



# Covered California's 2014 Sliding Scale Plans – Single Person

\*Eligible for Federal Subsidy

Annual Income	\$11,490 - \$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 GREEN 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	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
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	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	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 the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you 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	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800



# Covered California's 2014 Sliding Scale Plans – Couple

\*Eligible for Federal Subsidy

Annual Income	\$15,510 - \$23,265	\$23,265 - \$31,020	\$31,020 - \$38,775	\$38,775 - \$62,040
Consumer Portion of Monthly Premium For Silver Plans (Balance paid by Federal subsidy)	\$26 - \$78	\$78 - \$163	\$163 - \$260	\$260 - \$491
COPAYS IN THE GREEN 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	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
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	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	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 the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you 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	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800



# Covered California's 2014 Sliding Scale Plans – Family of 4

\*Eligible for Federal Subsidy

Annual Income	\$23,550 - \$35,325	\$35,325 - \$47,100	\$47,100 - \$58,875	\$58,875 - \$94,200
Consumer Portion of Monthly Premium For Silver Plans (Balance paid by Federal subsidy)	\$39 - \$118	\$118 - \$247	\$247 - \$395	\$395 - \$746
COPAYS IN THE GREEN 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	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
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	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	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 the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount
Preferred Brand Copay After Drug Deductible	\$5	\$15	\$30	\$50
<b>MAXIMUM OUT-OF-POCKET FOR ONE</b>	<b>\$2,250</b>	<b>\$2,250</b>	<b>\$5,200</b>	<b>\$6,400</b>
<b>MAXIMUM OUT-OF-POCKET FOR FAMILY</b>	<b>\$4,500</b>	<b>\$4,500</b>	<b>\$10,400</b>	<b>\$12,800</b>



# Covered California's 2014 Sliding Scale Plans – Family of 6

\*Eligible for Federal Subsidy

Annual Income	\$31,590 - \$47,385	\$47,385 - \$63,180	\$63,180 - \$78,975	\$78,975 - \$126,360
Consumer Portion of Monthly Premium For Silver Plans (Balance paid by Federal subsidy)	\$53 - \$158	\$158 - \$332	\$332 - \$530	\$530 - \$1000
COPAYS IN THE GREEN 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	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
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	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	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 the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you 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	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800



# Covered California's 2014 Sliding Scale Plans – Family of 8

\*Eligible for Federal Subsidy

Annual Income	\$39,630 - \$59,445	\$59,445 - \$79,260	\$79,260 - \$99,075	\$99,075 - \$158,520
Consumer Portion of Monthly Premium For Silver Plans (Balance paid by Federal subsidy)	\$66 - \$198	\$198 - \$416	\$416 - \$665	\$665 - \$1255
COPAYS IN THE GREEN SECTIONS ARE NOT SUBJECT TO <u>ANY</u> 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	\$1500 Medical Deductible	\$2000 Medical Deductible
Preventive Care Copay	No Cost	No Cost	No Cost	No Cost
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	\$3	\$5	\$20	\$25
Emergency Room Copay	\$25	\$75	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, Pet Scans)	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 the Copay	No Deductible on Brand Drugs	\$50 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you pay the Copay amount	\$250 Brand Drug Deductible then you 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	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$4,500	\$4,500	\$10,400	\$12,800