



ASIAN AMERICANS
**ADVANCING
JUSTICE**
SOUTHERN CALIFORNIA

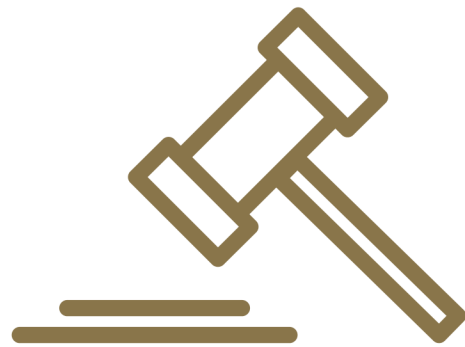
HEALTH COVERAGE ENROLLMENT & UTILIZATION

Presented by Health Access Program

Sponsored by



WHY ARE CALIFORNIANS REQUIRED TO HAVE HEALTH INSURANCE?



In 2020, California started implementing its own individual mandate



Californians must either have qualifying health insurance or **pay a penalty**



California offers low-income and middle-income families financial help with health insurance

TYPES OF HEALTH INSURANCE

MEDICARE

Free or low cost health insurance for people 65 and older, or people with disabilities



MEDI-CAL

California's Medicaid Program provides free or low-cost medical services for low-income individuals



COVERED CALIFORNIA

California's Obamacare is a health insurance marketplace through which California residents can purchase private health insurance with financial help from the government



PUBLIC CHARGE

Applying and receiving financial assistance for health insurance coverage through Covered California or Medi-Cal will NOT count as a “public charge”

- Will NOT affect the consumer’s immigration status or their chances of becoming a lawful permanent resident or naturalized citizen
- EXCEPTION: Receiving long-term care, such as nursing home, under Medi-Cal paid for by the government



HEALTH4ALL EXPANSION FOR MEDI-CAL

Quality, affordable health care for ALL Californians

- Starting **January 1, 2024**, all income-eligible Californians will be able to enroll for comprehensive/full-scope Medi-Cal coverage regardless of immigration status



ASSET TEST FOR MEDI-CAL

- Starting **July 1, 2022**, the **asset limit increased to \$130,000** for one person and \$65,000 for each additional person up to ten in a household
- Beginning **January 1, 2024**, the **asset test will be eliminated for all Medi-Cal enrollees** and the financial criteria for Medi-Cal benefits will be based solely on income

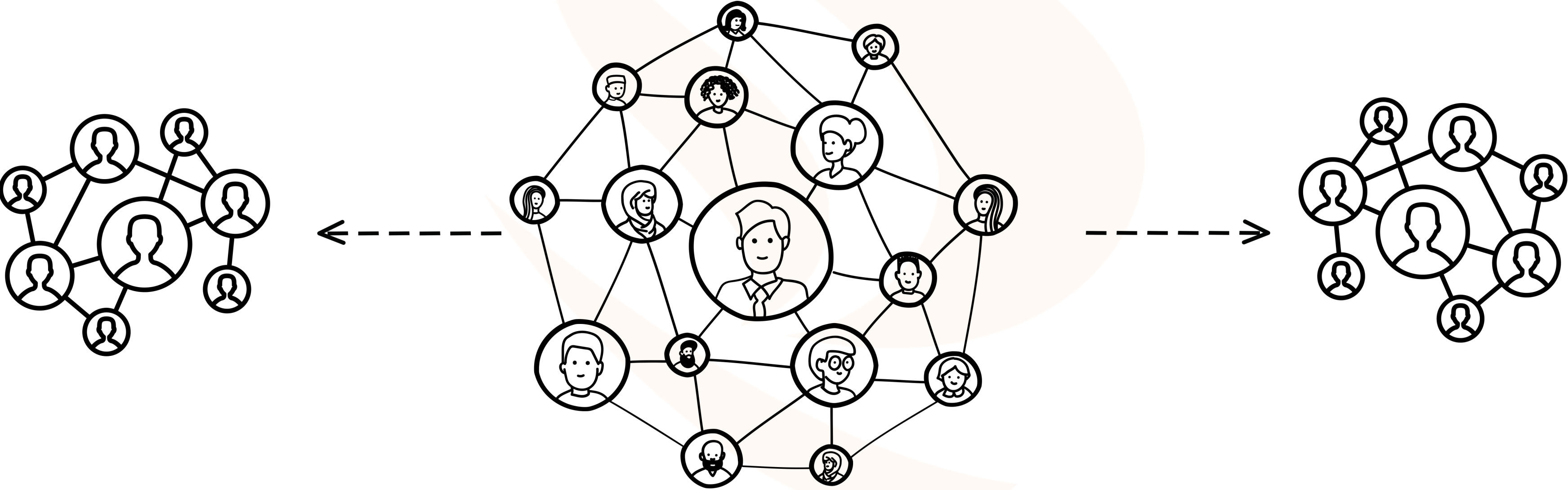


ESTATE RECOVERY FOR MEDI-CAL

- Repayment only applies to benefits received by Medi-Cal beneficiaries on or after their 55th birthday and who own assets at the time of death
- If a deceased beneficiary owns nothing, nothing will be owed
- Only applies to long term care services, such as receiving care in a nursing home paid for by Medi-Cal



NETWORK AND REFERRAL



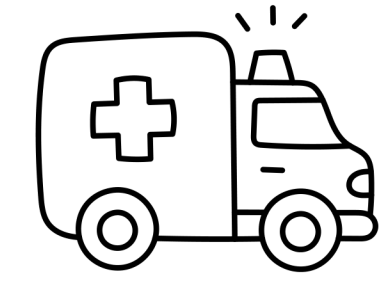
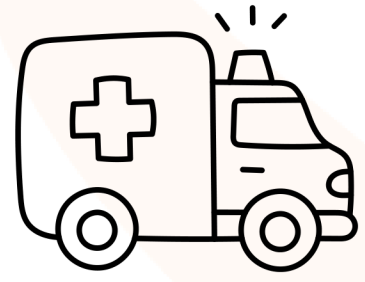
HMO V. PPO V. EPO?

REQUIRED TO HAVE A PCP/FAMILY DOCTOR?



~~YES~~ NO

OUT-OF-NETWORK COVERAGE?



REFERRAL NEEDED FROM PCP?



MONTHLY PREMIUM COST?



EXAMPLE SCENARIO



STEVEN

- 1** Wants to see an in-network specialist without a PCP's referral
- 2** Wants a low monthly premium

WHICH PLAN TYPE WOULD BE THE BEST FIT FOR STEVEN?

HMO

V.

PPO

V.

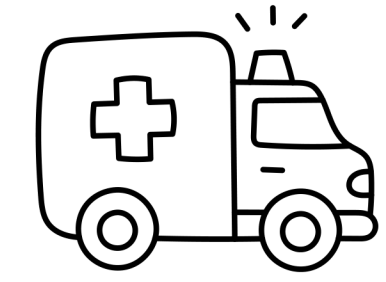
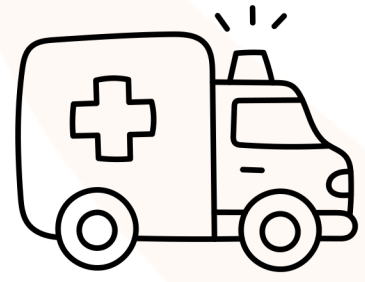
EPO?

REQUIRED TO HAVE A
PCP/FAMILY DOCTOR?



YES
~~**NO**~~

OUT-OF-NETWORK
COVERAGE?



REFERRAL NEEDED
FROM PCP?



MONTHLY PREMIUM COST?

\$

\$\$\$

\$\$

EXAMPLE SCENARIO



AMY

1

Has an HMO

2

Wants to see a specialist
for knee pain

DOES AMY NEED A REFERRAL?

HMO

V. PPO

V. EPO?

REQUIRED TO HAVE A
PCP/FAMILY DOCTOR?



