





Help your constituents gain the most from the Affordable Care Act

- **Quick refresher course on Covered California: your destination for affordable, quality health care, including Medi-Cal**
- **Help your constituents with three big questions:**
 1. What's in it for me?
 2. What do I need to consider in making a decision?
 3. How do I enroll?
- **Get ready for enrollment on October 1, 2013**

Eligible if:

- A U.S. Citizen, U.S. National, or a non-citizen who is Lawfully Present in the U.S.;
 - *For Medi-Cal, immigration status only effects the scope of service (e.g. “emergency room only” or “pregnancy only”)*
- A California Resident; **AND**
- Not incarcerated, other than incarceration pending the disposition (judgment) of charges.
 - *Except Medi-Cal Inmate Eligibility Program*



Eligible for Premium Assistance and Cost-Sharing Subsidies in Covered California if:

- Purchase coverage through Covered California;
- Under certain income requirements;
AND
- Not eligible for Minimum Essential Coverage (i.e. Medi-Cal, Medicare, or coverage through an employer that is affordable).





Quick summary of income ranges

Number	Cost Sharing + Premium Assistance			Premium Assistance Only		
	Medi-Cal	Medi-Cal for Children (up to 266%)				
	Up to or at 138%	Over 138%	150%	200%	250%	400%
1	\$15,856	\$15,857	\$17,235	\$22,980	\$28,725	\$45,960
2	\$21,403	\$21,404	\$23,265	\$31,020	\$38,775	\$62,040
3	\$26,951	\$26,952	\$29,295	\$39,060	\$48,825	\$78,120
4	\$32,499	\$32,500	\$35,325	\$47,100	\$58,875	\$94,200



What are you eligible for?

Covered California

≤ 138% FPL

Low or No Cost Medi-Cal

Over 138% FPL to 400% FPL

Over 138% FPL to 250% FPL

Adults:
Covered California Premium Assistance + Enhanced Benefits*
**Must enroll in a Silver-level plan to receive enhanced benefits*

Children:
Low or No Cost Medi-Cal*
Up to 266% FPL

Over 250% FPL to 400% FPL

Covered California Premium Assistance with Standard Benefits

Over 400% FPL

Option for Covered California with Standard Benefits and Prices



Modified Adjusted Gross Income (MAGI) is a driver of eligibility

Take your:

Adjusted Gross Income

+

Non-taxable Social Security benefits
(Line 20a minus 20b on a Form 1040)

Tax-exempt interest (Line on 8b on a Form 1040)

Foreign earned income & housing expenses for Americans living abroad (calculated on a Form 2555)

—

For Medi-Cal Eligibility, Exclude From Income:

- Scholarships, awards, or fellowship grants used for education purposes (not living expenses)
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received



The Essential Health Benefits

- 1 Ambulatory patient services**
- 2 Emergency services**
- 3 Hospitalization**
- 4 Maternity and newborn care**
- 5 Mental health and substance use disorder services, including behavioral health treatment**
- 6 Prescription drugs**
- 7 Rehabilitative and habilitative services and devices**
- 8 Laboratory services**
- 9 Preventive and wellness services and chronic disease management**
- 10 Pediatric services**

Medi-Cal





New Medi-Cal Benefits

Mental Health

Individual and group mental health evaluation and treatment (psychotherapy)

Psychological testing when clinically indicated to evaluate a mental health condition

Outpatient services for the purposes of monitoring drug therapy

Outpatient laboratory, drugs, supplies and supplements

Psychiatric consultation

Substance Use Disorder

Voluntary Inpatient Detoxification

Intensive Outpatient Treatment Services

Residential Treatment Services

Outpatient Drug Free Services

Narcotic Treatment Services

Adult Dental

Additional Diagnostic

Preventive

Restorative

Endodontics

Prosthodontics (Removable)



We've Streamlined the Application Process

- **Applying at Covered California, lets you know if your income makes you eligible for affordable coverage**

- **Enrolling:**

Service Center: We'll help you find your local Medi-Cal county office for quick help.

Certified Enrollment Counselor or Certified Insurance Agent: Our counselors and agents will let applicants know their status.

County Social Services Office: Where applicants can get their full Medi-Cal eligibility determination using MAGI and Non-MAGI income eligibility rules.



We've Simplified Eligibility and How We Verify Information

- **We allow self-attestation & “reasonably compatible” reviews**
- **We have access to a federal electronic verification hub**
- **We'll use the MAGI income standard**
- **We've made verifying state residency easier**



Medi-Cal Eligibility by Population

Medi-Cal Populations	Old Eligibility	New Eligibility
Adult Population, 19-64	N/A	Up to 138%
Parents/Caretaker Relatives	Up to 125%	Up to 138%
Pregnant Women	Up to 200%	Up to 213%
Access for Infants and Mothers	Up to 300%	Up to 322%
Children	Up to 250%	Up to 266%
Over age 65, Blind, or have a disability	Unchanged	Unchanged
SSI/SSP recipients and those deemed to be SSI/SSP recipients	Unchanged	Unchanged
1915 home and community-based waivers participants	Unchanged	Unchanged
Nursing facility level of care beneficiaries	Unchanged	Unchanged
Medicare Savings Program recipients	Unchanged	Unchanged
Foster Care/Adoption Assistance and those for whom the State relies on an Express Lane Agency finding of income	Unchanged	Unchanged
Medically Needy	Unchanged	Unchanged



Medi-Cal Eligibility: MAGI Population

Medi-Cal Populations	Old Eligibility	New Eligibility
Adult Population, 19-64	N/A	Up to 138%
Parents/Caretaker Relatives	Up to 125%	Up to 138%
Pregnant Women	Up to 200%	Up to 213%
Access for Infants and Mothers	Up to 300%	Up to 322%
Children	Up to 250%	Up to 266%
Over age 65, Blind, or have a disability	Unchanged	Unchanged
SSI/SSP recipients and those deemed to be SSI/SSP recipients	MAGI Population	
1915 home and community-based waivers participants	Unchanged	Unchanged
Nursing facility level of care beneficiaries	Unchanged	Unchanged
Medicare Savings Program recipients	Unchanged	Unchanged
Foster Care/Adoption Assistance and those for whom the State relies on an Express Lane Agency finding of income	Unchanged	Unchanged
Medically Needy	Unchanged	Unchanged



Medi-Cal Eligibility: Non-MAGI Population

Medi-Cal Populations	Old Eligibility	New Eligibility
Adult Population, 19-64	N/A	Up to 138%
Parents/Caretaker Relatives	Up to 125%	Up to 138%
Pregnant Women	Up to 200%	Up to 213%
Access for Infants and Mothers	Non-MAGI Population	Up to 322%
Children		Up to 266%
Over age 65, Blind, or have a disability	Unchanged	Unchanged
SSI/SSP recipients and those deemed to be SSI/SSP recipients	Unchanged	Unchanged
1915 home and community-based waivers participants	Unchanged	Unchanged
Nursing facility level of care beneficiaries	Unchanged	Unchanged
Medicare Savings Program recipients	Unchanged	Unchanged
Foster Care/Adoption Assistance and those for whom the State relies on an Express Lane Agency finding of income	Unchanged	Unchanged
Medically Needy	Unchanged	Unchanged



