2027 PLANS AT A GLANCE

COVERED CALIFORNIA | Covered CalOptima Health

BENEFITS - SUMMARY OF PLAN COPAYS AND COINSURANCE	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Bronze 60 HMO	Minimum[2] Coverage**
Annual Deductible[1] (individual/family)	$0	$0	$4,700/$9,400	$200/$400	$1,100/$2,200	$4,700/$9,400	$5,800/$11,600	$12,000/$24,000
Annual Out-of-Pocket Maximum[1] (individual/family)	$5,500/$11,000	$9,600/$19,200	$11,650/$23,300	$3,000/$6,000	$4,000/$8,000	$9,600/$19,200	$11,650/$23,300	$12,000/$24,000
Annual Pharmacy Deductible[1]	$0	$0	$50/$100	$0	$50/$100	$50/$100	$450/$900	N/A
OFFICE VISITS COPAY								
Preventive Care Services including: prenatal visits, well-child care, family planning	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Primary Care Office Visits	$20	$40	$50	$5	$15	$50	$60	0%[6]
Specialist Office Visits	$45	$80	$100	$8	$30	$100	$100[6]	0%
Mental Health and Substance Use Disorder Visits	$20	$40	$50	$5	$15	$50	$60	0%[6]
URGENT & EMERGENCY CARE								
Urgent Care Visit	$20	$40	$50	$5	$15	$50	$60	0%[6]
Emergency Room[3]	$225	$350	$400	$50	$200	$400	40%	0%
INPATIENT SERVICES								
Inpatient Hospitalization	$325/day[4]	$375/day[4]	30%	10%	20%	30%	40%	0%
Pregnancy (Labor and Delivery)	$325/day[4]	$375/day[4]	30%	10%	20%	30%	40%	0%
OUTPATIENT SERVICES								
Outpatient Surgery	$100	$150	30%	10%	20%	30%	40%	0%
Lab Services	$25	$40	$50	$10	$35	$50	$50	0%
X-rays	$35	$85	$95	$10	$50	$95	40%	0%
Imaging (CT/PET Scans, MRIs)	$90	$125	$325	$50	$100	$325	40%	0%

☐ Benefit is available prior to meeting any deductible ☐ Benefit is subject to annual deductible

1-888-312-2221 (TTY **711**) **caloptima.org/covered**

CalOptima Health is proud to be a partner of Covered California™

COVERED CALIFORNIA

FOOTNOTES:

1 Annual deductible included in annual Out-of-Pocket maximum
2 Minimum Coverage HMO has an integrated medical and pharmacy deductible
3 Copay waived if member is admitted directly to the hospital
4 Copay is per day up to 5 days
5 Applied to members up to the age of 19
6 Any combination of the first 3 visits prior to deductible
7 Glasses (1 pair per year or contact lenses in lieu of glasses)
* Subject to pharmacy deductible
** www.coveredca.com/support/getting-started/minimum-coverage-plans

2027 PLANS AT A GLANCE

	Platinum 90 HMO	Gold 80 HMO	Silver 70 HMO	Silver 94 HMO	Silver 87 HMO	Silver 73 HMO	Bronze 60 HMO	Minimum[2] Coverage**
PRESCRIPTION DRUGS								
Tier 1 (Most Generics)	$10	$19	$20	$3	$10	$20	$20	0%
Tier 2 (Preferred Brand)	$25	$60	$65*	$10	$30*	$55*	40% up to $500/ prescription*	0%
Tier 3 (Non-Preferred Brand)	$45	$90	$95*	$15	$50*	$95*	40% up to $500/ prescription*	0%
Tier 4 (Specialty)	10% up to $250/ prescription	20% up to $250/ prescription	20% up to $250/ prescription*	10% up to $150/ prescription	15% up to $150/ prescription*	20% up to $250/ prescription*	40% up to $500/ prescription*	0%
PEDIATRIC VISION[5] (AGES 0–19)								
Vision Exam and Glasses (1 pair per year or contact lenses in lieu of glasses)	No Charge[7]	No Charge[7]	No Charge[7]	No Charge[7]	No Charge[7]	No Charge[7]	No Charge[7]	No Charge[7]
PEDIATRIC DENTAL[5] (AGES 0–19)								
Oral Exam, Preventive Cleaning, X-rays, Sealants per Tooth, Topical Fluoride Application and Space Maintainers (fixed)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

☐ Benefit is available prior to meeting any deductible ☐ Benefit is subject to annual deductible

Did you know that the CalOptima Health Covered plan includes no-cost preventive care and wellness services? Here are just a few of the services offered:

- Blood pressure and cholesterol screening
- Type 2 diabetes screening
- Vaccines, including the flu shot
- Depression screening
- Mammograms and Pap smear
- Tobacco and alcohol use (screening and counseling)
- Diet counseling
- Colorectal cancer screening
- Prenatal and well-baby visits

This "Plans at a Glance" document is intended to be a summary of benefits. Please review the CalOptima Health Covered "Evidence of Coverage" document (or Member Handbook) for a detailed description of all benefits, limitations and exclusions.

Nondiscrimination and Accessibility Statement

CalOptima Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Getting Help in Other Languages

English: To request free interpreting services, information in your language or in another format, call CalOptima Health at **1-888-312-2221** (TTY **711**).

Spanish: Para solicitar servicios de interpretación gratuitos o información en su idioma o en otro formato, llame a CalOptima Health al **1-888-312-2221** (TTY **711**).

CalOptima Health Covered is the health plan that focuses exclusively on the health needs of all of Orange County's diverse residents. Free confidential assistance is available from 8 a.m.–6 p.m., Monday through Friday, except for certain holidays by calling **1-888-312-2221** (TTY **711**). You may be eligible for financial assistance.

FOOTNOTES:

1 Annual deductible included in annual out-of pocket maximum
2 Minimum Coverage HMO has an integrated medical and pharmacy deductible
3 Copay waived if member is admitted directly to the hospital
4 Copay is per day up to 5 days
5 Applied to members up to the age of 19
6 Any combination of the first 3 visits prior to deductible
7 Glasses (1 pair per year or contact lenses in lieu of glasses)
* Subject to pharmacy deductible
** www.coveredca.com/support/getting-started/minimum-coverage-plans