OUT-OF-NETWORK
COVERAGE?



REFERRAL NEEDED FROM
PCP?



MONTHLY PREMIUM COST?



WHAT'S COVERED?

All plans must include essential health benefits:

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity & newborn care
5. Mental health & substance use disorder services
6. Prescription drugs
7. Rehabilitative & habilitative services & devices
8. Laboratory services
9. Preventive & wellness services & chronic disease management
10. Services for children, including dental & vision care



Coverage level varies by insurance plans, check Summary of Benefits and Coverage

KEY TERMS

Premium: the monthly cost of your health insurance

Copayment (copay): a predetermined rate you pay for a health care service such as a doctor's visit or prescription

Coinsurance: percentage of cost that you need to pay for covered medical expenses after you've met your deductible

Deductible: the amount you pay out-of-pocket for health services before your plan starts contributing (premiums, copayments, and coinsurance do not typically count)

Out-of-pocket maximum: the amount you must spend on health expenses through copays, coinsurance, or deductibles before the plan starts covering all covered expenses

GENERAL ELIGIBILITY



MEDI-CAL

COVERED CALIFORNIA



California Resident



California Resident

Low-income



Low-to-moderate income

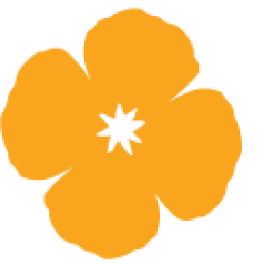


Beginning January 2024, ALL income-eligible Californians will qualify for full-scope Medi-Cal, regardless of immigration status



Lawfully present

MEDI-CAL ELIGIBILITY



Medi-Cal



California Resident

Live (and intend to reside) or work (or be seeking employment) in California

Low-Income

At or below the 138% Federal Poverty Level (FPL) for adults & 266% FPL for children, dependent on household size. Those who are 65/+, blind, or disabled are subject to the asset test (\$130,000 for a single individual and \$65,000 for each additional household member)

Starting January 2024, there will no longer be an asset test



Immigration Status

As of August 2023, undocumented individuals aged 26-49 can only get emergency scope Medi-Cal. Those under 26 and over 49 can get full-scope Medi-Cal, regardless of their immigration status.

Beginning January 2024, ALL income-eligible Californians will qualify for full-scope Medi-Cal, regardless of immigration status

COVERED CALIFORNIA ELIGIBILITY



California Resident

Live in California

Low-to-Moderate Income

Earn above 138% Federal Poverty Level (FPL), determined by household size and income



Lawfully Present

Eligible immigrants include:

- Lawful permanent residents (green card holders)
- Lawful temporary residents
- Persons fleeing persecution including refugees and asylees
- Other humanitarian immigrants such as those granted temporary protected status
- Non-immigrant status holders including worker visas and student visas

As of August 2023:

- *There are proposed rules from Biden Administration to allow DACA recipients to enroll in Covered California*
- *Undocumented immigrants are ineligible for Covered California*

Program Eligibility by Federal Poverty Level for 2024

Your financial help and whether you qualify for various Covered California or Medi-Cal programs depends on your income, based on the Federal Poverty Level (FPL).



**SEE NOTE BELOW
FOR INCOMES IN
THIS RANGE**

Federal Premium Tax Credit*

Tax credit continues beyond 400%

American Indian / Alaska Native (AIAN) Zero Cost Sharing
(100%-300%)

AIAN Limited Cost Sharing
(over 300%)

Silver 94
(100%-150%)

Silver 87
(>150%-200%)

Silver 73
(>200%-250%)

| Household Size | % FPL | 0% | 100% | 138% | 150% | 200% | 213% | 250% | 266% | 300% | 322% | 400%* |
|----------------|-------|-----|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | 1 | | \$0 | \$14,580 | \$20,121 | \$21,870 | \$29,160 | \$31,056 | \$36,450 | \$38,783 | \$43,740 | \$46,948 |
| 2 | | \$0 | \$19,720 | \$27,214 | \$29,580 | \$39,440 | \$42,004 | \$49,300 | \$52,456 | \$59,160 | \$63,499 | \$78,880 |
| 3 | | \$0 | \$24,860 | \$34,307 | \$37,290 | \$49,720 | \$52,952 | \$62,150 | \$66,128 | \$74,580 | \$80,050 | \$99,440 |
| 4 | | \$0 | \$30,000 | \$41,400 | \$45,000 | \$60,000 | \$63,900 | \$75,000 | \$79,800 | \$90,000 | \$96,600 | \$120,000 |
| 5 | | \$0 | \$35,140 | \$48,494 | \$52,710 | \$70,280 | \$74,849 | \$87,850 | \$93,473 | \$105,420 | \$113,151 | \$140,560 |
| 6 | | \$0 | \$40,280 | \$55,587 | \$60,420 | \$80,560 | \$85,797 | \$100,700 | \$107,145 | \$120,840 | \$129,702 | \$161,120 |
| 7 | | \$0 | \$45,420 | \$62,680 | \$68,130 | \$90,840 | \$96,745 | \$113,550 | \$120,818 | \$136,260 | \$146,253 | \$181,680 |
| 8 | | \$0 | \$50,560 | \$69,773 | \$75,840 | \$101,120 | \$107,693 | \$126,400 | \$134,490 | \$151,680 | \$162,804 | \$202,240 |
| add'l, add | | \$0 | \$5,140 | \$7,094 | \$7,710 | \$10,280 | \$10,949 | \$12,850 | \$13,673 | \$15,420 | \$16,551 | \$20,560 |



Medi-Cal for Adults

Medi-Cal for Pregnant

Medi-Cal Access Program
(for Pregnant Women)

Medi-Cal for Kids
(0-18 Yrs.)

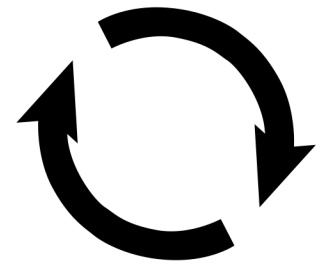
CCHIP (San Francisco, San
Mateo, and Santa Clara
county residents)

Note: Most consumers up to 138% FPL will be eligible for Medi-Cal. If ineligible for Medi-Cal, consumers may qualify for a Covered California health plan with financial help including: federal premium tax credit, Silver (94, 87, 73) plans and Zero Cost Sharing and Limited Cost Sharing AIAN plans.

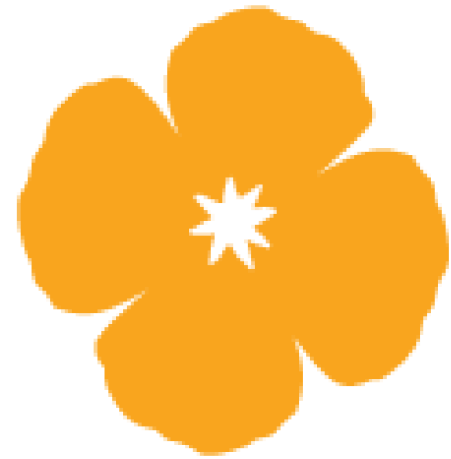
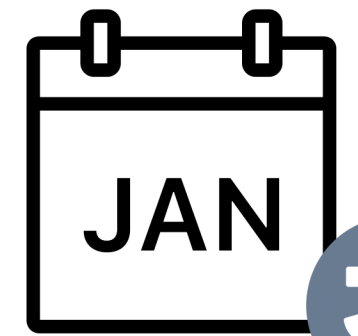
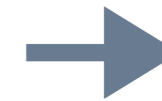
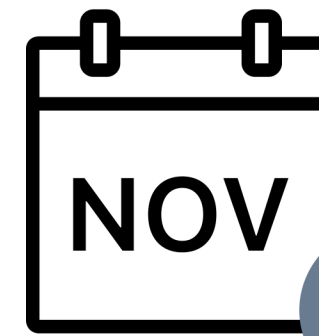
Silver 94, 87 and 73 plans have no deductibles, and lower co-pays and out-of-pocket maximum costs.