Medi-Cal Eligible: NOW

Medi-Cal Populations	Old Eligibility	New Eligibility
Adult Population, 19-64	N/A	Up to 138%
Parents/Caretaker Relatives	Up to 125%	Up to 138%
Pregnant Women	Up to 200%	Up to 213%
Access for Infants and Mothers	Up to 300%	Up to 322%
Children	Up to 250%	Up to 266%
Over age 65, Blind, or have a disability	Unchanged	
SSI/SSP recipients and those deemed to be SSI/SSP recipients	Unchanged	
1915 home and community-based waivers participants	Unchanged	
Nursing facility level of care beneficiaries	Unchanged	
Medicare Savings Program recipients	Unchanged	
Foster Care/Adoption Assistance and those for whom the State relies on an Express Lane Agency finding of income	Unchanged	Unchanged
Medically Needy	Unchanged	Unchanged



Medi-Cal Eligible: Starting January 1, 2014

Medi-Cal Populations	Old Eligibility	New Eligibility
Adult Population, 19-64	N/A	Up to 138%
Parents/Caretaker Relatives	Up to 125%	Up to 138%
Pregnant Women	Up to 200%	Up to 213%
Access for Infants and Mothers	Up to 300%	Up to 322%
Children	Up to 250%	Up to 266%
Over age 65, Blind, or have a disability	Unchanged	Unchanged
SSI/SSP recipients and those deemed to be SSI/SSP recipient	Unchanged	Unchanged
1915 home and community care waiver participants	Unchanged	Unchanged
Nursing facility level of care beneficiaries	Unchanged	Unchanged
Medicare Savings Program recipients	Unchanged	Unchanged
Foster Care/Adoption Assistance and those for whom the State relies on an Express Lane Agency finding of income	Unchanged	Unchanged
Medically Needy	Unchanged	Unchanged

Newly Medi-Cal Eligible January 1, 2014

Covered California Marketplace





Covered California Health Plan

Essential Health Benefits

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services

Standard Benefit Design –

- All Covered California Health Plans cover the same health care services
- Benefit plans have different levels of cost sharing with the consumer through copays, deductibles, and coinsurance



Covered California Does Not Offer...

- Medicare Supplemental Plans
- Adult Vision Plans
- Adult Dental Plans (*coming plan year 2015!*)



New Rules for Equitable Premium Calculation

Premium rate is driven by

- Age
- Zip code which drives pricing region
- Benefit plan selected

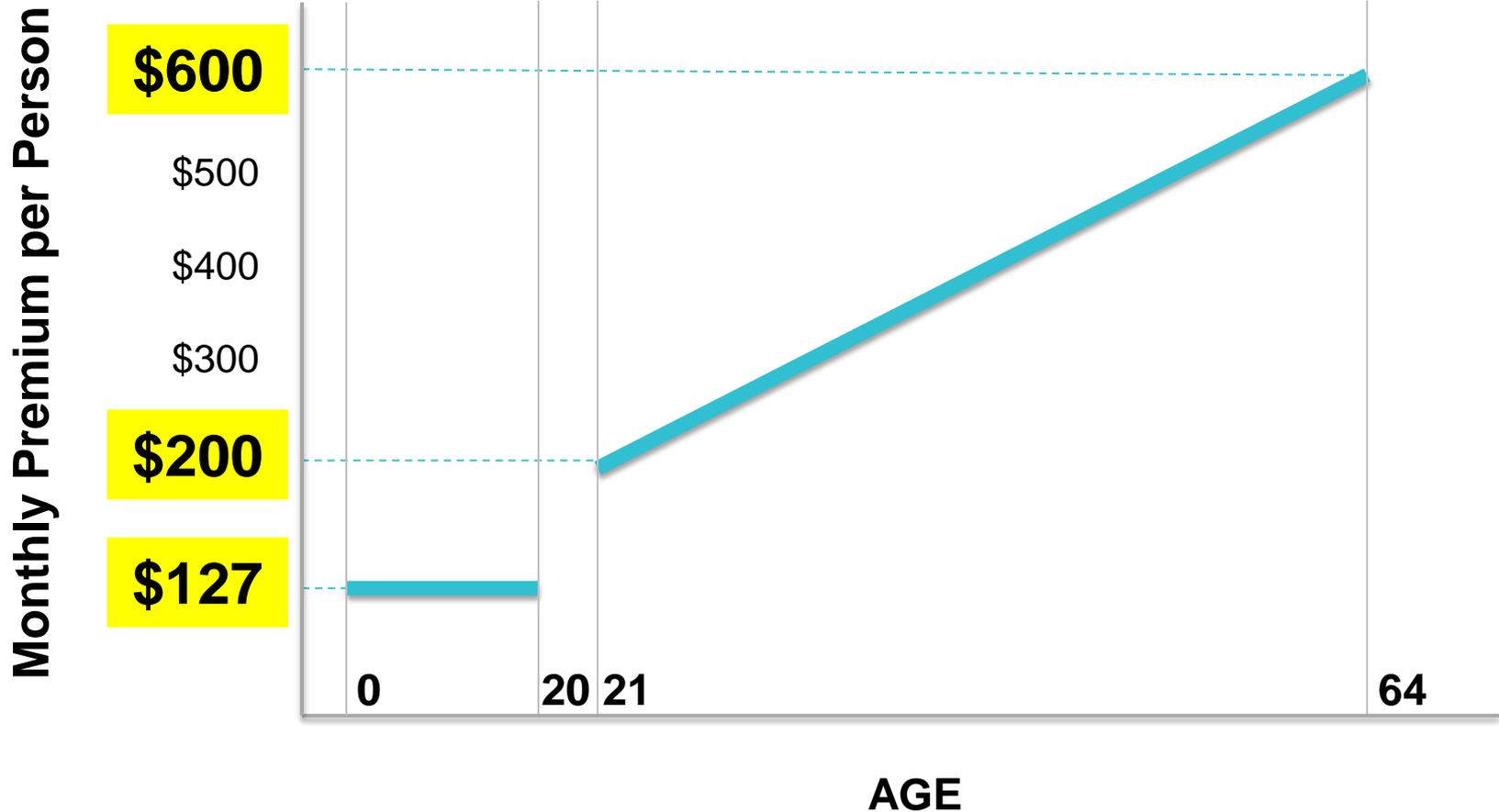
138% to 400% of Poverty

- Consumer pays “Fair Share” percent of income ranging from 2% to 9.5%
- Premium assistance (in the form of the advance tax credit) paying the balance



Premium rate is age sensitive

.635 factor for children; 1:3 maximum ratio for adults





Pricing Regions



Pricing Region 1
Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne

Pricing Region 2
Napa, Sonoma, Solano, Marin

Pricing Region 3
Sacramento, Placer, El Dorado, Yolo

Pricing Region 4
San Francisco

Pricing Region 5
Contra Costa

Pricing Region 6
Alameda

Pricing Region 7
Santa Clara

Pricing Region 8
San Mateo

Pricing Region 9
Santa Cruz, Monterey, San Benito

Pricing Region 10
San Joaquin, Stanislaus, Merced, Mariposa, Tulare

Pricing Region 11
Fresno, Kings, Madera

Pricing Region 12
San Luis Obispo, Ventura, Santa Barbara

Pricing Region 13
Mono, Inyo, Imperial

Pricing Region 14
Kern

Pricing Region 15
Los Angeles (partial)
The county of Los Angeles is made up of two pricing regions by ZIP code (Regions 15 and 16).

