



# Covered California Basics

Health Care Options for San Diego Adjunct Faculty

**Now more affordable  
than ever**

Health insurance rates just got lower — even for  
Californians with higher incomes.



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San Diego County Field Representative



# What is Covered California?

- The **state-based health insurance exchange** in California under the Patient Protection and Affordable Care Act (ACA).
- A place where individuals and small businesses can shop and compare for different types of health insurance plans.



# Who is eligible for Covered California?

- **California residents** or persons who intend to reside in California
- **Be a citizen or national of the US, or a person lawfully present in the US**, though some immigrants may be eligible for restricted scope or full scope Medi-Cal
- **Individuals not eligible for Employer Sponsored Coverage and income above 138% of the Federal Poverty Level [FPL]**, as well as having no coverage eligibility available to them from spousal employer sponsored coverage
- **Consumers who are eligible for Medicare Part A with a premium** are eligible to enroll in a subsidized health plan through Covered California if they are not enrolled in any type of Medicare

*Individuals not sure of their Covered California eligibility should still apply at [coveredca.com](https://coveredca.com), the system will auto-determine Covered California vs. Medi-Cal eligibility and guide you accordingly*

# What financial assistance is available?

**PTC:** Premium Tax Credit or **APTC:** Advanced Premium Tax Credit

**CSR:** Cost Sharing Reductions

**Factors that determine eligibility for financial assistance:**

- Household income,
- Household size,
- Age of household members, and
- Location of the household (which determines the pricing region)

# Eligibility by Federal Poverty Level [FPL] - 2021



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

**Federal Premium Tax Credit\*** *Tax credit continues beyond 600%*

**American Indian / Alaska Native (AIAN) Zero Cost Share**

**AIAN Limited Cost Share**

Silver 94 (100%-150%)    Silver 87 (>150%-200%)    Silver 73 (>200%-250%)

% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*	600% and higher*	
Household Size	1	\$0	\$12,760	\$17,775	\$19,140	\$25,520	\$27,435	\$31,900	\$34,261	\$38,280	\$41,474	\$51,040	\$76,560 +
	2	\$0	\$17,240	\$24,040	\$25,860	\$34,480	\$37,105	\$43,100	\$46,338	\$51,720	\$56,093	\$68,960	\$103,440 +
	3	\$0	\$21,720	\$30,305	\$32,580	\$43,440	\$46,775	\$54,300	\$58,414	\$65,160	\$70,712	\$86,880	\$130,320 +
	4	\$0	\$26,200	\$36,570	\$39,300	\$52,400	\$56,445	\$65,500	\$70,490	\$78,600	\$85,330	\$104,800	\$157,200 +
	5	\$0	\$30,680	\$42,836	\$46,020	\$61,360	\$66,116	\$76,700	\$82,567	\$92,040	\$99,949	\$122,720	\$184,080 +
	6	\$0	\$35,160	\$49,101	\$52,740	\$70,320	\$75,786	\$87,900	\$94,643	\$105,480	\$114,568	\$140,640	\$210,960 +
	7	\$0	\$39,640	\$55,366	\$59,460	\$79,280	\$85,456	\$99,100	\$106,720	\$118,920	\$129,187	\$158,560	\$237,840 +
	8	\$0	\$44,120	\$61,631	\$66,180	\$88,240	\$95,126	\$110,300	\$118,796	\$132,360	\$143,806	\$176,480	\$264,720 +
	add'l, add	\$0	\$4,480	\$6,266	\$6,720	\$8,960	\$9,671	\$11,200	\$12,077	\$13,440	\$14,619	\$17,920	\$26,880



