



Valley Health Plan (VHP) is in a unique position to serve individuals living or working and small businesses located, within Santa Clara county seeking health plan coverage through Covered California. As a county-owned commercial health insurance company, VHP offers members affordable, high-quality health care in the community. VHP provides services for a larger and more diverse population than any other health care system in the region, including residents who are employed with high incomes, middle and moderate incomes, as well as individuals who are low-income. Over the last 28 years, VHP has built a network of doctors and hospitals including 11 community-based federally qualified health centers, eight clinics operated by the county of Santa Clara, Santa Clara Valley Medical Center, and three additional area hospitals, as well as a full spectrum of specialty services including behavioral health doctors and hospitals. VHP serves the residents and communities of Santa Clara county and is dedicated to the vision of Better Health for All.

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

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

Platinum 90 HMO

no deductible

no deductible

no cost at least 1 yearly visit

\$20

\$40

\$40

\$5

\$20

\$40

\$150

HMO

Hospital - \$250/day up to 5 days

PPO - 10%

\$15

\$4,000

\$8,000