Pricing Region 16
Los Angeles (partial)
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Pricing Region 17
San Bernardino, Riverside

Pricing Region 18
Orange

Pricing Region 19
San Diego



Pricing Regions with Average Silver-level Plan Cost

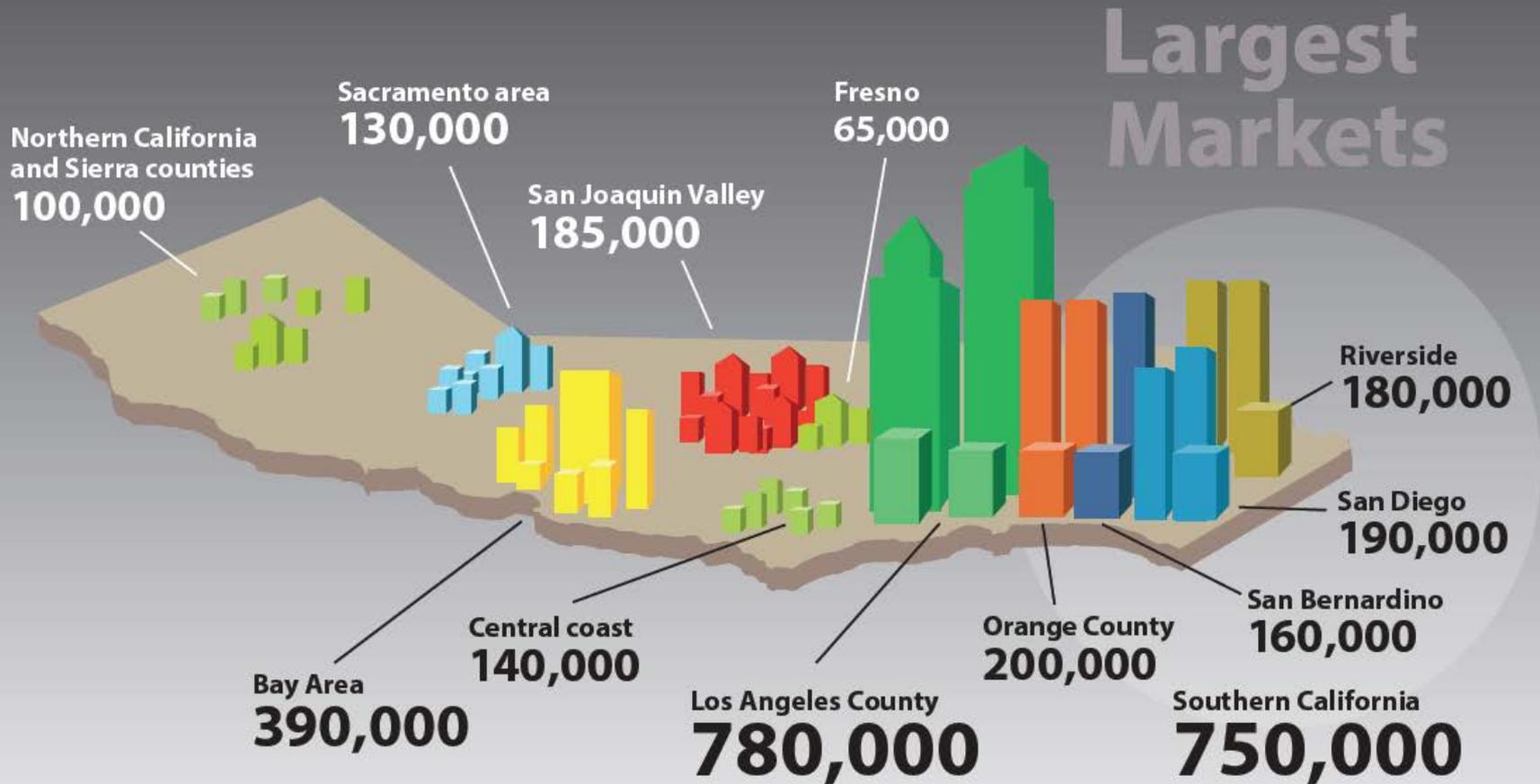
2nd Lowest Silver-Level Plan Rates for a 40-year-old, by Rating Region



1	\$318	10	\$322
2	\$343	11	\$288
3	\$333	12	\$326
4	\$373	13	\$396
5	\$347	14	\$281
6	\$357	15	\$252
7	\$340	16	\$259
8	\$383	17	\$259
9	\$382	18	\$286
		19	\$308



