

**California Health Benefit Exchange
Standardized Benefit Plan Designs
Summary of Benefits and Coverage**

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS 12/12/2012		Platinum- Coinsurance Plan	Platinum- Copay Plan	Gold- Coinsurance Plan	Gold-Copay Plan
Estimated Actuarial Value		91.8%	90.3%	81.7%	80.3%
Overall deductible		\$0	N/A	\$500	N/A
Other deductibles for specific services					
Facility only (IP, ASC, and ER)			\$0		\$500
Brand Drugs		\$0	\$0	\$100	\$100
Dental		TBD	TBD	TBD	TBD
Out-of-pocket limit on expenses		\$3,000	\$3,000	\$4,500	\$4,500
Common Medical Event	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans--see footnote</i>)	\$25	\$25	\$35	\$35
	Specialist visit	\$25	\$25	\$35	\$35
	Other practitioner office visit	\$25	\$25	\$35	\$35
	Preventive care/ screening/ immunization	No cost share	No cost share	No cost share	No cost share
Tests	Diagnostic test (x-ray, blood work)	10%	\$25	20%	\$100
	Imaging (CT/PET scans, MRIs)	10%	\$150	20%	\$200
Drugs to treat illness or condition	Generic drugs	\$5	\$5	\$10	\$10
	Preferred brand drugs	\$15	\$15	\$20	\$20
	Non-preferred brand drugs	\$25	\$25	\$35	\$35
	Specialty drugs	10%	10%	20%	20%
Outpatient surgery	Facility fee (e.g., ASC)	10%	10%	20%	20%
	Physician/surgeon fees	10%	\$150	20%	\$200
Need immediate attention	Emergency room services (waived if admitted)	\$150	\$150	\$200	\$200
	Emergency medical transportation	\$150	\$150	\$200	\$200
	Urgent care	\$40	\$40	\$50	\$50
Hospital stay	Facility fee (e.g., hospital room)	10%	\$300 per day, up to 3 days	20%	\$600 per day, up to 3 days
	Physician/surgeon fee	10%		20%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25	\$25	\$35	\$35
	Mental/Behavioral health inpatient services	10%	\$300 per day, up to 3 days	20%	\$600 per day, up to 3 days
	Substance use disorder outpatient services	\$25	\$25	\$35	\$35
	Substance use disorder inpatient services	10%	\$300 per day, up to 3 days	20%	\$600 per day, up to 3 days
Pregnancy	Prenatal and postnatal care	\$25	\$25	\$35	\$35
	Delivery and all inpatient services	10%	\$300 per day, up to 3 days	20%	\$600 per day, up to 3 days
Help recovering or other special health needs	Home health care	10%	\$25	20%	\$25
	Rehabilitation services	10%	\$25	20%	\$25
	Habilitation services	10%	\$25	20%	\$25
	Skilled nursing care	10%	\$150 per day, up to 3 days	20%	\$200 per day, up to 3 days
	Durable medical equipment	10%	10%	20%	20%
	Hospice service	No cost share	No cost share	No cost share	No cost share
	Eye exam (<i>deductible waived</i>)	0%	0%	0%	0%
Child needs dental or eye care	Glasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
	Dental check-up - Preventive and Diagnostic Services (<i>ded waived</i>)	0%	0%	0%	0%
	Dental Basic Services	TBD	TBD	TBD	TBD
	Dental Restorative and Orthodontia Services	TBD	TBD	TBD	TBD

Notes:

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges
- 5) For all Coinsurance plans other than Catastrophic, deductible is waived for one office visit, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits. Deductible is waived for the first 3 office visits under the Catastrophic plan.
- 6) "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.
- 7) Total pregnancy-related prenatal and postnatal visit copayments are limited to a total of \$250
- 8) Glasses benefit limited to \$100 per year
- 9) It is anticipated that high and low dental benefit options will be developed (cost sharing to be determined) and paired with the medical metal tier plans for pediatric oral care.
- 10) Orthodontia coverage is limited to medically necessary services

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DRAFT - For discussion purposes only

