	for specific services		N/A		N/A	
	Medical Brand Drugs		\$2,000 \$250	Section and the section of the secti	\$2,00 \$250	Barder and contract of the Contract of Con
Out-of-pocket lim	Dental lit on expenses		See Dental Des \$6,350		See Dental De: \$6,35	
Common Medical			Member Cost	Deductible	Member Cost	Deductible
Event	Service [*]	Гуре	Share	Applies	Share	Applies
/isit to a health are provider's	Primary care visit to treat an	injury or illness	\$45		\$45	
ffice or clinic	Specialist visit		\$65		\$65	
	Other practitioner office visit Preventive care/ screening/	mmunization	\$45 No cost share		\$45 No cost share	
	Laboratory Tests	mmunizauVII	\$45	Department of the contract of	\$45	
lests	X-rays and Diagnostic Imagi	ng	\$65		\$65	
	Imaging (CT/PET scans, MF		20%		\$250	
rugs to treat	Generic drugs		\$19		\$19	
iness or	Preferred brand drugs		\$50	X	\$50	X
ondition	Non-preferred brand drugs		\$70	X	\$70	X
outpatient	Specialty drugs Facility fee (e.g., ASC)		20% 20%		20% 20%	X
urgery	Physician/surgeon fees		20%	an and the second contract of the contract	20%	Secretaria de Caracteria d
	Emergency room services (v	vaived if admitted)	\$250	X	\$250	X
	Emergency medical transport		\$250	X	\$250	X
leed immediate Ittention	Urgent care		\$90		\$90	
	Facility fee (e.g., hospital roo	om)	20%	X		Server (The Period Server Spectrum)
lospital stay	Physician/surgeon fee		20%		20%	X
	Mental/Behavioral health ou	patient services	\$45	The second	\$45	
lental health, ehavioral health,	Mental/Behavioral health inp	atient services	20%		20%	X
r substance ibuse needs	Substance use disorder out	patient services	\$45		\$4 5	
	Substance use disorder inpa	itient services	20%	X	20%	X
	Prenatal care and preconcer	Control of the Contro	No cost share		No cost share	
regnancy	Delivery and all inpatient	Hospital	20%	X	20%	х
	services	Professional	20%	Security of the Security of th	Salaran da sa	
	Home health care Rehabilitation services		20% \$45	And the Company of th	\$45 \$45	
elp recovering	Habilitation services		\$45 \$45		\$45	
r other special eaith needs	Skilled nursing care	ad a y tenggala atalyan kada kada da kada atalyan pelabahangan minasa madalahan	20%	. X	20%	x
	Durable medical equipment		20%		20%	
	Hospice service		No cost share	Service registers are recovered to consist consist	No cost share	
	Eye exam (deductible waive	d)	0%		0%	
Child needs	Glasses		1 pair per year		1 pair per year	
lental or eye care	Dental check-up - Preventive Dental Basic Services		See Dental Des	sign Below	See Dental De	sign Below
	Dental Restorative and Ortho	odontia Services	A comment of the second			

Notes

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

²⁾ Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

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⁴⁾ For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

^{5) &}quot;Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.

Covered California 2014 Standard Benefit Plan Designs - FINAL **Summary of Benefits and Coverage SHOP Only** COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

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. 8	10000000		200	-
2				

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

Common Medical Event	Service *	Гуре	Member Cost Share	Deductibl Applies
/isit to a health are provider's	Primary care visit to treat an	injury or illness	20%	X
office or clinic	Specialist visit		20%	Χ
	Other practitioner office visit	ine and the comment of the contract of the con	20%	X
	Preventive care/ screening/	immunization	No cost share	
	Laboratory Tests	un la Servicia de Ministra de Calendra de Ambrel (Servicia de Ambrel America de Ambrel de Ambrel Ambrel Ambrel	20%	X
ests	X-rays and Diagnostic Imagi	ng	20%	X
	Imaging (CT/PET scans, MR	RIS)	20%	X
rugs to treat	Generic drugs		20%	X
iness or	Preferred brand drugs		20%	X
endition	Non-preferred brand drugs		20%	Х
Oliginoli	Specialty drugs	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20%	X
Outpatient	Facility fee (e.g., ASC)		20%	Х
urgery	Physician/surgeon fees		20%	X
	Emergency room services (v		20%	X
46.0	Emergency medical transpor	rtation	20%	X
leed Immediate ttention	Urgent care		20%	X
lospital stay	Facility fee (e.g., hospital roo	om)	20%	X
iospitai stay	Physician/surgeon fee		20%	X
	Mental/Behavioral health out	tpatient services	20%	X
lental health, ehavioral health, r substance	Mental/Behavioral health inp	patient services	20%	
buse needs	Substance use disorder outp	patient services	20%	*657.6 X *5
	Substance use disorder inpa	atient services	20%	X
	Prenatal care and preconcer	otion visits	No cost share	
regnancy	Delivery and all inpatient	Hospital	20%	Χ
	services	Professional	20%	X
	Home health care		20%	X
	Rehabilitation services		20%	X
elp recovering	Habilitation services		20%	X
r other special	Skilled nursing care	and and specific colored distribution of the specific plant of the specific plant of the specific plant of the	20%	X
	Durable medical equipment		20%	X
	Hospice service		No cost share	X
	Eye exam (deductible waive	d)	0%	
	Glasses		1 pair per year	
hild needs	Dental check-up - Preventive	and Diagnostic	, pan por you	
ental or eye care	Dental Basic Services	(ta) an earl and an early of the state of th	See Dental Des	sian Below
	Dental Restorative and Ortho	ndontia Services		

