



We were excited to hear from Covered California that Chinese Community Health Plan would be included in the individual exchange. Chinese Community Health Plan and its integrated health system have a history of participating in programs that benefit our community members, who often have difficulty accessing quality and affordable health care coverage. We are delighted for the opportunity to partner with Covered California in meeting the needs of underserved individuals.

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

	Bronze 60 HMO
Individual Deductible	\$5,000 deductible for medical & drugs
Family Deductible	\$10,000 deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit
Primary Care Visit Copay	\$60 ₂
Specialty Care Visit Copay	\$70
Urgent Care Visit Copay	\$120 ₂
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