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS 12/12/2012		Silver- Coinsurance Plan	Silver Coins Plan-100%- 150% FPL	Silver Coins Plan-150%- 200% FPL	Silver Coins Plan-200%- 250% FPL	
Estimated Actuarial Value		71.9%	94.8%	87.9%	76.9%	
Overall deductible		\$1,200	\$0	\$400	\$1,200	
Other deductibles for specific services						
Facility only (IP, ASC, and ER)						
Brand Drugs		\$200	\$0	\$25	\$200	
Dental		TBD	TBD	TBD	TBD	
Out-of-pocket limit on expenses		\$6,400	\$2,133	\$2,133	\$3,200	
Common Medical Event	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans--see footnote</i>)	\$45	\$3	\$20	\$45	
	Specialist visit	\$45	\$3	\$20	\$45	
	Other practitioner office visit	\$45	\$3	\$20	\$45	
	Preventive care/ screening/ immunization	No cost share	No cost share	No cost share	No cost share	
Tests	Diagnostic test (x-ray, blood work)	30%	10%	15%	30%	
	Imaging (CT/PET scans, MRIs)	30%	10%	15%	30%	
Drugs to treat illness or condition	Generic drugs	\$20	\$3	\$8	\$20	
	Preferred brand drugs	\$30	\$5	\$18	\$30	
	Non-preferred brand drugs	\$50	\$8	\$27	\$50	
	Specialty drugs	30%	10%	15%	30%	
Outpatient surgery	Facility fee (e.g., ASC)	30%	10%	15%	30%	
	Physician/surgeon fees	30%	10%	15%	30%	
Need immediate attention	Emergency room services (waived if admitted)	\$250	\$25	\$75	\$250	
	Emergency medical transportation	\$250	\$25	\$75	\$250	
	Urgent care	\$60	\$8	\$30	\$60	
Hospital stay	Facility fee (e.g., hospital room)	30%	10%	15%	30%	
	Physician/surgeon fee	30%	10%	15%	30%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45	\$3	\$20	\$45	
	Mental/Behavioral health inpatient services	30%	10%	15%	30%	
	Substance use disorder outpatient services	\$45	\$3	\$20	\$45	
	Substance use disorder inpatient services	30%	10%	15%	30%	
Pregnancy	Prenatal and postnatal care	\$45	\$3	\$20	\$45	
	Delivery and all inpatient services	Professional	30%	10%	15%	30%
		Hospital	30%	10%	15%	30%
Help recovering or other special health needs	Home health care	30%	10%	15%	30%	
	Rehabilitation services	30%	10%	15%	30%	
	Habilitation services	30%	10%	15%	30%	
	Skilled nursing care	30%	10%	15%	30%	
	Durable medical equipment	30%	10%	15%	30%	
	Hospice service	No cost share	No cost share	No cost share	No cost share	
	Eye exam (<i>deductible waived</i>)	0%	0%	0%	0%	
Child needs dental or eye care	Glasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	
	Dental check-up - Preventive and Diagnostic Services (<i>ded waived</i>)	0%	0%	0%	0%	
	Dental Basic Services	TBD	TBD	TBD	TBD	
	Dental Restorative and Orthodontia Services	TBD	TBD	TBD	TBD	

Notes:

- 1) Actuarial values will be determined using the federal actuarial value calculator when it is released. To fit within allowable actuarial values, the cost sharing amounts in the standardized plans may be adjusted.
- 2) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values
- 3) Cost sharing amounts for all services accumulate toward the maximum out-of-pocket expense
- 4) Cost sharing for services with copayments is the lesser of the copayment amount or allowed charges
- 5) For all Coinsurance plans other than Catastrophic, deductible is waived for one office visit, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits. Deductible is waived for the first 3 office visits under the Catastrophic plan.
- 6) "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.
- 7) Total pregnancy-related prenatal and postnatal visit copayments are limited to a total of \$250
- 8) Glasses benefit limited to \$100 per year
- 9) It is anticipated that high and low dental benefit options will be developed (cost sharing to be determined) and paired with the medical metal tier plans for pediatric oral care.
- 10) Orthodontia coverage is limited to medically necessary services

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Estimated Actuarial Value		71.7%	94.9%	87.8%	78.1%
Overall deductible		N/A	N/A	N/A	N/A
Other deductibles for specific services					
Facility only (IP, ASC, and ER)		\$1,400	\$0	\$400	\$1,400
Brand Drugs		\$250	\$0	\$25	\$250
Dental		TBD	TBD	TBD	TBD
Out-of-pocket limit on expenses		\$6,400	\$2,133	\$2,133	\$3,200
Common Medical Event	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans--see footnote</i>)	\$45	\$3	\$20	\$45
	Specialist visit	\$45	\$3	\$20	\$45
	Other practitioner office visit	\$45	\$3	\$20	\$45
	Preventive care/ screening/ immunization	No cost share	No cost share	No cost share	No cost share
Tests	Diagnostic test (x-ray, blood work)	\$150	\$25	\$50	\$150
	Imaging (CT/PET scans, MRIs)	\$250	\$50	\$100	\$250
Drugs to treat illness or condition	Generic drugs	\$20	\$3	\$8	\$20
	Preferred brand drugs	\$30	\$5	\$20	\$30
	Non-preferred brand drugs	\$50	\$8	\$35	\$50
	Specialty drugs	30%	10%	15%	30%
Outpatient surgery	Facility fee (e.g., ASC)	30%	10%	15%	30%
	Physician/surgeon fees	\$250	\$50	\$100	\$250
Need immediate attention	Emergency room services (waived if admitted)	\$250	\$25	\$75	\$250
	Emergency medical transportation	\$250	\$25	\$75	\$250
	Urgent care	\$60	\$18	\$35	\$60
Hospital stay	Facility fee (e.g., hospital room)	30%	\$300 per day, up to 3 days	\$600 per day, up to 3 days	30%
	Physician/surgeon fee	0%			0%
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45	\$3	\$20	\$45
	Mental/Behavioral health inpatient services	30%	\$300 per day, up to 3 days	\$600 per day, up to 3 days	30%
	Substance use disorder outpatient services	\$45	\$3	\$20	\$45
	Substance use disorder inpatient services	30%	\$300 per day, up to 3 days	\$600 per day, up to 3 days	30%
Pregnancy	Prenatal and postnatal care	\$45	\$3	\$20	\$45
	Delivery and all inpatient services	0% 30%	\$300 per day, up to 3 days	\$600 per day, up to 3 days	0% 30%
Help recovering or other special health needs	Home health care	\$25	\$25	\$25	\$25
	Rehabilitation services	\$25	\$25	\$25	\$25
	Habilitation services	\$25	\$25	\$25	\$25
	Skilled nursing care	30%	\$300 per day, up to 3 days	\$600 per day, up to 3 days	30%
	Durable medical equipment	30%	10%	15%	30%
	Hospice service	No cost share	No cost share	No cost share	No cost share
	Eye exam (<i>deductible waived</i>)	0%	0%	0%	0%
Child needs dental or eye care	Glasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year
	Dental check-up - Preventive and Diagnostic Services (<i>ded waived</i>)	0%	0%	0%	0%
	Dental Basic Services	TBD	TBD	TBD	TBD
	Dental Restorative and Orthodontia Services	TBD	TBD	TBD	TBD