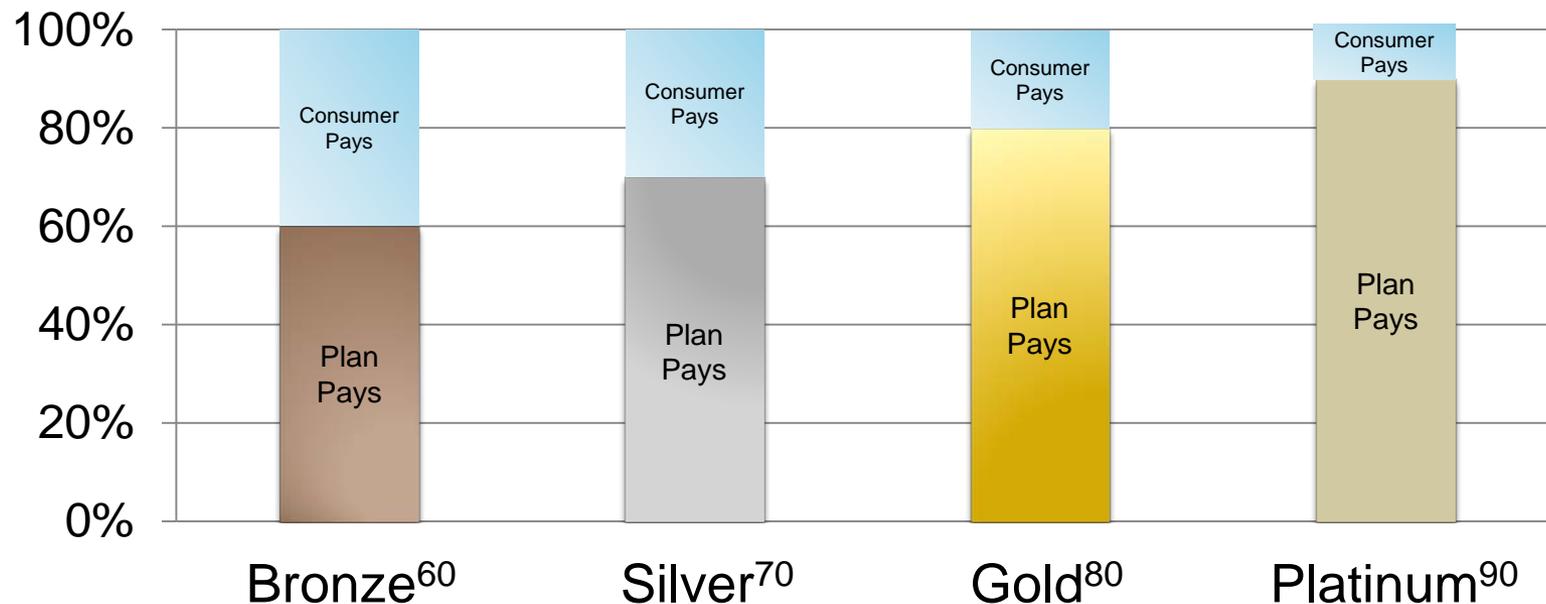
Subsidy Eligible by Region





Premium rates influenced by benefit plan

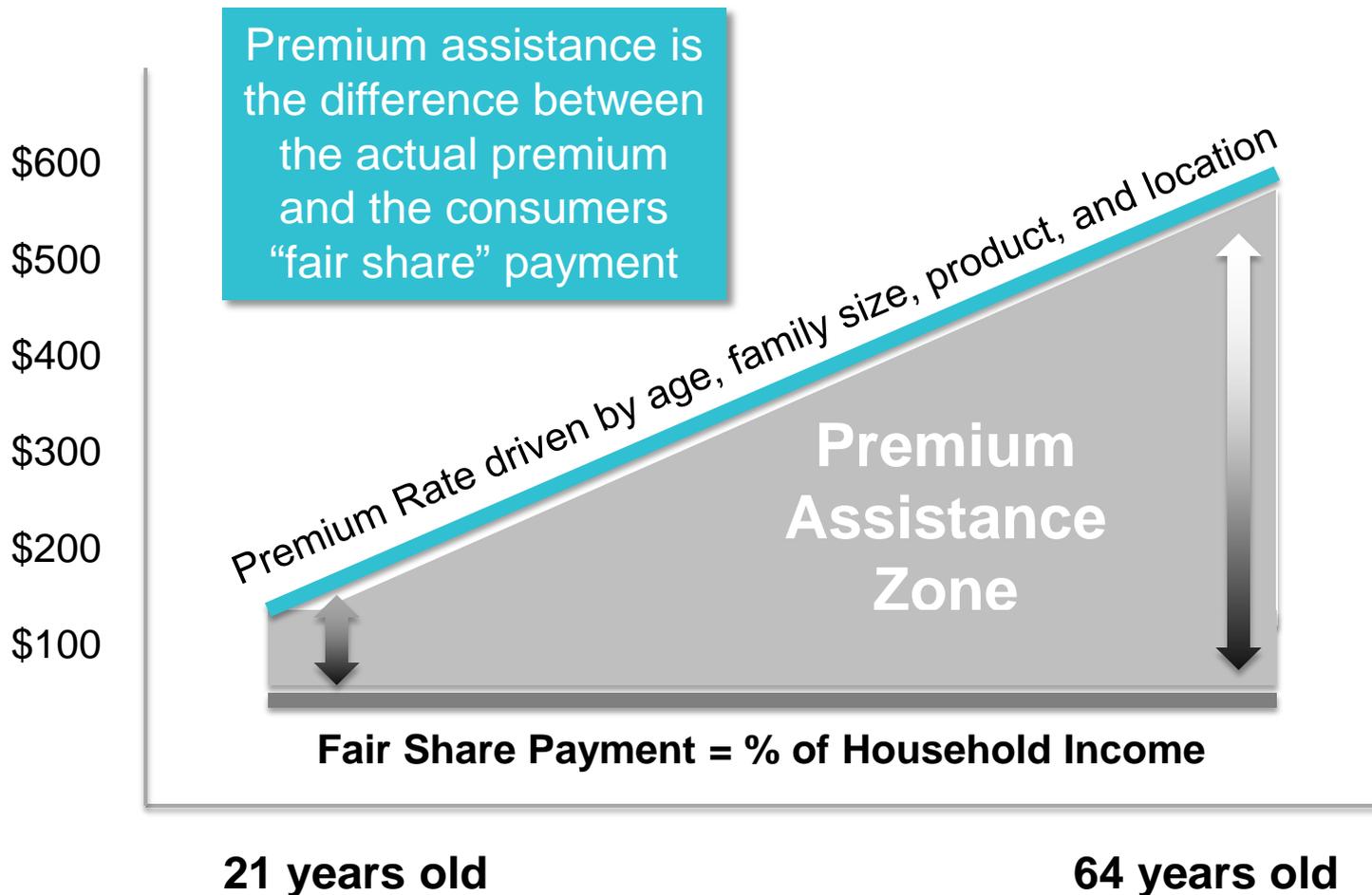
Plan pays an average percent of health care costs – ranging from 60% to 90%