* Consumers at 400% FPL or higher may receive a federal premium tax credit to lower their premium to a maximum of 8.5 percent of their income based on the second-lowest-cost Silver plan in their area. See the chart on page 2 for more information.

WHEN CAN I APPLY?



Year Round



Medi-Cal

OR



**COVERED
CALIFORNIA**

Special Enrollment



**COVERED
CALIFORNIA**

Open Enrollment



Special Enrollment

Within 60 days of a **Qualifying Life Event**, such as:



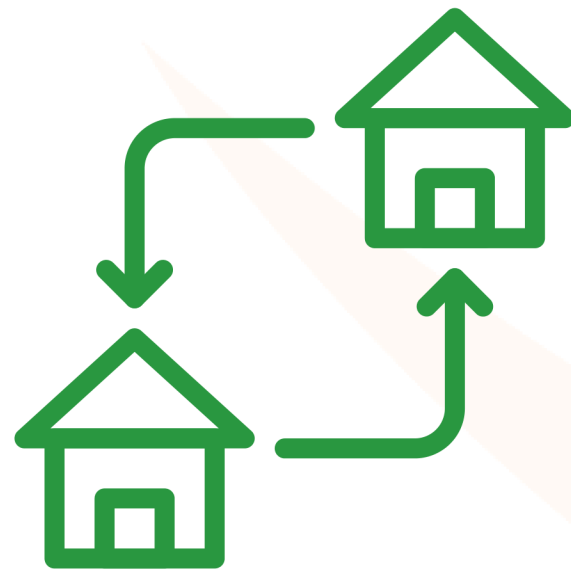
losing health insurance



having a baby



gaining citizenship or
lawful presence

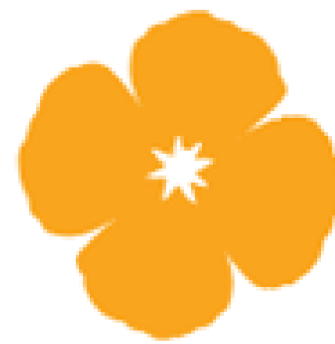


moving to or within California

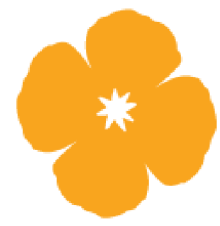


getting married

HOW DO I APPLY FOR MEDI-CAL?



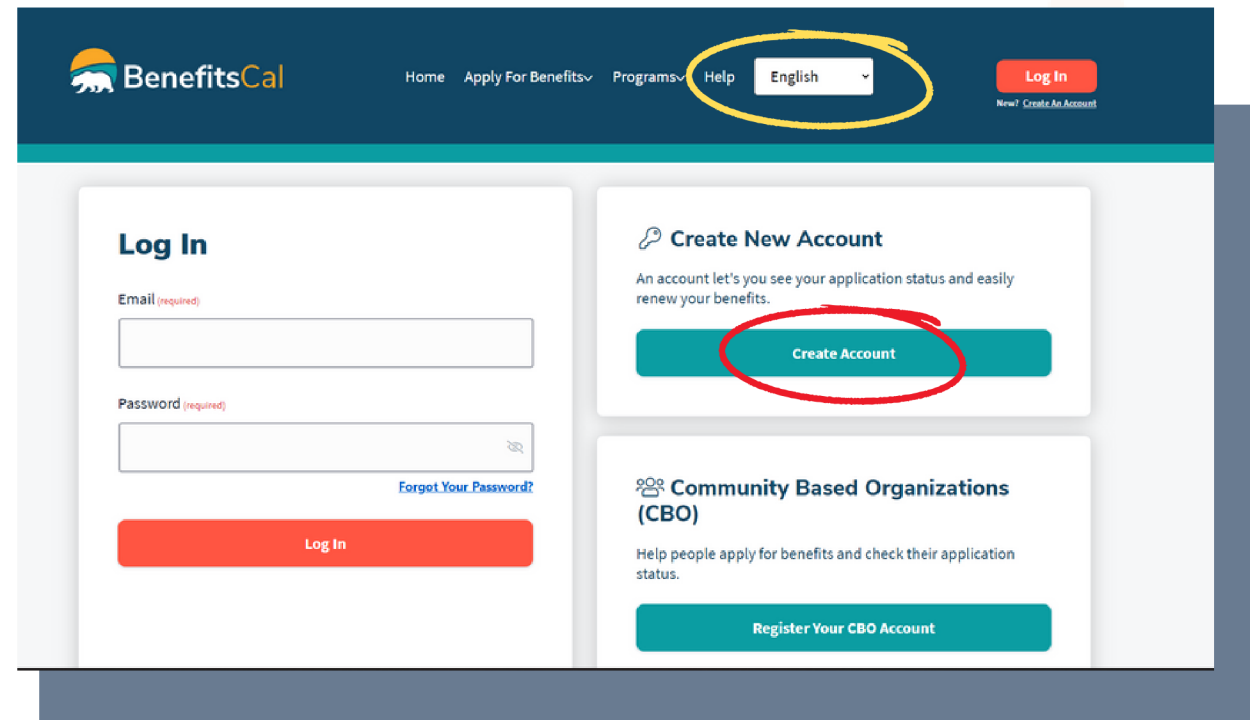
Medi-Cal



Medi-Cal

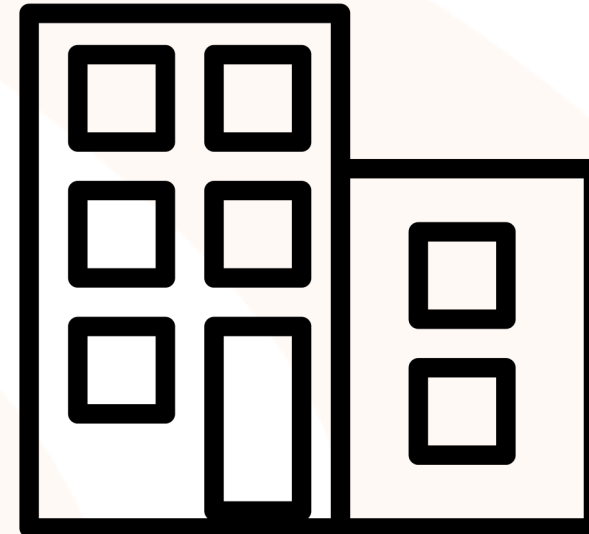
HOW CAN I APPLY?