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- 5) For all Coinsurance plans other than Catastrophic, deductible is waived for one office visit, including prenatal/postnatal visits or outpatient Mental Health/Substance Abuse visits. Deductible is waived for the first 3 office visits under the Catastrophic plan.
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Estimated Actuarial Value		71.6%	62.0%	64.8%	61.6%	57.9%	
Overall deductible		\$1500 integrated Med/Rx Ded	\$3500 integrated Med/Rx Ded		\$3500 integrated Med/Rx Ded	\$6400 integrated Med/Rx Ded	
Other deductibles for specific services				\$4500 integrated Med/Rx Ded			
Facility only (IP, ASC, and ER)							
Brand Drugs							
Dental		TBD	TBD	TBD	TBD	TBD	
Out-of-pocket limit on expenses		\$6,400	\$6,400	\$6,400	\$6,400	\$6,400	
Common Medical Event	Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (<i>deductible waived for first visit except Non-Par Providers or HSA plans--see footnote</i>)	20%	\$60	\$80	30%	0%	
	Specialist visit	20%	\$60	\$80	30%	0%	
	Other practitioner office visit	20%	\$60	\$80	30%	0%	
	Preventive care/ screening/ immunization	No cost share	No cost share	No cost share	No cost share	No cost share	
Tests	Diagnostic test (x-ray, blood work)	20%	40%	\$200	30%	0%	
	Imaging (CT/PET scans, MRIs)	20%	40%	\$350	30%	0%	
Drugs to treat illness or condition	Generic drugs	20%	\$25	\$25	30%	0%	
	Preferred brand drugs	20%	\$50	\$50	30%	0%	
	Non-preferred brand drugs	20%	\$75	\$75	30%	0%	
	Specialty drugs	20%	40%	40%	30%	0%	
Outpatient surgery	Facility fee (e.g., ASC)	20%	40%	40%	30%	0%	
	Physician/surgeon fees	20%	40%	\$350	30%	0%	
Need immediate attention	Emergency room services (waived if admitted)	20%	\$300	\$300	30%	0%	
	Emergency medical transportation	20%	\$300	\$300	30%	0%	
	Urgent care	20%	\$75	\$95	30%	0%	
Hospital stay	Facility fee (e.g., hospital room)	20%	40%	40%	30%	0%	
	Physician/surgeon fee	20%	40%	0%	30%	0%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20%	\$60	\$80	30%	0%	
	Mental/Behavioral health inpatient services	20%	40%	40%	30%	0%	
	Substance use disorder outpatient services	20%	\$60	\$80	30%	0%	
	Substance use disorder inpatient services	20%	40%	40%	30%	0%	
Pregnancy	Prenatal and postnatal care	20%	\$60	\$80	30%	0%	
	Delivery and all inpatient services	Professional	20%	40%	0%	30%	0%
		Hospital	20%	40%	40%	30%	0%
Help recovering or other special health needs	Home health care	20%	40%	\$25	30%	0%	
	Rehabilitation services	20%	40%	\$25	30%	0%	
	Habilitation services	20%	40%	\$25	30%	0%	
	Skilled nursing care	20%	40%	40%	30%	0%	
	Durable medical equipment	20%	40%	40%	30%	0%	
	Hospice service	No cost share	No cost share	No cost share	No cost share	No cost share	
	Eye exam (<i>deductible waived</i>)	0%	0%	0%	0%	0%	
Child needs dental or eye care	Glasses	1 pair per year	1 pair per year	1 pair per year	1 pair per year	1 pair per year	
	Dental check-up - Preventive and Diagnostic Services (<i>ded waived</i>)	0%	0%	0%	0%	0%	
	Dental Basic Services	TBD	TBD	TBD	TBD	TBD	
	Dental Restorative and Orthodontia Services	TBD	TBD	TBD	TBD	TBD	

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- 6) "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.
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