



2021 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	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	\$24,981 to \$31,225 (>200% to ≤250% FPL)	\$18,736 to \$24,980 (>150% to ≤200% FPL)	up to \$18,735 (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

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.

Program Eligibility by Federal Poverty Level for 2021

Medi-Cal and Covered California have various programs with overlapping income limits.

 <div> <div>SEE NOTE BELOW FOR INCOMES IN THIS RANGE</div> <div> <div>California State Subsidy</div> <div>Federal Tax Credit</div> <div>American Indian / Alaska Native (AIAN) Zero Cost Share</div> <div>AIAN Limited Cost Share</div> <div> <div>Silver 94 (100%-150%)</div> <div>Silver 87 (>150%-200%)</div> <div>Silver 73 (>200%-250%)</div> </div> </div> </div>													
% FPL	0%	100%	138%	150%	200%	213%	250%	266%	300%	322%	400%	600%	
Household Size	1	\$0	\$12,760	\$17,609	\$19,140	\$25,520	\$27,179	\$31,900	\$33,942	\$38,280	\$41,088	\$51,040	\$76,560
	2	\$0	\$17,240	\$23,792	\$25,860	\$34,480	\$36,722	\$43,100	\$45,859	\$51,720	\$55,513	\$68,960	\$103,440
	3	\$0	\$21,720	\$29,974	\$32,580	\$43,440	\$46,264	\$54,300	\$57,776	\$65,160	\$69,939	\$86,880	\$130,320
	4	\$0	\$26,200	\$36,156	\$39,300	\$52,400	\$55,806	\$65,500	\$69,692	\$78,600	\$84,364	\$104,800	\$157,200
	5	\$0	\$30,680	\$42,339	\$46,020	\$61,360	\$65,349	\$76,700	\$81,609	\$92,040	\$98,790	\$122,720	\$184,080
	6	\$0	\$35,160	\$48,521	\$52,740	\$70,320	\$74,891	\$87,900	\$93,526	\$105,480	\$113,216	\$140,640	\$210,960
	7	\$0	\$39,640	\$54,704	\$59,460	\$79,280	\$84,434	\$99,100	\$105,443	\$118,920	\$127,641	\$158,560	\$237,840
	8	\$0	\$44,120	\$60,886	\$66,180	\$88,240	\$93,976	\$110,300	\$117,360	\$132,360	\$142,067	\$176,480	\$264,720
	add'l, add	\$0	\$4,480	\$6,183	\$6,720	\$8,960	\$9,543	\$11,200	\$11,916	\$13,440	\$14,426	\$17,920	\$26,880
 <div> <div>Medi-Cal for Adults</div> <div>Medi-Cal for Pregnant Women</div> <div>Medi-Cal Access Program (for Pregnant Women)</div> <div>Medi-Cal for Kids (0-18 Yrs.)</div> <div>County Children's Health Initiative Program</div> </div>													

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 tax credit, California state subsidy, Silver (94, 87, 73) plans and AIAN plans.

Covered California Programs



Covered California uses FPL limits from the prior year to determine eligibility for its programs as required by regulation. The unshaded columns are associated with Covered California eligibility ranges:

California State Subsidy	0%–138% FPL / over 200%–600% FPL
Federal Tax Credit	100%–400% FPL
Silver 94	100%–150% FPL
Silver 87	over 150%–200% FPL
Silver 73	over 200%–250% FPL
AIAN Zero Cost Share	100%–300% FPL
AIAN Limited Cost Share	all income levels

The unshaded columns display 2020 FPL values to determine eligibility for premium tax credits and cost sharing reductions for health plans effective in 2021. The unshaded columns, including the 100% column, display 2020 FPL values as [published by the Department of Health and Human Services](#).

Medi-Cal Programs



Medi-Cal uses FPL limits of the current year to determine eligibility for its programs. The column headings shaded in purple are associated with eligibility ranges for Medi-Cal programs:

Medi-Cal for Adults	up to 138% FPL
Medi-Cal for Children	up to 266% FPL
Medi-Cal for Pregnant Women	up to 213% FPL
MCAP	over 213%–322% FPL
CCHIP	over 266%–322% FPL

The shaded columns display 2020 FPL values [according to the Department of Health Care Services](#) (see annual values on page 5) which administers the Medi-Cal program.