Online



<https://benefitscal.com/>

In-Person



**Local County Social
Services Office**

Over the Phone



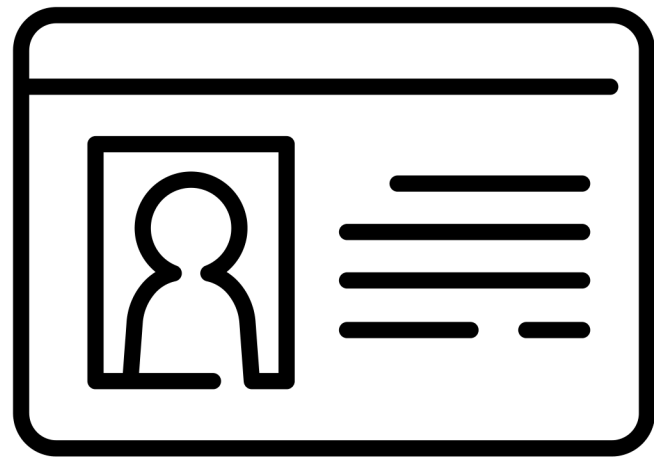
**Local County Social
Services Office**

You can also apply for Medi-Cal through Covered California



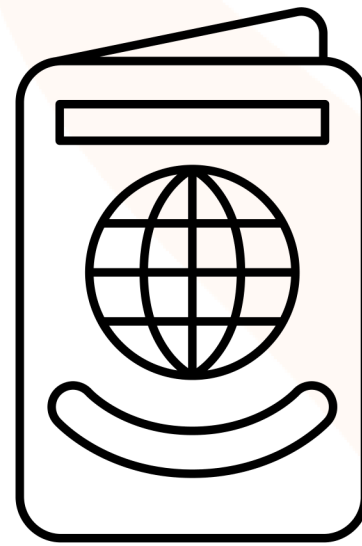
DOCUMENTS TO PREPARE

Proof of Identity



Driver's License
ID Card
Photo ID
Passport

Proof of **Citizenship** or **Immigration Status***



U.S Passport
Certificate of Citizenship/Naturalization
Immigration Documents

***only needed if aged 26-49 before Jan. 2024. No longer required for determining eligibility beginning Jan. 2024**

Proof of Income

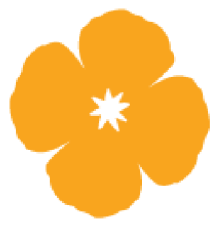


Pay Stub
Income Tax Return

Proof of Residency

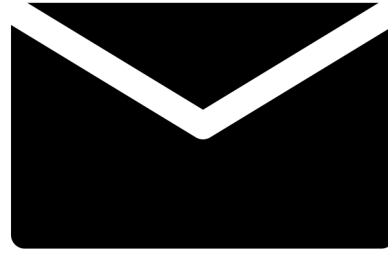


Utility Bill
Rental Agreement
Bank Statement
Driver's License
ID Card



Medi-Cal

I APPLIED, NOW WHAT?



Keep an eye out for **mail**

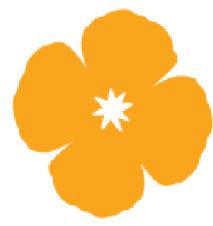


You will receive a final **Notice of Action**



If you are approved, you will receive your **Benefits Identification Card (BIC)**

*The process for verifying eligibility, from completing your application to receiving your BIC, normally takes **45 days***

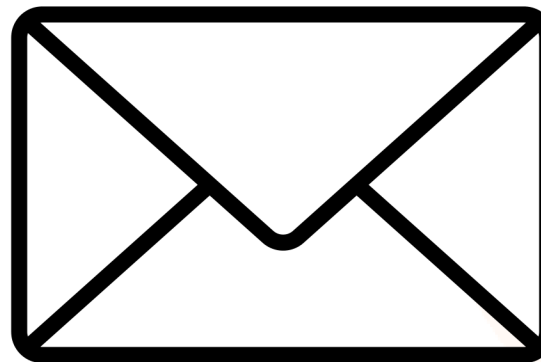


Medi-Cal

I RECEIVED MY BIC, NOW WHAT?



You are covered under **Fee-for-Service Medi-Cal**



You will receive a health plan selection packet within **45 days** of receiving your BIC

30

You must choose a health plan within **30 days** of receiving the packet



NOTES ABOUT MANAGED CARE PLANS



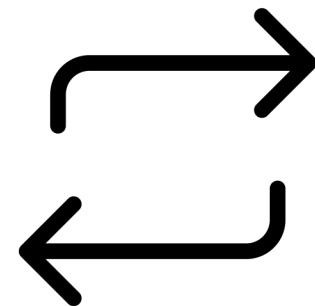
Medi-Cal managed care plans function similar to an HMO



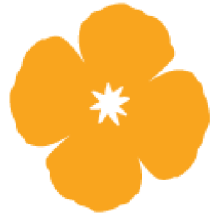
The available plans vary by county



You can choose a plan on the [Health Care Options \(HCO\) website](#), by mailing back your Medi-Cal Choice Form, or by calling HCO (1-800-430-4263)

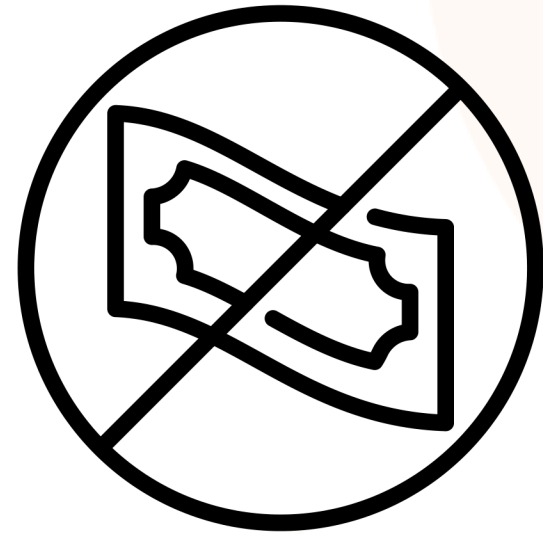


If you are not happy with your medical plan, you can choose another plan



Medi-Cal

COST



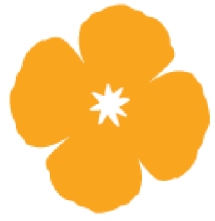
For many individuals who enroll in Medi-Cal, there is no premium, no copayment, and no out of pocket cost



SOME QUESTIONS TO CONSIDER WHEN SELECTING A HEALTH PLAN

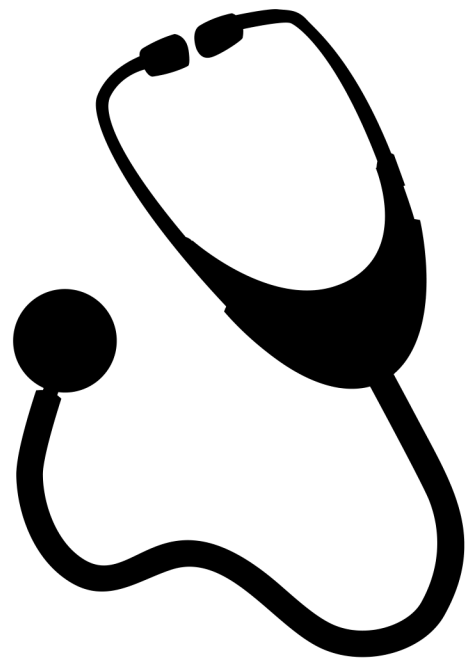


- 1 If I already have a doctor that I am happy with, does my doctor belong to a medical plan? If so, which plan?
- 2 If I do not have a doctor, is there a trusted provider recommended by my family or friends? If so, which plan does that provider belong to?
- 3 Are there providers in the health plan who are located nearby and accessible?
- 4 Are there providers in the health plan who speak my language or provide interpreters who do?



Medi-Cal

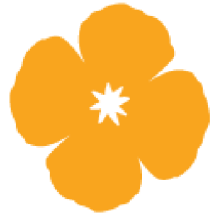
HOW DO I SELECT MY PRIMARY CARE PROVIDER (PCP)?



When choosing a health plan, you can also select a **PCP**

If you do not select a PCP, the health plan that you select will automatically assign one to you

If you are not happy with your PCP, you can contact your Medi-Cal plan's member services department to choose a different PCP

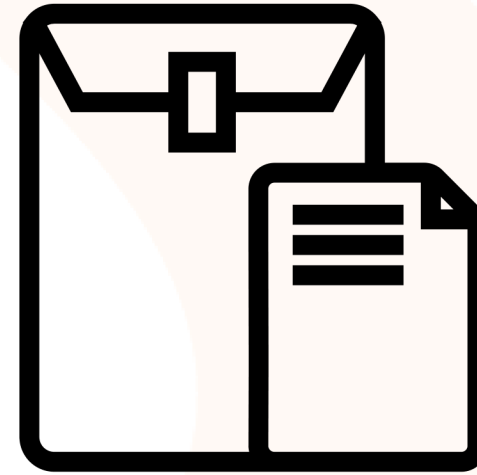


Medi-Cal

WHAT HAPPENS AFTER I SELECT MY HEALTH PLAN?



