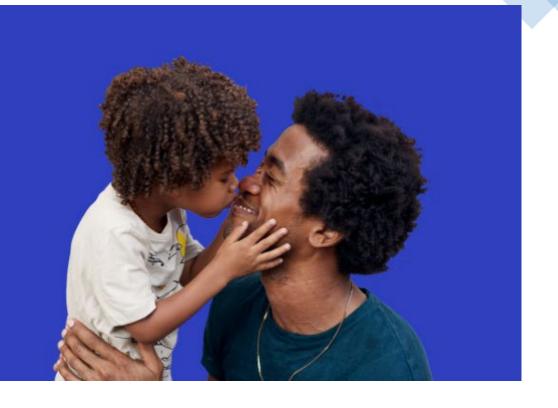


#### **Covered California Basics**

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.





Wednesday, September 8, 2021 Keith Glenn, M.S. 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, 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

COVERED		SEE NOTE BELOW		Federal Premium Tax Credit*							Tax credit continues beyond 600%		
			FOR INCOMES IN THIS RANGE		American Indian / Alaska Native (AIAN) Zero Cost Share					AIAN Limited Cost Share			
					Silver 94 (100%-150%)	Silver 87 (>150%-200%)		er 73 6-250%)					
% F	PL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%*	600% and higher*
	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 +
Size	4	\$0	\$26,200	\$36,570	\$39,300	\$52,400	\$56,445	\$65,500	\$70,490	\$78,600	\$85,330	\$104,800	\$157,200 +
Household Size	5	\$0	\$30,680	\$42,836	\$46,020	\$61,360	\$66,116	\$76,700	\$82,567	\$92,040	\$99,949	\$122,720	\$184,080 +
Hous	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 +
ad	dd'l, idd	\$0	\$4,480	\$6,266	\$6,720	\$8,960	\$9,671	\$11,200	\$12,077	\$13,440	\$14,619	\$17,920	\$26,880
DHCS Copy of the same of Hasfith Cardiory vices		Medi-Cal for Adults			Medi-Cal for Pregnant Women Medi-Cal for Kids (0-18 Yrs.)				Medi-Cal Access Program (for Pregnant Women)				
								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 Vist	After first 3 non- preventive visits, full cost per	\$65*	\$40	\$35	\$15	\$5	\$35	\$15
Urgent Care	instance until out-of-pocket maximum is met	\$65*	\$40	\$35	\$15	\$5	\$35	\$15
Specialist Visit		\$95*	\$80	\$75	\$25	\$8	\$65	\$30
Emergency Room Facility	Full cost per service until out-of-pocket maximum is met	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)		\$18**	\$16**	\$16**	\$5 or less	\$3 or less	\$15 or less	\$5 or less
Tier 2 (Preferred Drugs)	Full cost per script until out-of-pocket maximum is met	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**	<b>\$</b> 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 Based on second-lowest-cost Silver plan				
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			





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**Shop and Compare** 

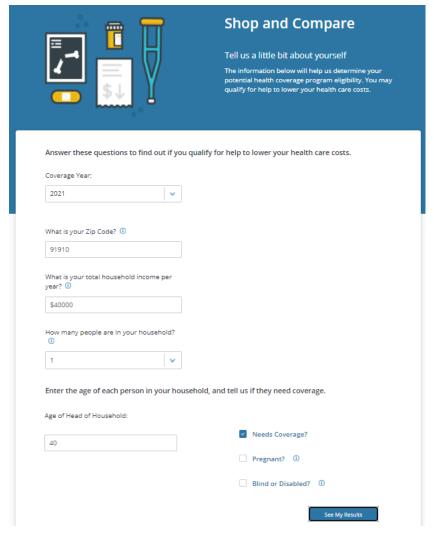
Plans as low as \$1 for those claiming unemployment. Learn more →

