

Covered California's 2014 standard plans for individuals — Key benefits

	Platinum	Gold	Silver (Lower Cost Sharing Available on Sliding Scale)	Bronze
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 DEDUCTIBLES	
Deductible (if any)	No Deductible	No Deductible	\$2,000 Medical Deductible	\$5,000 Deductible for Medical and Drugs
Preventive Care Copay	No Cost — 1 annual visit	No Cost — 1 annual visit	No Cost — 1 annual visit	No Cost — 1 annual visit
Primary Care Visit Copay	\$25	\$45	\$45	\$60 for 3 visits per year
Specialty Care Visit Copay	\$50	\$65	\$65	\$70
Urgent Care Visit Copay	\$50	\$90	\$90	\$120
Generic Medication Copay	\$5	\$25	\$25	\$25
Lab Testing Copay	\$25	\$45	\$45	30%
X-Ray Copay	\$40	\$65	\$65	30%
Emergency Room Copay	\$150	\$250	\$250	\$250
High cost and infrequent services like Hospital Care, Outpatient Surgery, and Imaging (MRI, CT, PET Scans)	HMO Outpatient Surgery — \$250; Hospital — \$250 per day up to 5 days PPO 10%	HMO Outpatient Surgery — \$600; Hospital — \$600 per day up to 5 days PPO 20%	20% of your plan's negotiated rate	30% of your plan's negotiated rate
Brand medications may be subject to Annual Drug Deductible before you pay the copay	No Deductible	No Deductible	\$500 Drug Deductible then you pay the Copay Amount	No separate Drug Deductible
Preferred brand copay after Drug Deductible (if any)	\$15	\$50	\$50	\$50
MAXIMUM OUT-OF-POCKET FOR ONE	\$4,000	\$6,400	\$6,400	\$6,400
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$8,000	\$12,800	\$12,800	\$12,800