Within 7-10 days you should receive a confirmation letter letting you know when your coverage within that health plan will become active

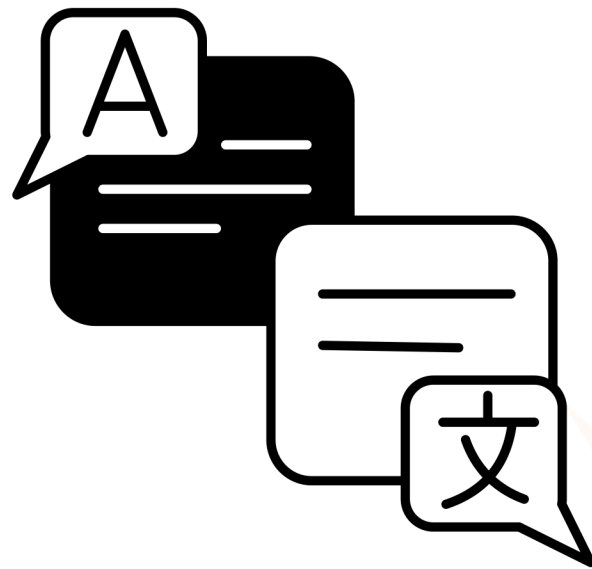


Once you become active (typically 30-45 days after selecting a plan) you should receive your health plan welcome packet and insurance card

Before becoming active in a health plan, your coverage will be fee-for-service Medi-Cal

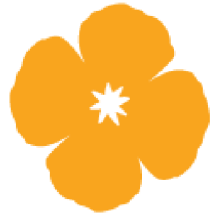


REQUESTING INTERPRETATION



All health plans are required to provide **qualified interpreters**, so do not be afraid to ask for one if needed

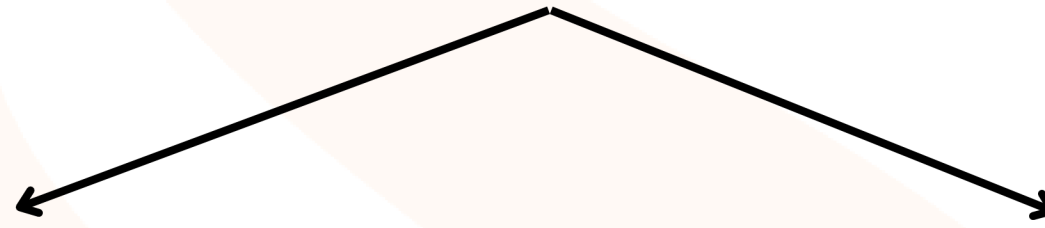
Most health plans must provide written materials in the main languages spoken by their members



Medi-Cal

REQUESTING TRANSPORTATION

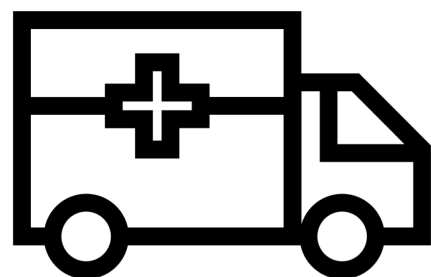
Medi-Cal offers transportation to and from appointments for covered services



Nonemergency Medical Transportation (NEMT)

ambulance, wheelchair van, or litter van for those who cannot use public or private transportation

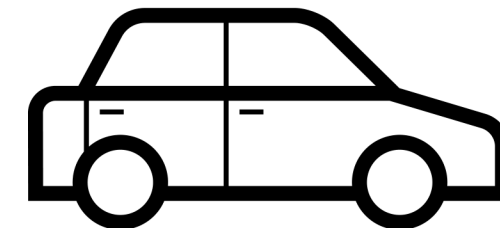
- Contact your provider or your health plan's member services department
- Prescription from a licensed provider needed

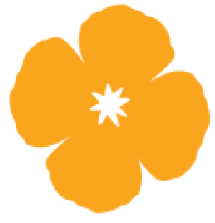


Nonmedical Transportation (NMT)

private or public vehicle for people who do not have another way to get to their appointment

- Contact the plan's member services department
- All other resources must be reasonably exhausted
- Does not require prior authorization





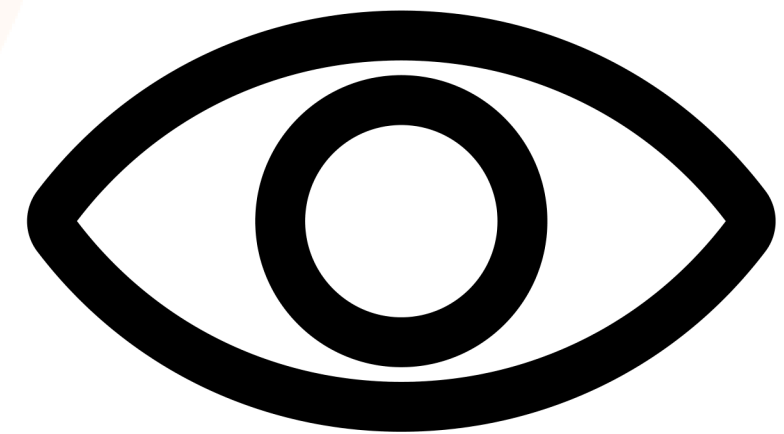
Medi-Cal

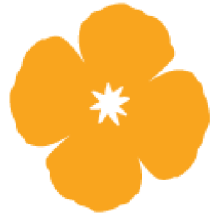
WHAT ABOUT DENTAL AND VISION COVERAGE?



Comprehensive preventative and restorative dental benefits are offered to children and adults through Medi-Cal Dental enrolled providers

Vision benefits are covered through your managed care plan, or through Medi-Cal Vision providers for those with Fee-For-Service Medi-Cal

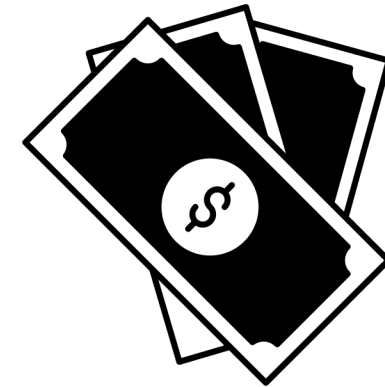
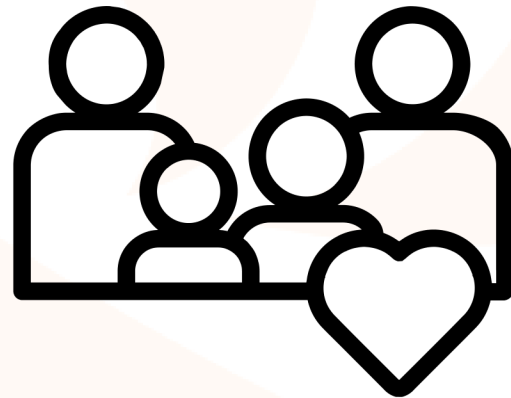


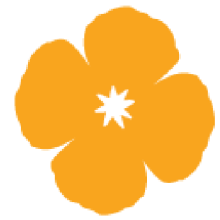


Medi-Cal

SUBMIT CHANGES

Medi-Cal enrollees must **report changes** to their local county office within 10 days of the change, such as changes in address, family size, and income



