

this way to health insurance.



A STEP-BY-STEP GUIDE

we've got you covered.

Covered California was created to help Californians compare, afford and enroll in brand-name health insurance plans. Most people who enroll receive financial help, and everyone is guaranteed the same, high-quality coverage.

we're here to help.

For help at any point during the enrollment process, call 800.300.1506 or visit CoveredCA.com. We offer free, expert assistance online, in-person, and over the phone in 13 languages as well as for the hearing-impaired.

step one. see if you qualify for help paying for health coverage.

You could pay as little as \$0/month for your plan, and you won't pay more than 8.5% of your income for our benchmark Silver plan. You may also qualify for low or no-cost Medi-Cal.



To estimate your monthly payment with our calculator tool, scan the QR code or visit CoveredCA.com/#quick-calculator

A STEP-BY-STEP GUIDE TO HEALTH INSURANCE.

step two. explore your coverage options.

Covered California offers four levels of coverage: Bronze, Silver, Gold and Platinum. Insurance companies pay a portion of covered services, and the benefits offered within each level are the same no matter which insurance company you choose.

Choose **Platinum** or **Gold** and you'll pay a higher monthly premium, but you'll pay less for medical services when you need them.

Choose **Silver** or **Bronze** and you'll pay a lower monthly premium, but you'll pay more for medical services when you need them.

A **minimum coverage plan** is available to those under 30, or those 30 and over who have received a hardship exemption from the U.S. Department of Health and Human Services.

Visit CoveredCA.com and choose **“Shop and Compare”** to see which brand-name health plans are right for you.

STANDARD COVERAGE BENEFITS BY LEVEL –

KEY BENEFITS	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Individual / family deductible	\$6,300 / \$12,600	\$4,750 / \$9,500**	No deductible	No deductible
Annual preventive care visit	No cost	No cost	No cost	No cost
Primary care visit copay	\$65*	\$45	\$35	\$15
Urgent care visit copay	\$65*	\$45	\$35	\$15
Emergency room copay	40% up to deductible	\$400	\$350	\$150
Generic medication copay	\$18	\$16	\$15	\$5
Annual out-of-pocket max for one	\$8,200	\$8,750	\$8,550	\$4,500
Annual out-of-pocket max for a family**	\$16,400	\$17,500	\$17,100	\$9,000

Chart does not include all medical copays and coinsurance rates. For complete information, visit CoveredCA.com.

*For Bronze Plans, the deductible is waived for the first three primary care or urgent care visits. Additional visits are charged at full cost until deductible is met.

**Silver is the only level where your deductible and other costs may be lower based on your household income.



step three. what you need to enroll.

The following is needed for every household member who is applying for coverage:

- **Home ZIP code**
- **Birth date**
- **Proof of current household income***
- **California ID or driver's license**
- **Social Security number or Individual Taxpayer Identification Number, if you have one**
- **Proof of citizenship or lawful presence (e.g., U.S. passport, certificate of citizenship or naturalization document, green card, or a valid visa)****

AM I REQUIRED TO HAVE HEALTH INSURANCE?

In California, most people are required by law to have health insurance or pay a tax penalty: \$850/adult + \$425/child under 18, up to \$2,550/household, or 2.5% of your annual household income over your California tax filing threshold, whichever is higher.

UNDERSTANDING HMOS, PPOS AND EPOS

Most insurance companies offer three types of plans:

“HMOs”

Health Maintenance Organizations only cover medical services inside the plan's network. HMOs often require members to get a referral from their primary care doctor to see a specialist.

“PPOs”

Preferred Provider Organizations pay for medical services both inside and outside the plan's network, but members pay a higher amount of the cost for out-of-network care. No referral is required to see a specialist.

“EPOs”

Exclusive Provider Organizations generally don't cover care outside the plan's network, but members may not need a referral to see an in-network specialist.

It's important to note that not all HMOs, PPOs and EPOs are the same. Before choosing a plan, use the Shop and Compare tool at CoveredCA.com to get details like what doctors and hospitals are covered and what it will cost to see a doctor out-of-network.

*Proof of current income of all members in the tax household, such as a recent tax return, W-2, or pay stub. A dependent's income should only be included if their income level requires them to file a tax return. A household is defined as the person who files taxes as the primary tax filer and all the dependents claimed on that person's taxes. If you don't file taxes, you can still qualify for free or low-cost insurance through Medi-Cal.

**You can apply for your eligible child or spouse even if you are not eligible. Households that include members who are not lawfully present can also apply.

YOUR PROTECTIONS THROUGH COVERED CALIFORNIA

As part of the Affordable Care Act (ACA), Covered California guarantees that —

- Preexisting health conditions cannot prevent someone from being covered.
- Your plan cannot be canceled because you are sick or injured.
- All plans include free preventive care.
- Young adults can be covered under their parents' plan until the age of 26.
- All private information, including immigration/citizenship status, is kept confidential.

step four. create an account and enroll.

Enroll in your plan at CoveredCA.com. Simply create a user account and follow the enrollment process with the information in step three.

step five. pay your premium.

Pay your monthly premium in full and on time to ensure that your coverage continues. Failing to pay your premium may disrupt or even cancel your health coverage.

OPEN ENROLLMENT IS

Nov 1 — Jan 31

Medi-Cal and Special Enrollment are available year-round. Special Enrollment allows Californians to get coverage within 60 days of a qualifying life event, such as losing health insurance, a change in household size, or moving to or within California.

For more information on Special Enrollment, visit CoveredCA.com/special-enrollment.

need help?

If you have questions or to find free, local, in-person help, contact:

CoveredCA.com | 800.300.1506