**Medi-Cal for Adults**    **Medi-Cal for Pregnant Women**    **Medi-Cal Access Program (for Pregnant Women)**

**Medi-Cal for Kids (0-18 Yrs.)**    **County Children's Health Initiative Program**



# 2021 Plan Benefit Designs and Cost Sharing

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	\$25,521 to \$31,900 (>200% to ≤250% FPL)	\$19,141 to \$25,520 (>150% to ≤200% FPL)	up to \$19,140 (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	\$65*	\$40	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$65*	\$40	\$35	\$15	\$5	\$35	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*	\$80	\$75	\$25	\$8	\$65	\$30
Emergency Room Facility		40% after deductible is met	\$400	\$400	\$150	\$50	\$350	\$150
Laboratory Tests		\$40	\$40	\$40	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$85	\$85	\$40	\$8	\$75	\$30
Imaging		\$325	\$325	\$100	\$50	\$150 copay or 20% coinsurance***	\$75 copay or 10% coinsurance***	
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$18**	\$16**	\$16**	\$5 or less	\$3 or less	\$15 or less	\$5 or less
Tier 2 (Preferred Drugs)		40% up to \$500 after drug deductible is met	\$60**	\$55**	\$25**	\$10 or less	\$55 or less	\$15 or less
Tier 3 (Non-preferred Drugs)			\$90**	\$85**	\$45**	\$15 or less	\$80 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: \$4,000 Family: \$8,000	Individual: \$3,700 Family: \$7,400	Individual: \$1,400 Family: \$2,800	Individual: \$75 Family: \$150	N/A	N/A
Pharmacy Deductible	N/A	Individual: \$500 Family: \$1,000	Individual: \$300 Family: \$600	Individual: \$275 Family: \$550	Individual: \$100 Family: \$200	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$8,150 individual only	\$8,200 individual \$16,400 family	\$8,200 individual \$16,400 family	\$6,500 individual \$13,000 family	\$2,850 individual \$5,700 family	\$1,000 individual \$2,000 family	\$8,200 individual \$16,400 family	\$4,500 individual \$9,000 family

# American Rescue Plan – Additional Help

- An increase in the amount of APTC available to consumers, thus decreasing the required contribution percentage of total income paid for healthcare premiums through 2022.
- Consumers that have received at least one week of Unemployment Income Benefits [UIB] in 2021 are eligible for a \$1 Silver 94 plan. Income must be more the 138% FPL to qualify for this benefit which runs through the end of 2021.

The cost of your Covered California premium is based on your household's Federal Poverty Level percentage and the cost of the QHPs available where you live.

Percentage of income paid for premiums, based on household FPL <i>Based on second-lowest-cost Silver plan</i>	
Household FPL Percentage	Percent of Income
0-150% FPL	0% household income
150-200% FPL	0-2% household income
200-250% FPL	2-4% household income
250-300% FPL	4-6% household income
300-400% FPL	6-8.5% household income
400+% FPL	8.5% household income

# Plan Pricing: Shop and Compare Tool



[Get Started](#) [Health](#) [Dental](#) [Vision](#) [Support](#)



[Sign In](#)

[Shop and Compare](#)

Plans as low as \$1 for those claiming unemployment. [Learn more](#) →

## Now more affordable than ever

Health insurance rates just got lower — even for Californians with higher incomes.





# Plan Pricing: Shop and Compare Tool

## Shop and Compare

Tell us a little bit about yourself

The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:  
2021

What is your Zip Code? ⓘ  
91910

What is your total household income per year? ⓘ  
\$40000

How many people are in your household? ⓘ  
1

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:  
40

Needs Coverage?  
 Pregnant? ⓘ  
 Blind or Disabled? ⓘ

[See My Results](#)

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

## Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

! If your household receives Unemployment Insurance benefits, you may be eligible for additional financial help. This additional financial help will not be shown in the estimates when you preview the plans but will be applied once you submit an application.

### Household Member

### Potential Eligibility

Person 1 (40)

Lower Monthly Premium

[More Information](#)

[Preview Plans](#)

These results are only an estimate. You will need to complete an application. ⓘ

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[Apply Now](#)

# Plan Pricing: Shop and Compare Tool

## Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a **Doctor** that you may want to use in your health plan (Select up to 5)

Search by doctor last or first name

within 20 miles radius



of 91910

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have access to a provider who is not in your plan's network. To avoid this, you must verify with your provider.

## Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the medical service use you expect for the next year.  
For families, choose the category that best fits the person who probably will need the most medical services.

- LOW USE: 1 doctor visit and tests; preventive visits too.
- MEDIUM USE: 4-5 doctor visits, tests and treatment in doctor's office.
- HIGH USE: surgery or treatment outpatient; 6 or more doctor visits and tests.
- VERY HIGH USE: a hospital stay, outpatient treatment; 6 or more doctor visits and tests.

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## Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the prescription drug use you expect for the next year.  
For families, choose the category that best fits the person who probably will need the most medications next year.