**Actuarial Value or AV is the expected percent coverage.
Gold has an AV of 80%**

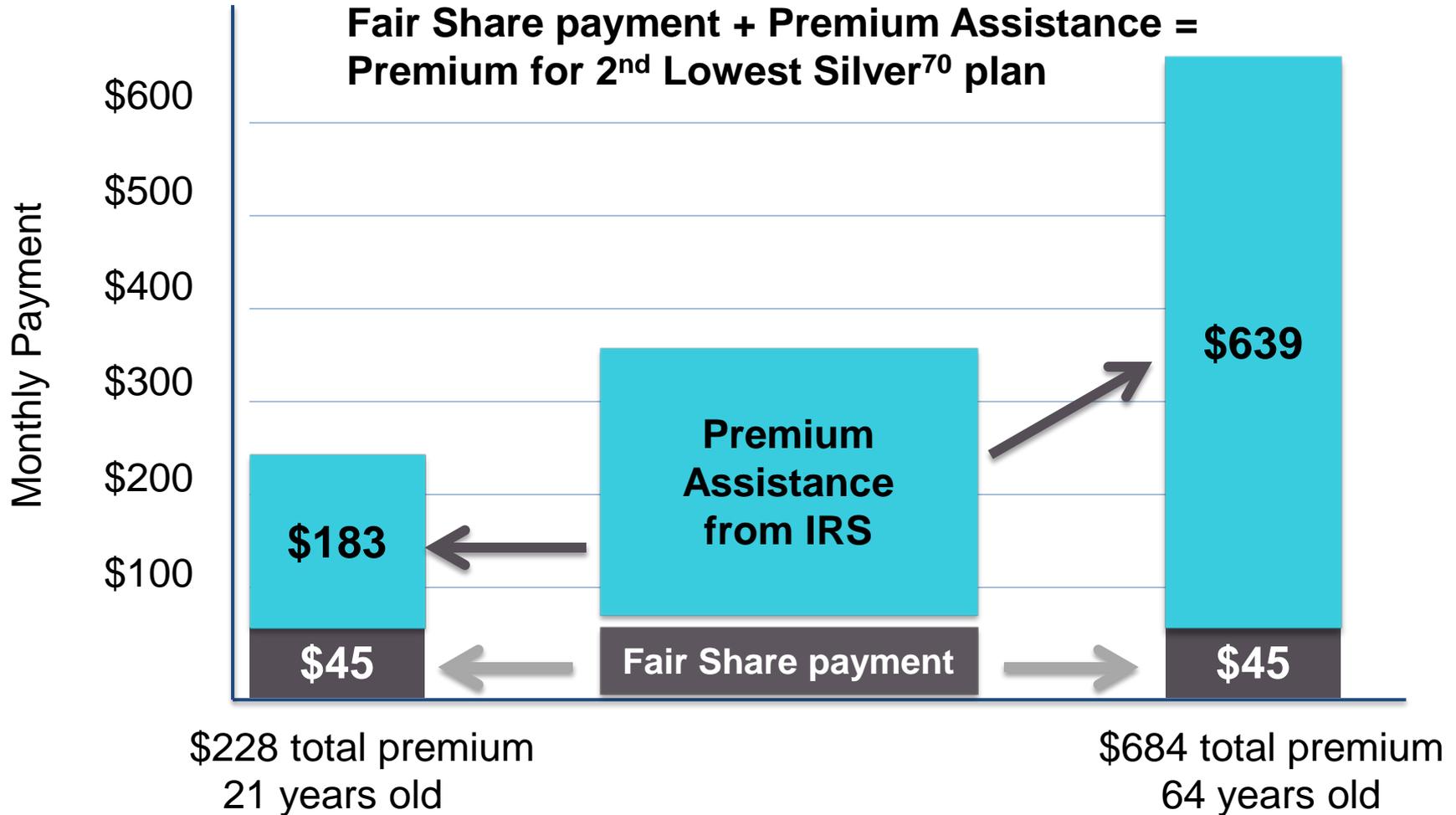


The value of premium assistance is sensitive to age





Premium assistance eligible consumers pay “fair share” amounts regardless of age; the premium assistance makes up the difference



NOTE: Example reflects 2014 rates for Fresno using 2nd lowest priced Silver⁷⁰ plan



Premium Assistance as Federal Income Tax Credit

Consumers eligible for premium assistance have a choice of how to take advantage of the tax credit:

- Wait until taxes are filed
- In Advance
 - Paid monthly directly to health insurer
 - Consumer has risk of over payment or underpayment if income fluctuates
 - If income changes, consumer encouraged to contact Covered California to make adjustment



Affordability = premium + out of pocket expenses

Premium assistance addresses monthly affordability of premium

- Consumer pays “fair share” percent of income
- Cost only goes up if income goes up

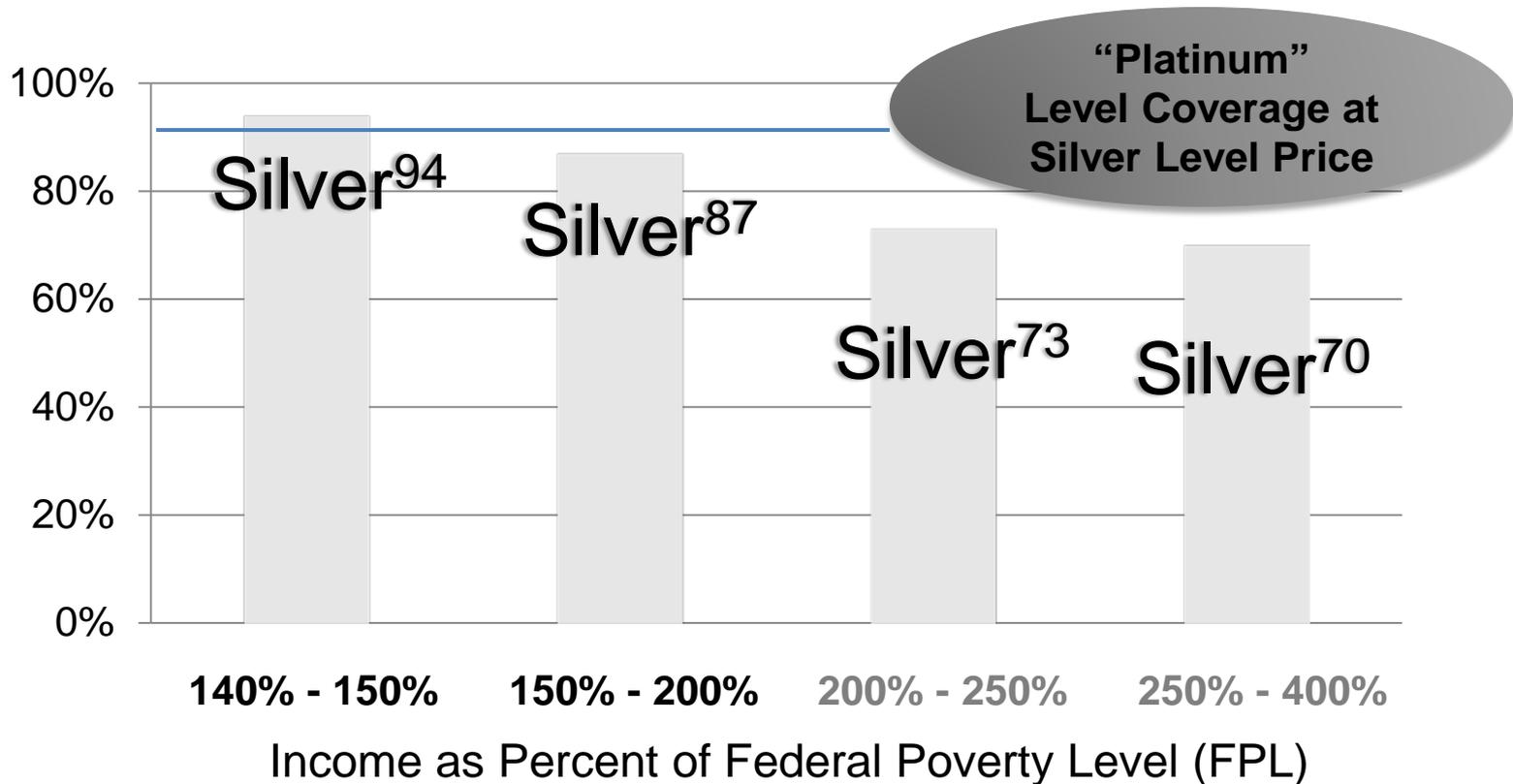
Out of pocket affordability addressed through enhanced benefits

- Consumers with income ranging from 138% to 200% of FPL eligible for “Platinum level” coverage



Reduced cost sharing improves affordability for many

In addition to the premium assistance that helps pay for the monthly premium, many consumers are also eligible for Enhanced Silver plans with very generous benefits to help pay for out-of-pocket costs.