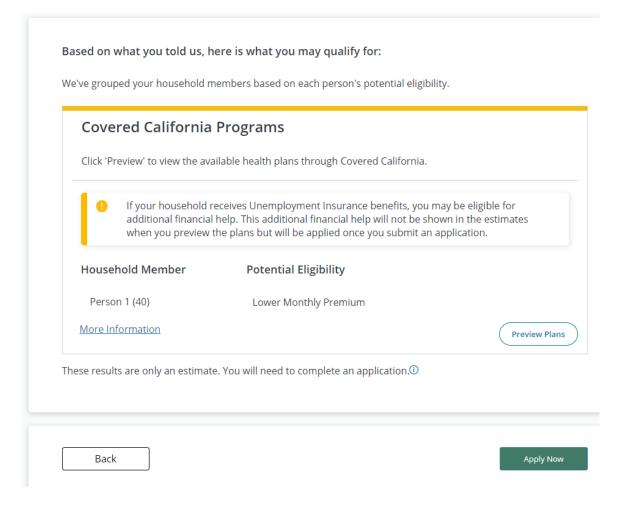
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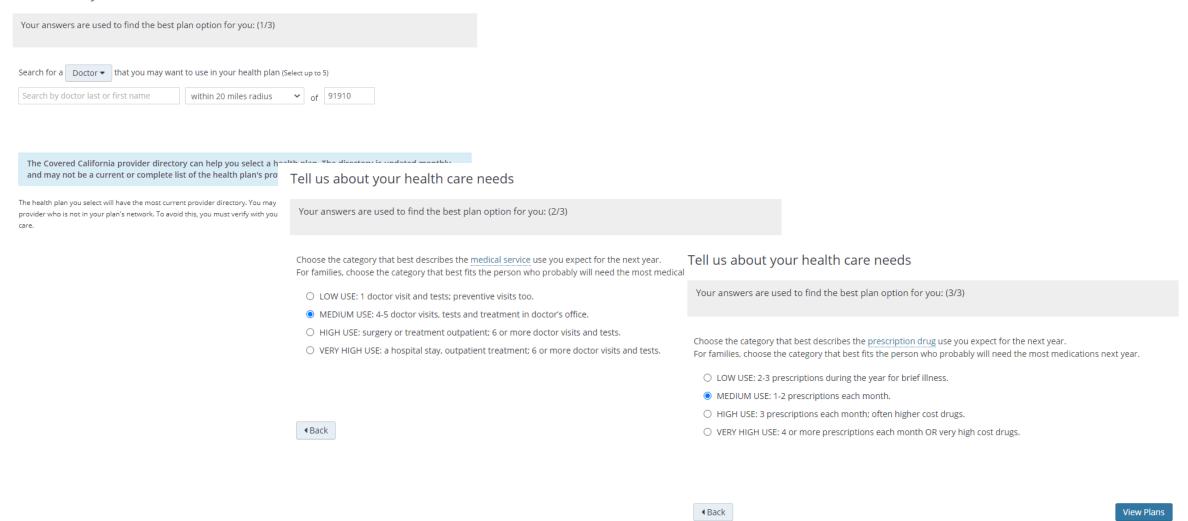


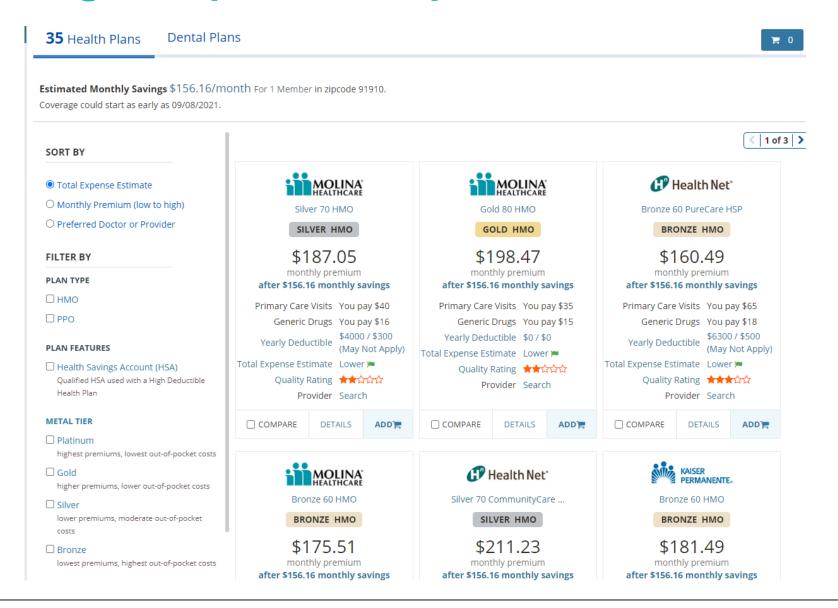






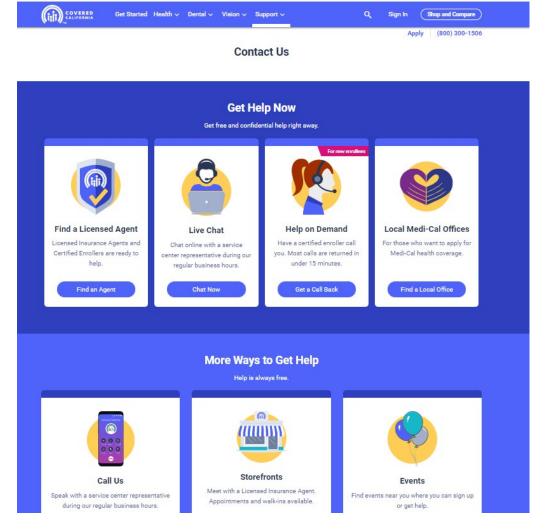
#### Tell us about your health care needs







#### Need assistance? Resources are available



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

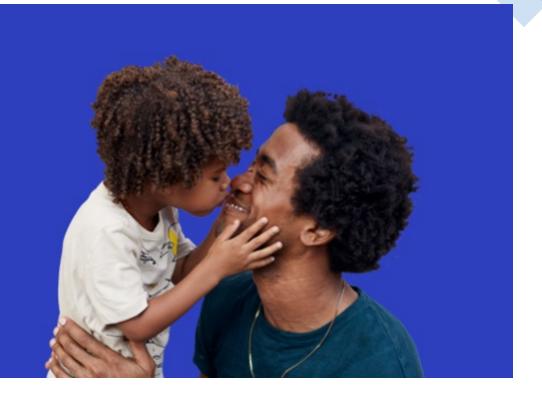




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# Thank you!





Questions? keith.glenn@covered.ca.gov