Notes:

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

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Covered California 2014 Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

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

Individual Only
Silver Coinsurance Plan
200%-250% FPL

No cost share

\$40

\$50

20%

\$19

\$30

\$50

20%

20%

20%

X

X

		N 1	

Overall deductible		N/A		
Other deductibles	for specific services			
	Medical	\$1,50	0	
	Brand Drugs	\$250	PROPERTY OF THE PROPERTY OF TH	
	Dental	See Dental De	CALL SECURITY AND	
Out-of-pocket lin	ift on expenses	\$5,200		
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	
Visit to a health care provider's	Primary care visit to treat an injury or illness	\$40		
office or clinic	Specialist visit	\$50		
	Other practitioner office visit	\$40	- marine a comment of the second of the second of the	

Preventive care/ screening/ immunization

X-rays and Diagnostic Imaging

Imaging (CT/PET scans, MRIs)

Laboratory Tests

Generic drugs

Specialty drugs

Preferred brand drugs

Facility fee (e.g., ASC)

Physician/surgeon fees

Non-preferred brand drugs

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		35.6		
100				
N.	44.		 arli:	ata

Drugs to treat

illness or

condition

Outpatient

attention

Hospital stay

Tests

Casilib

Mental health, behavioral health or substance abuse needs

Help recovering or other special health needs

Pregnancy

dental or eye care

Child needs

Glasses

Dental Basic Services

	Emergency room services (v	vaived if admitted)	\$250	X
	Emergency medical transpo	rtation	\$250	X
te	Urgent care		\$80	
	Facility fee (e.g., hospital roo	om)	20%	X
	Physician/surgeon fee		20%	
	Mental/Behavioral health ou	tpatient services	\$40	
lth,	Mental/Behavioral health inp	patient services	20%	X
	Substance use disorder outp	patient services	\$40	geriode († 155
	Substance use disorder inpa	atient services	20%	X
	Prenatal care and preconce	otion visits	No cost share	
	Delivery and all inpatient		20%	X
	services	Professional	20%	
	Home health care		20%	casa fisa a transfer expenses in
	Rehabilitation services		\$40	enterior de la compansión de la compansi
g	Habilitation services		\$40	
il	Skilled nursing care	alin in the	20%	X
	Durable medical equipment		20%	
	Hospice service		No cost share	
	Eye exam (deductible waive	d)	0%	

Notes

1 pair per year

See Dental Design Below

Dental check-up - Preventive and Diagnostic

Dental Restorative and Orthodontia Services

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments, made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individuals cost sharing responsibility ends.

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5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

benefit category.

Covered California
2014 Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

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

Individual Only
Silver Copay Plan
200%-250% FPL

7/18/2013

Out-of-pocks	et limit on expenses	\$5,200
	Dental	See Dental Design Below
	Brand Drugs	\$250
	Medical	\$1,500
Other deduct	bles for specific services	
Overall deduc	tible	NÄ

Common Medical			Member Cost	Deductible
Event	Service	lype	Share	Applies
sit to a health are provider's	Primary care visit to treat an	injury or illness	\$40	
office or clinic	Specialist visit	and the second s	\$50	
	Other practitioner office visit		\$40	
	Preventive care/ screening/	immunization	No cost share	
	Laboratory Tests		\$40	
ests	X-rays and Diagnostic Imagi	ng	\$50	
	Imaging (CT/PET scans, MF	ls)	\$250	
ugs to treat	Generic drugs		\$19	
ness or	Preferred brand drugs		\$30	X
endition	Non-preferred brand drugs	AND THE STATE OF T	\$50	X
	Specialty drugs		20%	X
ıtpatient	Facility fee (e.g., ASC)		20%	
ırgery	Physician/surgeon fees	productive of the second of th	20%	
	Emergency room services (v		\$250	X
	Emergency medical transportation		\$250	X
eed Immediate tention	Urgent care		\$80	
ospital stay	Facility fee (e.g., hospital roo Physician/surgeon fee	om)	20%	X
	Mental/Behavioral health outpatient services		\$40	
ental health, ehavioral health,	Mental/Behavioral health inp	patient services	20%	X
substance ouse needs	Substance use disorder outp	patient services	\$40 cases \$	n September 1
	Substance use disorder inpatient services		20%	X
	Prenatal care and preconce	otion visits	No cost share	
regnancy	Delivery and all inpatient	Hospital	Analogical Control of State of the Control of the C	X
	services	Professional	20%	χ
•	Home health care		\$40	
	Rehabilitation services	\$40	The second second	
lp recovering	Habilitation services		\$40	
other special	Skilled nursing care		20%	X
7	Durable medical equipment	20%		
	Hospice service	No cost share		
	Eye exam (deductible waive	d)	0%	
	Glasses	en la financia de la	1 pair per year	
hild needs	Dental check-up - Preventive	and Diagnostic		
ental or eye care	Dental Basic Services	ar ga karjana iyo aharan a	See Dental Des	sign Below
	Dental Restorative and Orthodontia Services			