\$1 of income can make a huge difference

Number	Medi-Cal		Cost Sharing + Premium Assistance			Premium Assistance Only	
	Up to or at 138%	Medi-Cal for Children (up to 266%)					
		Over 138%	150%	200%	250%	400%	
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4	\$32,499	\$32,500	\$35,325	\$47,100	\$58,875	\$94,200	



What is the definition of “family”?

- Under the Affordable Care Act, a family is defined by your **Modified Adjust Gross Income (MAGI)** household.
- **Family = You** (taxpayer) + **Spouse** (if applicable and must file jointly) + **Claimed Dependent(s)** (must not be claimed by another)

Family Size = Number of individuals in the family

Household Income = The sum of the taxpayer’s MAGI plus the MAGI of tax dependents in the family if they are required to file



Welcome to the Covered California Shop and Compare Tool

In just one click, you can find out what health insurance plans you can buy, and if you qualify for monthly premium assistance or Medi-Cal.

[Get Started](#)

What is Covered California?



OVERVIEW



HEALTH INSURANCE BENEFITS



HELP WITH YOUR COSTS



INCOME GUIDELINES

How to use the Shop and Compare Tool

- At home on your computer – www.coveredca.com/shopandcompare/
- On your tablet – from the Apple or Google app store
- On your phone – from the Apple or Google app store

What is Covered California?



OVERVIEW



HEALTH INSURANCE BENEFITS



HELP WITH YOUR COSTS



INCOME GUIDELINES



WHAT IS AFFORDABLE?



ENROLLMENT PROCESS



COMMON QUESTIONS / FAQ



GLOSSARY

Covered California is a new marketplace where individuals, families and small businesses can get affordable health insurance. With just one application, you'll find out what you qualify for: free or low cost programs such as Medi-Cal, or affordable private insurance programs.

Scenario 1: Eligible for Premium Assistance and Cost-Sharing Subsidies

Zachary



Age: 55

Marital Status: Single

Annual Income*: \$22,000
(~190% of the Federal Poverty Level)

Dependents: None

Pricing Region: 13
(Imperial County – Zip: 92232)

*Modified adjusted gross income

COVERED CALIFORNIA

The Covered California Shop and Compare Tool

Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

Household Information

Number of people in the household *

Household income *

ZIP Code *

92232: Imperial County (Region 13)

Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

Enter the AGE of each adult

Adult 1 (over 18)

Number of dependents age 18 or under

Total people covered:

\$ Breaking Down the Monthly Cost

Good news! You may qualify for help with paying for health insurance through Covered California. Now, let's take a look at the health insurance plans that may be available in your area!

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ELIGIBLE FOR...

Covered California Health Plan:

- Under 400% FPL–Premium Assistance
- Under 250% FPL–Cost-Sharing Assistance

Kaiser Permanente
Enhanced Silver 87 HMO

Total Monthly Premiums: \$556

Monthly Premium Assistance (Tax Credit): \$589

Your Total Monthly Payment: \$1

[VIEW DETAILS](#)

blue shield of california
Blue Shield Enhanced Silver 87 PPO

Total Monthly Premiums: \$697

Monthly Premium Assistance (Tax Credit): \$589

Your Total Monthly Payment: \$108

[VIEW DETAILS](#)

Anthem BlueCross
Anthem^msp Enhanced Silver 87 PPO

Total Monthly Premiums: \$712

Monthly Premium Assistance (Tax Credit): \$589

Your Total Monthly Payment: \$123

[VIEW DETAILS](#)

Scenario 1: Eligible for Premium Assistance and Cost-Sharing Subsidies

Zachary



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Marital Status: Single

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(~190% of the Federal Poverty Level)

Dependents: None

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**Modified adjusted gross income*

ELIGIBLE FOR...

Covered California Health Plan:

- Under 400% FPL–Premium Assistance
- Under 250% FPL–Cost-Sharing Assistance

Kaiser Permanente
Enhanced Silver 87
HMO

Total Monthly
Premiums: ~~\$526~~

Monthly Premium
Assistance (Tax Credit):
\$589

**Your Total Monthly
Payment: \$1**

[VIEW DETAILS](#)

Blue Shield Enhanced
Silver 87 PPO

Total Monthly
Premiums: ~~\$697~~

Monthly Premium
Assistance (Tax Credit):
\$589

**Your Total Monthly
Payment: \$108**

[VIEW DETAILS](#)

Anthem^{msp} Enhanced
Silver 87 PPO

Total Monthly
Premiums: ~~\$712~~

Monthly Premium
Assistance (Tax Credit):
\$589

**Your Total Monthly
Payment: \$123**

[VIEW DETAILS](#)

Zachary



Age: 55

Marital Status: Single

Annual Income*: \$22,000
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Dependents: None

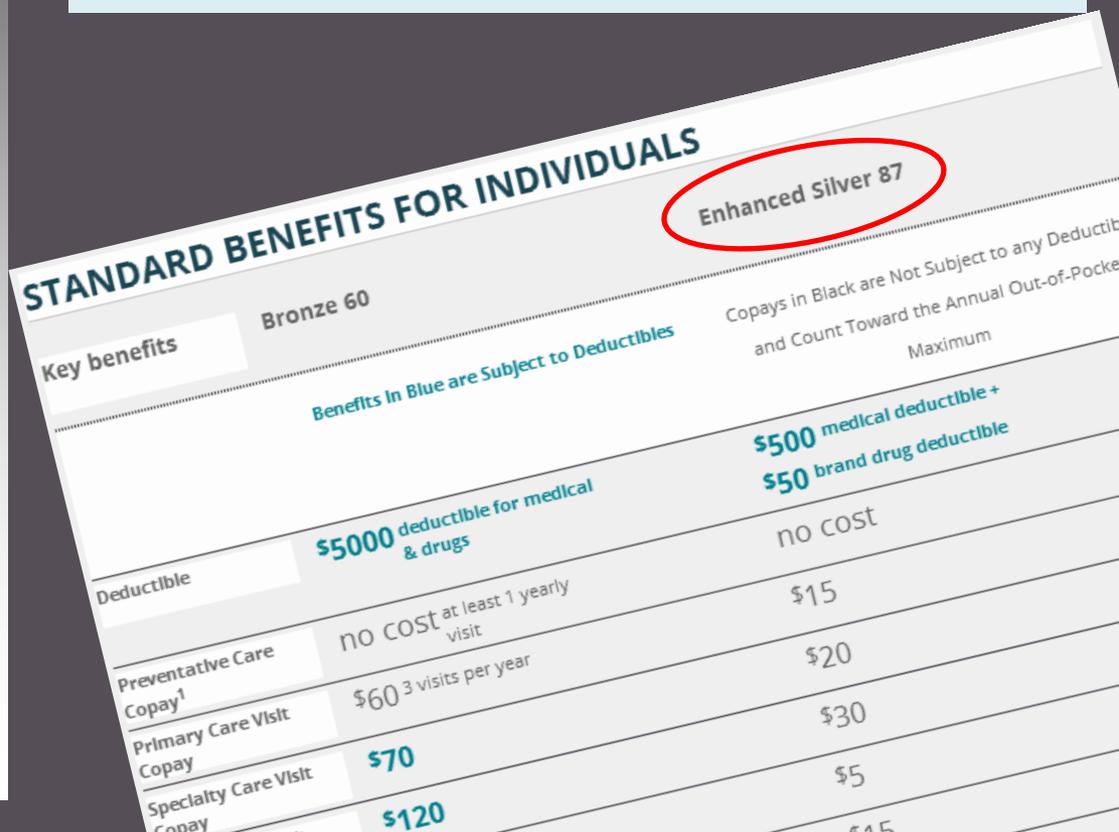
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*Modified adjusted gross income

