GoDirect Health Insurance Services

Enrollment Registration

COVERED CA CASE NUMBER *(Your permanent ID #)*

Your Agent:

☐ **Andrew Vanos** **Ph: (800) 969-1428 x 101** **E-Mail: avanos@MainCover.com**

☐ **Thomas Feeney** **Ph: (800) 969-1428 x 102** **E-Mail: Tommy@TommyQuotes.com**

ENROLLMENT DETAILS

PRIMARY MEMBER: Last, First	ENROLLMENT DATE: ____ / ____ / 201____
INSURANCE COMPANY: ☐ Anthem ☐ Blue Shield ☐ Health Net ☐ Kaiser ☐ Molina ☐ OSCAR	POLICY EFFECTIVE DATE: ____ / ____ / 201____
COVERAGE TIER: ☐ Bronze ☐ Silver _____ ☐ Gold ☐ Platinum	☐ PPO ☐ HMO ☐ EPO

ADDITIONAL INFORMATION REQUESTED: ☐ YES ☐ NO

☐ Income	☐ Residency	☐ Incarceration Release	☐ Min. Essential Coverage	INFORMATION DUE BY ____ / ____ / 201____

PREMIUMS

TOTAL MONTHLY PREMIUM: $ __ __ __ __ . __ __	MONTHLY SUBSIDY RECEIVED: $ __ __ __ __ . __ __	**YOUR MONTHLY PAYMENT:** $ __ __ __ __ . __ __

INSURANCE COMPANIES

OSCAR	(855) 672-2788	**HIOSCAR.COM**	HEALTH NET	(800) 909-3447	**HEALTHNET.COM**
BLUE SHIELD	(888) 256-3650	**BLUESHIELDCA.COM**	KAISER	(866) 450-5648	kaiserpermanente.org
MOLINA	(800) 526-8196	**MOLINAHEALTHCARE.COM**			
COVERED CA	**(800) 300-1506**	**COVEREDCA.COM**	MEDI-CAL	(800) 281-9799	

☐ **FIRST PAYMENT HAS NOT BEEN MADE:** **DUE DATE** ____ / ____ / 201_____

☐ **FIRST PAYMENT HAS BEEN MADE:** **PAYMENT CONFIRMATION #:**_____

Is AutoPay set up: ☐ YES ☐ NO

- Call your insurance company to make your payment—THIS IS **YOUR** RESPONSIBILITY **(You may not receive a bill)**
- If you miss a payment, your insurance policy may be CANCELLED and you may lose your insurance. Call your insurance company IMMEDIATELY!!!!!

2. Plan Cancellations

- Covered CA requires a 14 day notice to cancel existing coverage

COVERED CA (Account Services) **(800) 300-1506**	**INSURANCE COMPANY** (Call your carrier for these matters)	**YOUR RESPONSIBILITY** (Very Important!!!!!)
• Income Changes • Address Changes • Tax Documents (Form 1095) etc. • Employment Changes	• Monthly Premium Payments • ID Cards • Claims Filing • Doctor Information	• Send Any Information Requested • **Report Income Changes** • Report address changes • Pay Your Premiums on Time

Andrew Vanos CA License #: 0G21740
Thomas Feeney CA License #: 0G18420

COVERED CALIFORNIA

COVERED CALIFORNIA™

2019 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

Coverage Category	Minimum Coverage	Bronze	Silver	Enhanced Silver 73	Enhanced Silver 87	Enhanced Silver 94	Gold	Platinum
Percent of cost coverage	Covers **0%** until out-of-pocket maximum is met	Covers **60%** average annual cost	Covers **70%** average annual cost	Covers **73%** average annual cost	Covers **87%** average annual cost	Covers **94%** average annual cost	Covers **80%** average annual cost	Covers **90%** average annual cost
Cost-sharing Reduction Single Income Range	N/A	N/A	N/A	**$24,281 to $30,350 (>200% to ≤250% FPL)**	**$18,211 to $24,280 (>150% to ≤200% FPL)**	**up to $18,210 (100% to ≤150% FPL)**	N/A	N/A
Annual Wellness Exam	$0	$0	$0	$0	$0	$0	$0	$0
Primary Care Vist	After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met	$75*	$40	$35	$15	$5	$30	$15
Urgent Care		$75*	$40	$35	$15	$5	$30	$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	$105*	$80	$75	$25	$8	$55	$30
Emergency Room Facility		Full cost until deductible is met	$350	$350	$100	$50	$325	$150
Laboratory Tests		$40	$35	$35	$15	$8	$35	$15
X-Rays and Diagnostics		Full cost until deductible is met	$75	$75	$30	$8	$55	$30
Imaging			$300	$300	$100	$50	$275 copay or 20% coinsurance***	$75 copay or 10% coinsurance***
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	Full cost up to $500 after drug deductible is met	$15**	$15**	$5 or less	$3 or less	$15 or less	$5 or less
Tier 2 (Preferred Drugs)			$55**	$50**	$20**	$10 or less	$55 or less	$15 or less
Tier 3 (Non-preferred Drugs)			$80**	$75**	$35**	$15 or less	$75 or less	$25 or less
Tier 4 (Specialty Drugs)			20% up to $250** per script	20% up to $250** per script	15% up to $150** per script	10% up to $150 per script	20% up to $250 per script	10% up to $250 per script
Medical Deductible	N/A	Individual: $6,300 Family: $12,600	Individual: $2,500 Family: $5,000	Individual: $2,200 Family: $4,400	Individual: $650 Family: $1,300	Individual: $75 Family: $150	N/A	N/A
Pharmacy Deductible	N/A	Individual: $500 Family: $1,000	Individual: $200 Family: $400	Individual: $175 Family: $350	Individual: $50 Family: $100	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	$7,900 individual only	$7,550 individual $15,100 family	$7,550 individual $15,100 family	$6,300 individual $12,600 family	$2,600 individual $5,200 family	$1,000 individual $2,000 family	$7,200 individual $14,400 family	$3,350 individual $6,700 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

** Price is after pharmacy deductible amount is met.

*** See plan Evidence of Coverage for imaging cost share.