Hotes:

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

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5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

benefit category.

Covered California 2014 Standard Benefit Plan Designs - FINAL Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS		Catastrophic Plan						
7/18/2013								
Overall deductible Other deductibles for specific services Medical Brand Drugs Dental Out-of-pocket limit on expenses		\$6,350 integrated Med/Rx N/A N/A N/A See Dental Design Below \$6,350						
					Common Medical			
					Event	Service Type	Member Cost Share	Applies After 1st 3
Visit to a health care provider's	Primary care visit to treat an injury or illness	0%	non- preventive visits					
office or clinic	Specialist visit	0%	X					
	Other practitioner office visit	0%						
	Preventive care/ screening/ immunization	No cost share						
Tonto	Laboratory Tests	0%	X					
Tests	X-rays and Diagnostic Imaging	0%	X					
	Imaging (CT/PET scans, MRIs) Generic drugs	0% 0%	X					
Drugs to treat	Preferred brand drugs	0%	X					
Illness or condition	Non-preferred brand drugs	0%	· X					
	Specialty drugs	0%	X					
Outpatient	Facility fee (e.g., ASC)	0%	X					
surgery	Physician/surgeon fees	0%	X					
	Emergency room services (waived if admitted)	0%	X					
	Emergency medical transportation	0%	X					
Need immediate attention	Urgent care	0%	After 1st 3 non- preventive visits					
	Facility fee (e.g., hospital room)	0%	X					
Hospital stay	Physician/surgeon fee	0%	X					
	Mental/Behavioral health outpatient services	0%	After 1st 3 non- preventive visits					
Mental health, behavioral health,	Mental/Behavioral health inpatient services	0%	X					
or substance abuse needs	Substance use disorder outpatient services	0%	After 1st 3 non- preventive visits					
	Substance use disorder inpatient services	0%	X					
	Prenatal care and preconception visits	No cost share						
Pregnancy	Delivery and all inpatient Hospital	0%	X					
	services Professional Home health care	0%	X					
	Rehabilitation services	0% 0%	X					
Help recovering	Habilitation services	0%	×					
or other special health needs	Skilled nursing care	0%	X					
	Durable medical equipment	0%	X					
	Hospice service	No cost share	X					
	Eye exam (deductible walved)	0%						
Child needs	Glasses	1 pair per year						
dental or eye care	Dental check-up - Preventive and Diagnostic Dental Basic Services Dental Restorative and Orthodontia Services	See Dental Design Below						

Hotes

¹⁾ Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out-of-pocket maximum. Once the family deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

²⁾ Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

³⁾ Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

⁴⁾ For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

^{5) &}quot;Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another benefit category.

Covered California Standard Pediatric Dental Essential Health Benefits Plan Design For the 2014 Plan Year

	DPPO	DPPO	DHMO	DHMO
Procedure Categories	High	Low	High	Low
	Plan Pays:		Enrollee Pays:	
Diagnostic & Preventive (D&P)	100%	100%	\$0	\$0
X-rays, Exams, Cleanings				•
Sealants				
Office Visit	n/a	n/a	\$0	\$20
Basic Services - Basic Restorative	80%	50%	\$40³	\$95³
Major Services - Crowns & Casts,				,
Prosthodontics, Endodontics, Periodontics, Oral	50%	50%	\$365⁴	\$365 ⁴
Surgery	,,			•
			· ·	
	Enrollee Pays:			
Orthodontics (Medically Necessary)	50%	50%	\$1,000	\$1,000
	\$50	\$60		
Deductible	(not	(applied	None	None
	applied	to all		
	to D&P)	services)		
Annual Maximum	None	None	None	None
OOP Maximum	\$1,000	\$1,000	\$1,000	\$1,000
Waiting Periods (Major & Ortho)	None	None	None	
	HOIIC	Holle	Notice	None
Actuarial Value (AV)	86%	72%	87%	72%

Notes:

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