ELIGIBLE FOR...

Covered California Health Plan:

- Under 400% FPL–Premium Assistance
- **Under 250% FPL–Cost-Sharing Assistance**



STANDARD BENEFITS FOR INDIVIDUALS	
Key benefits	Bronze 60
Benefits In Blue are Subject to Deductibles	
Deductible	\$5000 deductible for medical & drugs
Preventative Care	no cost at least 1 yearly visit
Copay ¹	\$60 ³ visits per year
Primary Care Visit Copay	\$70
Specialty Care Visit Copay	\$120
Deductible	\$500 medical deductible + \$50 brand drug deductible
Preventative Care	no cost
Copay ¹	\$15
Primary Care Visit Copay	\$20
Specialty Care Visit Copay	\$30
Deductible	\$5
Preventative Care	\$15

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

Three Takeaways

1. Must enroll in a **Silver-level health plan** to receive cost-sharing subsidies
2. Out-of-pocket costs (including maximum and deductible) become **MUCH LOWER** when a Silver-level health plan is “enhanced” with federal cost-sharing subsidies – *for Zachary, 87% of his out-of-pocket costs will be paid by a Silver-level health plan (vs. 60% if selected a Bronze-level health plan)*
3. How much the plan is “enhanced” is shown by the number next to the metal tier, “Enhanced Silver 87”

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60	Enhanced Silver 87
	Benefits In Blue are Subject to Deductible	Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum
Deductible	\$5000 deductible for medical & drugs	\$500 medical deductible + \$50 brand drug deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit	no cost
Primary Care Visit Copay	\$60 3 visits per year	\$15
Specialty Care Visit Copay	\$70	\$20
Urgent Care Visit Copay	\$120	\$30
General Medication Copay	\$19	\$5
Lab Testing Copay	30%	\$15
X-Ray Copay	30%	\$20
Emergency Room Copay	\$300	\$75
High cost and Infrequent services (e.g. Hospital Care and Outpatient Surgery)	30% of your plan's negotiated rate	15%
Preferred brand copay after Drug Deductible (If any)	\$50	\$15
Maximum Out-of-Pocket For One	\$6,350	\$2,250
Maximum Out-of-Pocket For Family	\$12,700	\$4,500

¹ in-network only



Minimum Coverage Plan

“catastrophic coverage plan”

- Offers the same benefits as other plans, but at a much lower monthly premium and much higher out-of-pocket costs (~50/50 AV)
- If selected, you cannot receive premium assistance or cost-sharing subsidies, even if eligible
- Eligible for Minimum Coverage Plan if:
 - Under age 30; or
 - Receive a hardship exemption from Health & Human Services because lowest-cost Bronze plan is more than 8% of MAGI income.



Scenario 2: The Martins

- **Multiple Program Family**

- *Adult (Diane)*

Eligible for Premium Assistance

Under 400% of the federal poverty level

Eligible for Cost-Sharing Subsidies

*Under 250% of the federal poverty level
and enrolls in a Silver-Level Plan*

- *Child (Wendy)*

Eligible for Medi-Cal

Under 266% of the federal poverty level



Scenario 2: Multiple Program Family
– Child Eligible for Medi-Cal, Mother Eligible for Covered CA

The Martins



Age: Diane, 35

Marital Status: Single

Dependent Children (Wendy): 1

Annual Income*: \$35,000
(~225% of Federal Poverty Level)

Pricing Region: 3
(El Dorado – Zip: 95762)

**Modified adjusted gross income*

A screenshot of the Covered California Shop and Compare Tool interface. The page is titled "The Covered California Shop and Compare Tool". Below the title is a warning message: "Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help." The main section is "Household Information" and contains the following fields: "Number of people in the household" with a value of 2; "Household income" with a value of \$35,000.00 and a dropdown menu set to "Annual"; "ZIP Code" with a value of 95762. Below these fields is a dropdown menu showing "95762: El Dorado County (Region 3)". The next section is "Enrollee Information" with the instruction "Only enter members of your household who would enroll in Exchange coverage." It contains the following fields: "Enter the AGE of each adult" with a value of 35 for "Adult 1 (over 18)"; "Number of dependents age 18 or under" with a value of 1 selected from options 0, 1, 2, and 3 or more; "Total people covered:" with a value of 2. The final section is "Breaking Down the Monthly Cost" and contains a red-bordered box with the text: "Good news! Based on your income, the children in your household may qualify for Medi-Cal Kids! The adults in your household may qualify for help with paying for health insurance through Covered California. Now, let's take a look at the health insurance plans that may be available in your area!"

Scenario 2: Multiple Program Family
– Child Eligible for Medi-Cal, Mother Eligible for Covered CA

The Martins



The Covered California Shop and Compare Tool

Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

Household Information

Number of people in the household *

2

Household income *

Good news! Based on your income, the children in your household may qualify for Medi-Cal Kids! The adults in your household may qualify for help with paying for health insurance through Covered California. Now, let's take a look at the health insurance plans that may be available in your area!

Annual Income*: \$35,000
(~225% of Federal Poverty Level)

Pricing Region: 3
(El Dorado – Zip: 95762)

*Modified adjusted gross income

Number of dependents age 18 or under

0 1 2 3 or more

Total people covered:

2

Breaking Down the Monthly Cost

Good news! Based on your income, the children in your household may qualify for Medi-Cal Kids! The adults in your household may qualify for help with paying for health insurance through Covered California. Now, let's take a look at the health insurance plans that may be available in your area!

