



The Alliance is excited to be chosen to participate in Covered California. As a locally based plan, the Alliance is proud to open our doors to Covered California-eligible individuals in the Bay Area. The Alliance will be offering competitively priced products that will provide members with high-quality health care. Members will have a robust network of doctors and hospitals to choose from, including well-known medical groups as well as clinics, doctors and hospitals who are culturally and linguistically diverse. Most importantly, as we embark upon this new, historic venture the Alliance will be available and accessible to potential enrollees and members to help guide them through this new health care delivery system. This new venture will further promote the Alliance's mission to deliver high quality, affordable services that meet the expectations of our members, community and employees with consistency, integrity, honesty and fairness. The Alliance looks forward to having a strong, regional plan serving the Bay Area.

Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Bronze 60 HMO

\$5,000 deductible for medical & drugs

Family Deductible

\$10,000 deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$60²

Specialty Care Visit Copay

\$70

Urgent Care Visit Copay

\$120²

Generic Medication Copay

\$19

Lab Testing Copay

30%

X-Ray Copay

30%

Emergency Room Copay

\$300

High cost and infrequent services (e.g. Hospital Stay)

30% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

² First 3 visits each year are not subject to the deductible

Silver 70 Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Silver 70 HMO

\$2,000 medical deductible

\$250 brand drug deductible

Family Deductible

\$4,000 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$45

Specialty Care Visit Copay

\$65

Urgent Care Visit Copay

\$90

Generic Medication Copay

\$19

Lab Testing Copay

\$45

X-Ray Copay

\$65

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Gold 80 HMO

no deductible

no deductible

no cost at least 1 yearly visit

\$30

\$50

\$60

\$19

\$30

\$50

\$250

HMO

Outpatient Surgery - \$600

Hospital - \$600/day up to 5 days

PPO - 20%

\$50

\$6,350

\$12,700

Platinum Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible	Platinum 90 HMO no deductible
Family Deductible	no deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit
Primary Care Visit Copay	\$20
Specialty Care Visit Copay	\$40
Urgent Care Visit Copay	\$40
Generic Medication Copay	\$5
Lab Testing Copay	\$20
X-Ray Copay	\$40
Emergency Room Copay	\$150
High cost and infrequent services (e.g. Hospital Stay)	HMO Hospital - \$250/day up to 5 days PPO - 10%
Preferred brand copay after Drug Deductible (if any)	\$15
Maximum Out-of-Pocket For One	\$4,000
Maximum Out-of-Pocket For Family	\$8,000

¹ in-network only