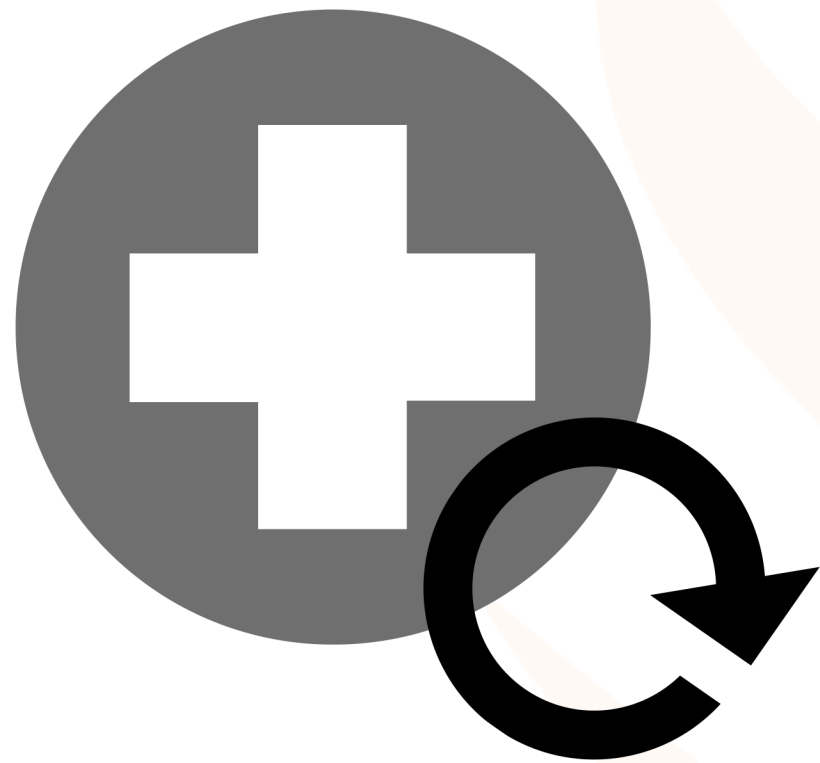


Medi-Cal

RENEWALS

Medi-Cal members must **renew** their coverage each year

Sometimes the county will send you a renewal form that you must review and return



HOW DO I APPLY FOR COVERED CALIFORNIA?

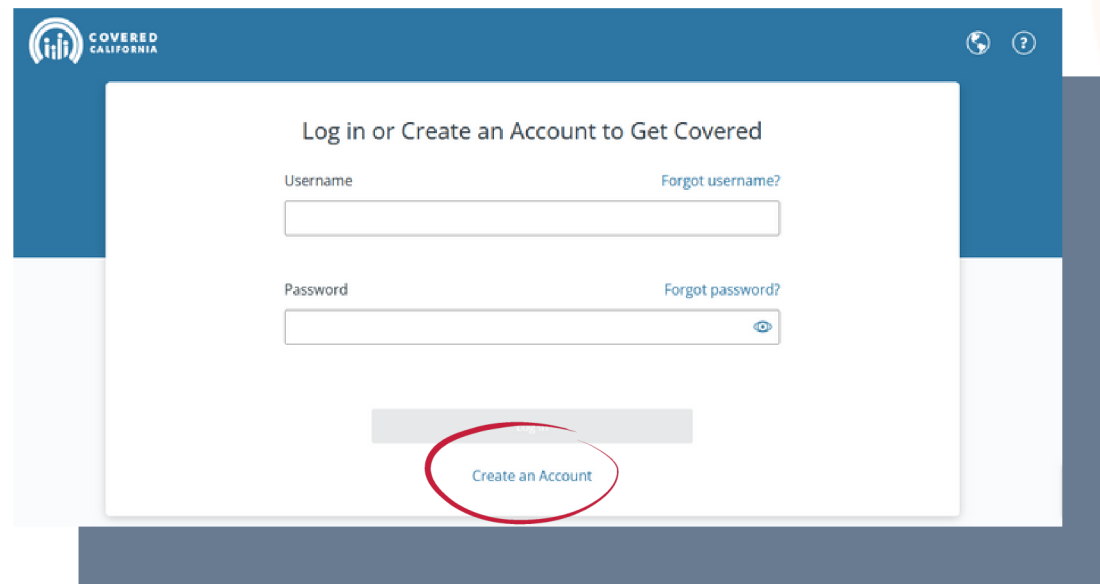


COVERED
CALIFORNIA



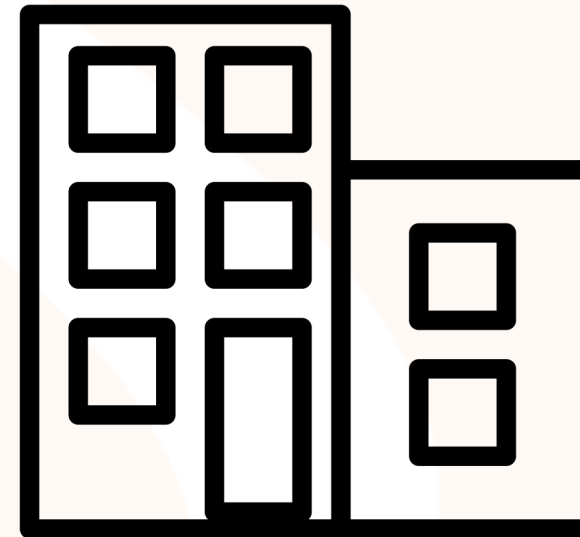
HOW CAN I APPLY?

ONLINE



www.coveredca.com/apply/

IN-PERSON



Find an Enrollment Center
<https://storefronts.coveredca.com/>

OVER THE PHONE

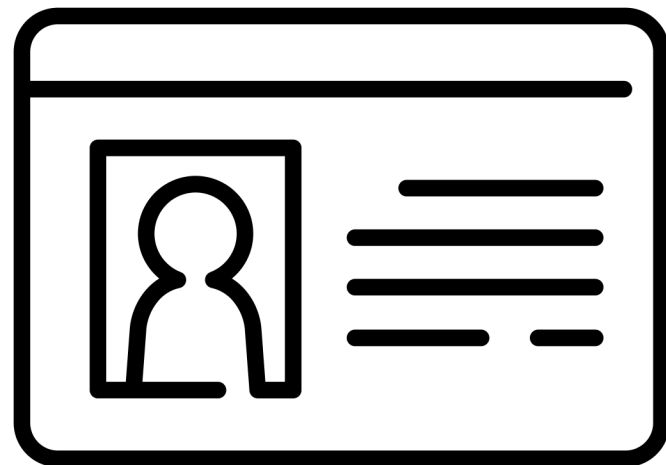


Service Center:
(800) 300-1506



DOCUMENTS TO PREPARE

Proof of Identity



Driver's license
ID card
Photo ID
Passport

Proof of Citizenship or Immigration Status



U.S Passport
Certificate of Citizenship/Naturalization
Permanent resident card
Non-immigrant visa documents

Proof of Social Security Number



Social security card
Tax form(s)

Proof of Income



Pay stub
Income tax return
Wage/income tax statement



HOW DO I SELECT A HEALTH PLAN?

1. Enter your health plan preferences
2. Search for providers
3. Select and compare different health plans

Filters

Based on Preferences (20) | All Plans (46)

20 out of 46 Health Plans | Sort by: Lowest estimated yearly cost

Filters: Silver X Bronze X Silver CSR X Clear All

LA Care Bronze 60 HMO | Compare

Primary care visits: \$65.00 Copay with deductible
Generic prescription drugs: \$18.00 Copay after deductible
Your preferred providers: You have not added any providers. To add providers, go to Preferences.
[+ Add providers](#)

Yearly deductible: \$6,300 /year (Medical) | \$500 /year (Drug) Before insurance coverage starts
Estimated total cost: \$345.61 /year Based on your health care needs
[Plan Details >](#)

You pay **\$14.41** /mo
[Choose Plan](#)

Kaiser Bronze 60 HMO | Compare

Primary care visits: \$65.00 Copay with deductible
Generic prescription drugs: \$18.00 Copay after deductible
Your preferred providers: You have not added any providers. To add providers, go to Preferences.
[+ Add providers](#)

Yearly deductible: \$6,300 /year (Medical) | \$500 /year (Drug) Before insurance coverage starts
Estimated total cost: \$736.33 /year Based on your health care needs
[Plan Details >](#)