Scenario 2: Multiple Program Family
 – Child Eligible for Medi-Cal, Mother
 Eligible for Covered CA

The Martins



Age: Diane, 35

Marital Status: Single

Dependent Children (Wendy): 1

Annual Income*: \$35,000
 (~225% of Federal Poverty Level)

Pricing Region: 3
 (El Dorado – Zip: 95762)

*Modified adjusted gross income

Diane (Adult) will be eligible for:

Covered California Health Plan:

- Under 400% FPL–Premium Assistance
- Under 250% FPL – Cost-Sharing Subsidies

Anthem^{mSP} Enhanced Silver 73 PPO

Total Monthly Premiums: \$320

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$209

Kaiser Permanente Enhanced Silver 73 HMO

Total Monthly Premiums: \$335

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$223

Western Health Advantage Enhanced Silver 73 HMO

Total Monthly Premiums: \$392

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$280

Not shown: Blue Shield of California PPO, \$210;
 Anthem Blue Cross HMO, \$348

Wendy (Child) will be eligible for Medi-Cal



Scenario 2: Multiple Program Family
– Child Eligible for Medi-Cal, Mother Eligible for Covered CA

The Martins



Age: Diane, 35

Marital Status: Single

Dependent Children (Wendy): 1

Annual Income*: \$35,000
(~225% of Federal Poverty Level)

Pricing Region: 3
(El Dorado – Zip: 95762)

*Modified adjusted gross income

Diane (Adult) will be eligible for:

Covered California Health Plan:

- Under 400% FPL–Premium Assistance
- Under 250% FPL – Cost-Sharing Subsidies

Anthem^{mSP} Enhanced Silver 73 PPO

Total Monthly Premiums: ~~\$320~~

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$209

Kaiser Permanente Enhanced Silver 73 HMO

Total Monthly Premiums: ~~\$335~~

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$223

Western Health Advantage Enhanced Silver 73 HMO

Total Monthly Premiums: ~~\$382~~

Monthly Premium Assistance (Tax Credit): \$112

Your Total Monthly Payment: \$280

Not shown: Blue Shield of California PPO, \$210;
Anthem Blue Cross HMO, \$348

Wendy (Child) will be eligible for Medi-Cal



Scenario 2: Multiple Program Family
– Child Eligible for Medi-Cal, Mother
Eligible for Covered CA

The Martins



Age: Diane, 35

Marital Status: Single

Dependent Children (Wendy): 1

Annual Income*: \$35,000
(~225% of Federal Poverty Level)

Pricing Region: 3
(El Dorado – Zip: 95762)

**Modified adjusted gross income*

Wendy (Child) will be eligible for Medi-Cal



\$13



\$13



\$13

Through Medi-Cal for Families, Wendy will also be eligible for:



Scenario 2: Multiple Program Family
 – Child Eligible for Medi-Cal, Mother Eligible for Covered CA

The Martins



Age: Diane, 35

Marital Status: Single

Dependent Children (Wendy): 1

Annual Income*: \$35,000
 (~225% of Federal Poverty Level)

Pricing Region: 3
 (El Dorado – Zip: 95762)

*Modified adjusted gross income

Covered California Standard Benefits:

STANDARD BENEFITS FOR INDIVIDUALS				
Key benefits	Bronze 60	Enhanced Silver 73	Gold 80	Platinum 90
	Benefits in Blue are Subject to Deductibles		Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum	
Deductible	\$5000 deductible for medical & drugs	\$1,500 medical deductible	no deductible	no deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit	no cost	no cost at least 1 yearly visit	no cost at least 1 yearly visit
Primary Care Visit Copay	\$60 3 visits per year	\$40	\$30	\$20
Specialty Care Visit Copay	\$70	\$50	\$50	\$40
Urgent Care Visit Copay	\$120	\$80	\$90	\$40
General Medication Copay	\$19	\$19	\$19	\$5
Lab Testing Copay	30%	\$40	\$30	\$20
X-Ray Copay	30%	\$50	\$50	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
High cost and infrequent services (e.g. Hospital Care and Outpatient Surgery)	30% of your plan's negotiated rate	20% of your plan's negotiated rate	HMO Outpatient Surgery - \$600 Hospital - \$600/day up to 5 days PPO - 20%	HMO Outpatient Surgery - \$250 Hospital - \$250/day up to 5 days PPO - 10%
Preferred brand copay after Drug Deductible (if any)	\$50	\$30	\$50	\$15
Maximum Out-of-Pocket For One	\$6,350	\$5,200	\$6,350	\$4,000
Maximum Out-of-Pocket For Family	\$12,700	\$10,400	\$12,700	\$8,000

How to Enroll

in a Covered California
Health Insurance Plan





Helping Consumers Enroll

Enrollment Dates

Initial open enrollment

- **October 1, 2013 – March 31, 2014**
 - ▶ **Special circumstance**
60 days within a certain life-changing event, such as a divorce or the birth of a child

Subsequent enrollment

- **Oct. 15 – Dec. 7 each year**

Medi-Cal applications

- **accepted year-round**



Helping Consumers Enroll CoveredCA.com

The screenshot shows the homepage of Covered California. At the top, there is a navigation bar with the site logo, the tagline "Your destination for affordable health care", and social media icons for Facebook, Twitter, Google+, and YouTube. Below this is a secondary navigation bar with links for "ABOUT US", "COVERAGE", "RESOURCES", "NEWS CENTER", and "LANGUAGES: ENGLISH". The main content area features a large banner image of a coastal road with a "Welcome to Covered California" sign. To the right of the sign, the text reads "Your destination for affordable, quality health care, including Medi-Cal" and a yellow "Shop and Compare" button. Below the banner are four service categories: "Individuals & Families", "Small Business", "I Need Help Before 2014", and "Help Me Enroll". The footer contains three featured sections: "Real People" with a photo of a woman and a "Read About Real People" button; "Get the 4-1-1 on Coverage" with a video icon and a "View More Videos" button; and "Get the Latest News On Covered California" with a magnifying glass icon and a "Go to News Center" button.

<p>Partners</p> <ul style="list-style-type: none"> Outreach & Education Certified Licensed Agents Small Business Health Options Program (SHOP) 	<p>The Board</p> <ul style="list-style-type: none"> Board Members Board Meetings Speaker Requests 	<p>Resources</p> <ul style="list-style-type: none"> Legal Research Regulations Federal Guidance Link to Us 	<p>Contact Us</p> <ul style="list-style-type: none"> CALL US ► 800-300-1506 Sign Up for Updates California Health Benefit Exchange Medi-Cal 	<p>Covered California is Powered by CALIFORNIA Health Benefit Exchange</p> <p>In Partnership with DHCS California Department of HealthCare Services</p>
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Helping Consumers Enroll

How to apply for a health insurance plan

▶ One application for Covered California or Medi-Cal

www.CoveredCA.com

ONLINE



Service Center
(800) 300-1506

PHONE



or



MAIL OR FAX



Certified
Insurance
Agent

IN-PERSON



Certified
Enrollment
Counselor

IN-PERSON

Local county
human or social
services office

IN-PERSON

www.CoveredCA.com
(800) 300-1506

www.dhcs.ca.gov

