



2014 Sliding Scale Benefits | SINGLE PERSON

Silver Plan (Eligible for Federal Subsidy)

Annual Income	\$15,856 – \$17,235	\$17,235 – \$22,980	\$22,980 – \$28,725	\$28,725 – \$45,960
Consumer Portion of Monthly Premium for Silver Plans (Balance paid by Federal subsidy)	\$19 – \$57	\$57 – \$121	\$121 – \$193	\$193 – \$364
Copays In the Yellow Sections are Not Subject to ANY Deductible and Count Toward the Annual Out-of-Pocket Maximum			Benefits In Blue are Subject to Either a Medical Deductible, Drug Deductible or Both	
Deductible (if any)	No Deductible	\$500	\$1,500 Medical Deductible	\$2,000 Medical Deductible
Preventative Care Copay	No Cost	No Cost	No Cost	No Cost – 1 Annual Visit
Primary Care Visit Copay	\$3	\$15	\$40	\$45
Specialty Care Visit Copay	\$5	\$20	\$50	\$65
Urgent Care Visit Copay	\$6	\$30	\$80	\$90
Lab Testing Copay	\$3	\$15	\$40	\$45
X-Ray Copay	\$5	\$20	\$50	\$65
Generic Medication Copay	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care and Outpatient Surgery	10%	15%	20% of your plan's negotiated rate	20% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the Copay	No Deductible	\$50 then pay the copay amount	\$250 then pay the copay amount	\$250 then pay the copay amount
Preferred brand Copay after Drug Deductible	\$5	\$15	\$30	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$2,250	\$2,250	\$5,200	\$6,350
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,700

	Platinum	Gold	Silver	Bronze
COPAYS IN GREEN SECTIONS ARE NOT SUBJECT TO ANY DEDUCTIBLE AND COUNT TOWARD THE ANNUAL OUT-OF-POCKET MAXIMUM			BENEFITS IN BLUE ARE SUBJECT TO DEDUCTIBLES	
Deductible (if any)	No Deductible	No Deductible	\$2,000 Medical Deductible \$250 Brand Drug Deductible	\$5,000 Deductible for Medical and Drugs
Preventive Care Services Copay	No cost – one per annual year	No cost – one per annual year	No cost – one per annual year	No cost – one per annual year
Primary Care Visit Copay	\$20	\$30	\$45	\$60/visit for first 3 visits per year
Specialty Care Visit Copay	\$40	\$50	\$65	\$70
Urgent Care Visit Copay	\$40	\$60	\$90	\$120
Generic Medication Copay	\$5	\$19	\$19	\$19
Lab Testing	\$20	\$30	\$45	30% of your plan's negotiated rate
X-Ray Copay	\$40	\$50	\$65	30% of your plan's negotiated rate
Emergency Room Copay	\$150	\$250	\$250	\$300
High cost and infrequent services like Hospital Care, Outpatient Surgery	HMO Outpatient Surgery — \$250 Hospital — \$250 per day up to 5 days PPO 10%	HMO Outpatient Surgery — \$600 Hospital — \$600 per day up to 5 days PPO 10%	20% of your plan's negotiated rate	30% of your plan's negotiated rate
Imaging (MRI, CT, PET Scans)	\$150	\$250	\$250	30% of your plan's negotiated

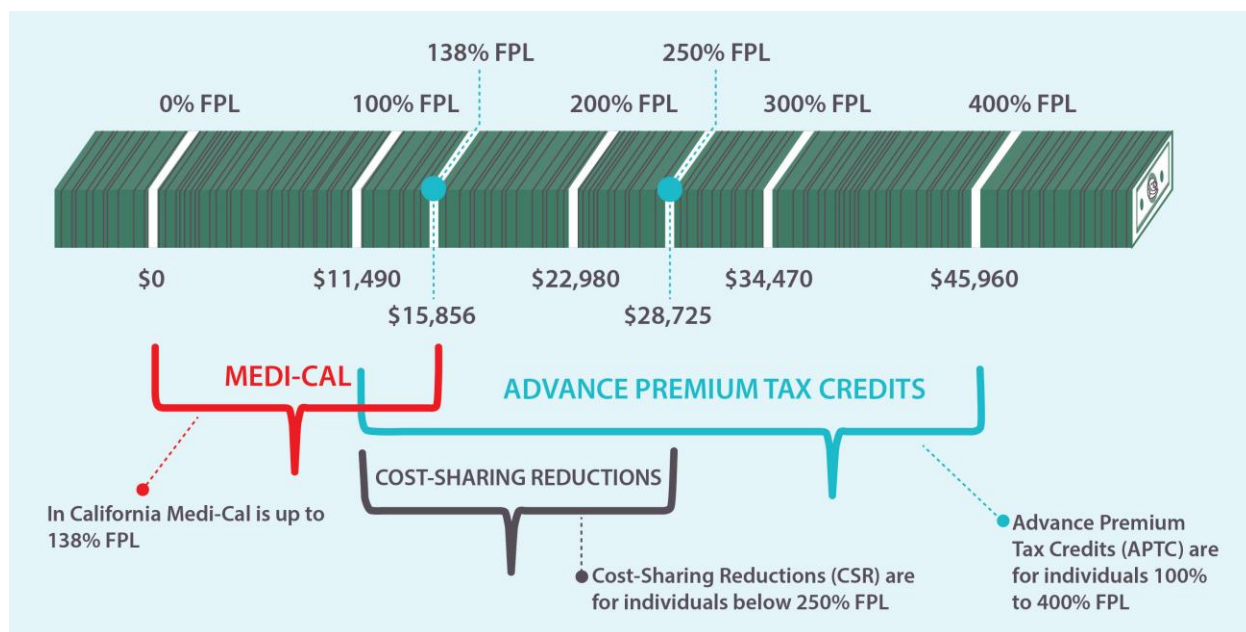
	Platinum	Gold	Silver	Bronze
				rate
Brand medications may be subject to Annual Drug Deductible before you pay the copay	No Deductible	No Deductible	\$250 Deductible then pay the Copay amount	\$50-\$75 after meeting Deductible
Preferred brand copay after Drug Deductible (if any)	\$15	\$50	\$50	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$4,000	\$6,350	\$6,350	\$6,350
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$8,000	\$12,700	\$12,700	\$12,700

4.1.6. Continuum of Coverage

Eligibility for insurance affordability programs falls along a continuum based on income, age, and other eligibility factors.

On this continuum, income is measured as percent of the Federal Poverty Level, or FPL.

Children qualify for Medi-Cal and CHIP at higher income levels than their parents. As a result, families may have members in more than one insurance affordability program. The chart below illustrates 2013 thresholds for single adults California thresholds differ for children.



*Note: Amounts represent income for one person in household using 2013 FPL Annual Guidelines.