You pay **\$46.97** /mo
[Choose Plan](#)

COVERED CALIFORNIA PROGRAMS

Levels of Coverage

- **Metal tiers:** Minimum, Bronze, Silver, Silver 73, Silver 87, Silver 94, Gold, Platinum
- Typically, the higher the metal tier, the higher the monthly premium will be while the copays/deductibles will be lower (more medical expenses are covered)
- The amount of government financial assistance depends on household annual income level and household size





2024 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 | Silver 73 CA Enhanced CSR | Silver 87 CA Enhanced CSR | Silver 94 CA Enhanced CSR | 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 | \$29,161 to \$36,450 (>200% to ≤250% FPL) | \$21,871 to \$29,160 (>150% to ≤200% FPL) | up to \$21,870 (100% to ≤150% FPL) | N/A | N/A |
| Annual Wellness Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care Visit | After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met | \$60* | \$50 | \$35 | \$15 | \$5 | \$35 | \$15 |
| Urgent Care | | \$60* | \$50 | \$35 | \$15 | \$5 | \$35 | \$15 |
| Specialist Visit | Full cost per service until out-of-pocket maximum is met | \$95* | \$90 | \$85 | \$25 | \$8 | \$65 | \$30 |
| Emergency Room Facility | | 40% after deductible is met | \$450 | \$350 | \$150 | \$50 | \$350 | \$150 |
| Laboratory Tests | | \$40 | \$50 | \$50 | \$20 | \$8 | \$40 | \$15 |
| X-Rays and Diagnostics | | 40% after deductible is met | \$95 | \$95 | \$40 | \$8 | \$75 | \$30 |
| Imaging | | \$325 | \$325 | \$100 | \$50 | \$75 copay or 25% coinsurance*** | \$75 copay or 10% coinsurance*** | |
| Tier 1 (Generic Drugs) | Full cost per script until out-of-pocket maximum is met | \$17** | \$19 | \$15 | \$5 | \$3 | \$15 | \$7 |
| Tier 2 (Preferred Drugs) | | 40% up to \$500 per script after drug deductible is met | \$60** | \$55 | \$25 | \$10 | \$60 | \$16 |
| Tier 3 (Non-preferred Drugs) | | | \$90** | \$85 | \$45 | \$15 | \$85 | \$25 |
| 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: \$5,400 Family: \$10,800 | N/A | N/A | N/A | N/A | N/A |
| Pharmacy Deductible | N/A | Individual: \$500 Family: \$1,000 | Individual: \$150 Family: \$300 | N/A | N/A | N/A | N/A | N/A |
| Annual Out-of-Pocket Maximum | \$9,450 individual \$18,900 family | \$9,100 individual \$18,200 family | \$9,100 individual \$18,200 family | \$6,100 individual \$12,200 family | \$3,000 individual \$6,000 family | \$1,150 individual \$2,300 family | \$8,700 individual \$17,400 family | \$4,500 individual \$9,000 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.

Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).



2024 Patient-Centered Benefit Designs and Medical Cost Shares

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| Coverage Category | Minimum Coverage | Bronze | Silver | Silver 73 CA Enhanced CSR | Silver 87 CA Enhanced CSR | Silver 94 CA Enhanced CSR | 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 | \$29,161 to \$36,450 (>200% to ≤250% FPL) | \$21,871 to \$29,160 (>150% to ≤200% FPL) | up to \$21,870 (100% to ≤150% FPL) | N/A | N/A |
| Medical Deductible | N/A | Individual: \$6,300 Family: \$12,600 | Individual: \$5,400 Family: \$10,800 | N/A | N/A | N/A | N/A | N/A |
| Pharmacy Deductible | N/A | Individual: \$500 Family: \$1,000 | Individual: \$150 Family: \$300 | N/A | N/A | N/A | N/A | N/A |
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|------------------------------|--|---|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------|----------------------------------|
| Annual Wellness Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care Visit | After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met | \$60* | \$50 | \$35 | \$15 | \$5 | \$35 | \$15 |
| Urgent Care | | \$60* | \$50 | \$35 | \$15 | \$5 | \$35 | \$15 |
| Specialist Visit | Full cost per service until out-of-pocket maximum is met | \$95* | \$90 | \$85 | \$25 | \$8 | \$65 | \$30 |
| Emergency Room Facility | | 40% after deductible is met | \$450 | \$350 | \$150 | \$50 | \$350 | \$150 |
| Laboratory Tests | | \$40 | \$50 | \$50 | \$20 | \$8 | \$40 | \$15 |
| X-Rays and Diagnostics | | 40% after deductible is met | \$95 | \$95 | \$40 | \$8 | \$75 | \$30 |
| Imaging | | | \$325 | \$325 | \$100 | \$50 | \$75 copay or 25% coinsurance*** | \$75 copay or 10% coinsurance*** |
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| Tier 3 (Non-preferred Drugs) | | | \$90** | \$85 | \$45 | \$15 | \$85 | \$25 |
| 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 |



THINGS TO KEEP IN MIND WHEN CHOOSING A HEALTH PLAN

- 1 Coverage Level
- 2 Type of Plan (HMO, EPO, PPO)
- 3 Provider Network
- 4 Essential Health Benefits
- 5 Total Cost



WHAT HAPPENS AFTER I SELECT A PLAN?



After picking a plan, click the **Pay Now** button to make your first payment



If you do not pay online, you will get a bill from your health insurance company ~2 weeks after it receives your application



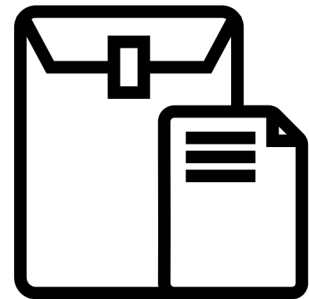
All future bills will need to be paid directly to the health insurance company, not Covered California



WHAT HAPPENS AFTER I COMPLETE MY FIRST PAYMENT?



You will receive a **welcome letter** from Covered California



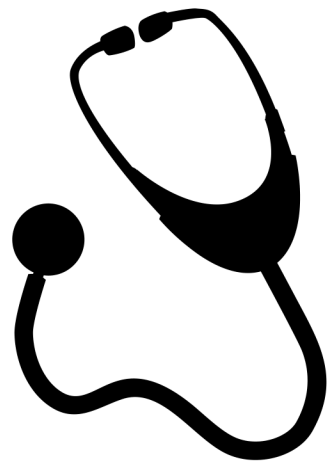
You will also get an **enrollment package & membership ID card** from your health insurance company



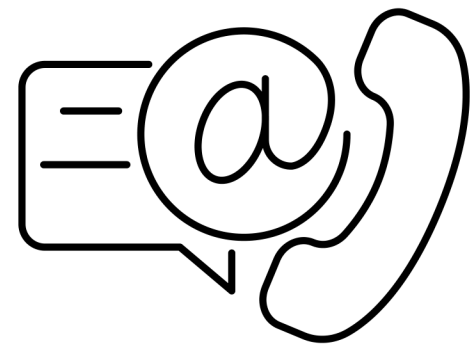
Your coverage will typically begin the first day of the following month



HOW DO I SELECT A PRIMARY CARE PROVIDER?



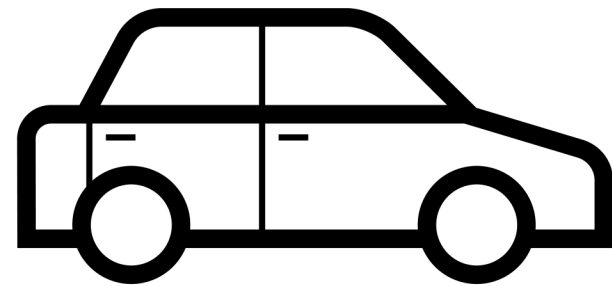
Your health insurance company will typically match you with a primary care provider who is in its network



You can change your primary care provider by contacting your health insurance company



REQUESTING TRANSPORTATION OR INTERPRETATION



Contact your health plan for interpretation or transportation services



Health plans are required to provide interpretation services



WHAT ABOUT DENTAL AND VISION COVERAGE?