- LOW USE: 2-3 prescriptions during the year for brief illness.
- MEDIUM USE: 1-2 prescriptions each month.
- HIGH USE: 3 prescriptions each month; often higher cost drugs.
- VERY HIGH USE: 4 or more prescriptions each month OR very high cost drugs.

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View Plans

# Plan Pricing: Shop and Compare Tool

35 Health Plans Dental Plans 0

**Estimated Monthly Savings \$156.16/month** For 1 Member in zipcode 91910.  
Coverage could start as early as 09/08/2021.

< 1 of 3 >

**SORT BY**

Total Expense Estimate

Monthly Premium (low to high)

Preferred Doctor or Provider

**FILTER BY**

**PLAN TYPE**

HMO

PPO

**PLAN FEATURES**

Health Savings Account (HSA)  
Qualified HSA used with a High Deductible Health Plan







**METAL TIER**

Platinum  
highest premiums, lowest out-of-pocket costs

Gold  
higher premiums, lower out-of-pocket costs

Silver  
lower premiums, moderate out-of-pocket costs

Bronze  
lowest premiums, highest out-of-pocket costs

 <p>Silver 70 HMO</p> <p style="background-color: #ccc; padding: 2px 5px; text-align: center;">SILVER HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$187.05</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p> <p>Primary Care Visits You pay \$40</p> <p>Generic Drugs You pay \$16</p> <p>Yearly Deductible \$4000 / \$300 (May Not Apply)</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★☆☆☆</p> <p>Provider Search</p> <p style="text-align: center; border-top: 1px solid #ccc; margin-top: 10px;"> <input type="checkbox"/> COMPARE    <a href="#">DETAILS</a>    <a href="#">ADD</a> </p>	 <p>Gold 80 HMO</p> <p style="background-color: #ffc107; padding: 2px 5px; text-align: center;">GOLD HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$198.47</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$0 / \$0</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★☆☆☆</p> <p>Provider Search</p> <p style="text-align: center; border-top: 1px solid #ccc; margin-top: 10px;"> <input type="checkbox"/> COMPARE    <a href="#">DETAILS</a>    <a href="#">ADD</a> </p>	 <p>Bronze 60 PureCare HSP</p> <p style="background-color: #ffc107; padding: 2px 5px; text-align: center;">BRONZE HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$160.49</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p> <p>Primary Care Visits You pay \$65</p> <p>Generic Drugs You pay \$18</p> <p>Yearly Deductible \$6300 / \$500 (May Not Apply)</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★☆☆☆</p> <p>Provider Search</p> <p style="text-align: center; border-top: 1px solid #ccc; margin-top: 10px;"> <input type="checkbox"/> COMPARE    <a href="#">DETAILS</a>    <a href="#">ADD</a> </p>
 <p>Bronze 60 HMO</p> <p style="background-color: #ffc107; padding: 2px 5px; text-align: center;">BRONZE HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$175.51</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p>	 <p>Silver 70 CommunityCare ...</p> <p style="background-color: #6c757d; padding: 2px 5px; text-align: center;">SILVER HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$211.23</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p>	 <p>Bronze 60 HMO</p> <p style="background-color: #ffc107; padding: 2px 5px; text-align: center;">BRONZE HMO</p> <p style="font-size: 1.2em; font-weight: bold;">\$181.49</p> <p>monthly premium <b>after \$156.16 monthly savings</b></p>

# Need assistance? Resources are available

**COVERED CALIFORNIA** Get Started Health Dental Vision Support Sign In Shop and Compare

Apply | (800) 300-1506

## Contact Us

### Get Help Now

Get free and confidential help right away.

- Find a Licensed Agent**  
Licensed Insurance Agents and Certified Enrollers are ready to help.  
[Find an Agent](#)
- Live Chat**  
Chat online with a service center representative during our regular business hours.  
[Chat Now](#)
- Help on Demand** For new enrollees  
Have a certified enroller call you. Most calls are returned in under 15 minutes.  
[Get a Call Back](#)
- Local Medi-Cal Offices**  
For those who want to apply for Medi-Cal health coverage.  
[Find a Local Office](#)

### More Ways to Get Help

Help is always free.

- Call Us**  
Speak with a service center representative during our regular business hours.
- Storefronts**  
Meet with a Licensed Insurance Agent. Appointments and walk-ins available.
- Events**  
Find events near you where you can sign up or get help.

<https://www.coveredca.com/support/contact-us/>



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**Thank you!**



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Questions?

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