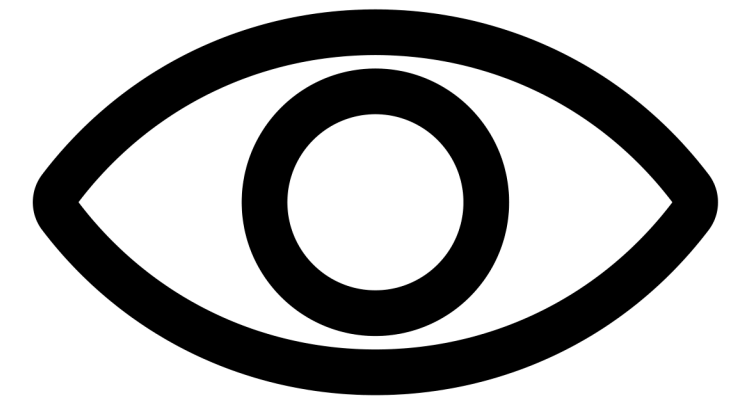


All health plans include dental care for children at no extra cost

For adults, a dental plan can be added to the health plan purchase

All health plans include vision care for children at no extra cost

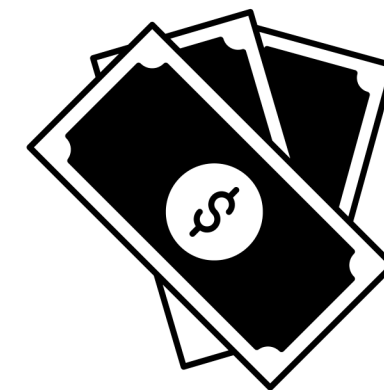
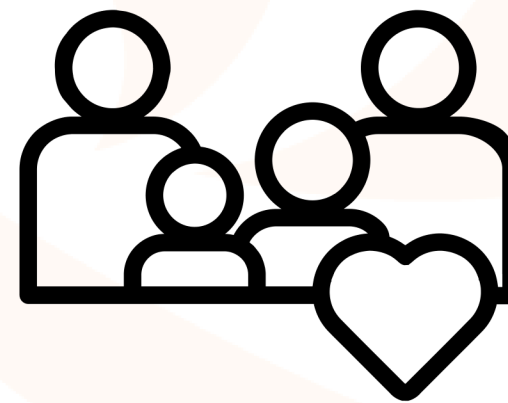
Adult vision care is NOT included in the health plans, but the consumer can choose to enroll directly with EyeMed, VSP, & Superior Vision selected by Covered California





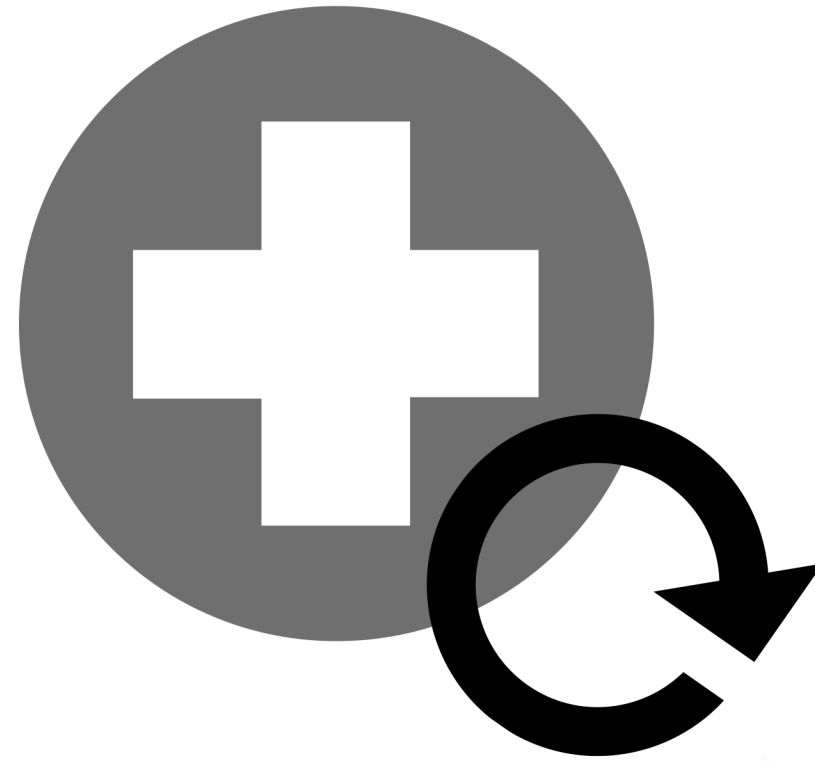
SUBMIT CHANGES

For Covered California members, you must **report changes**, such as changes in address, income, and family size within 30 days





RENEWALS



Covered California **renewals** begin annually in October

During renewal, members can update contact information, compare different plans, and see if costs have changed

Liana Liang

15 days after the date on the renewal notice, if you do not actively renew, Covered California will automatically enroll you into the same plan from the previous year, using the most recent household size and income information provided to determine the amount of financial assistance

RESOURCES

BenefitsCal



<https://benefitscal.com/>



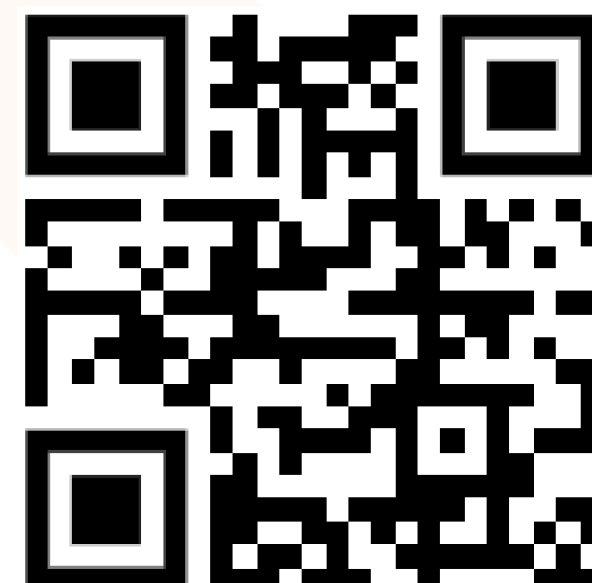
Covered California
Application



<https://www.coveredca.com/apply>



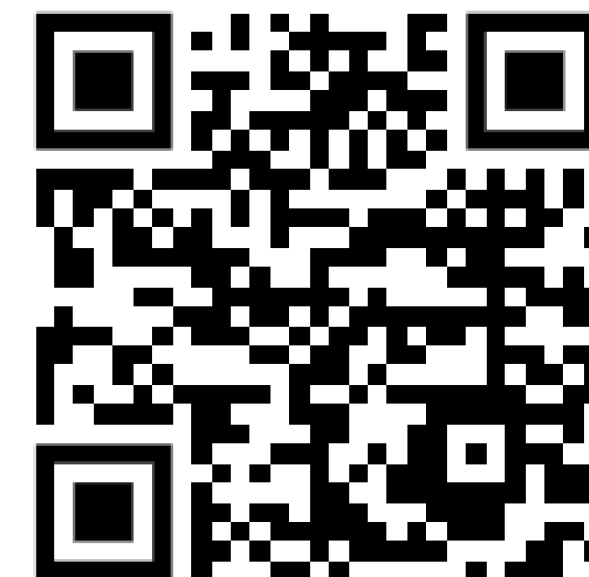
Covered California
Shop and Compare Tool



<https://apply.coveredca.com/lw-shopandcompare/>



AJSOCAL Health
Access Resources



<https://www.coveredca.com/pdfs/FPL-chart.pdf>

