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GET COVERED

FINDING HEALTH COVERAGE IN CALIFORNIA

FALL 2013

CENTRAL AND COASTAL CALIFORNIA: Fresno, Kern, Kings, Madera, Mariposa, Merced, Monterey, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Stanislaus, Tulare and Ventura counties



A HISTORIC OPPORTUNITY

COVERED CALIFORNIA GIVES YOU CONTROL OVER YOUR HEALTH INSURANCE OPTIONS

COVERED CALIFORNIA WAS CREATED AS THE STATE'S MARKETPLACE WHERE INDIVIDUALS CAN GET QUALITY HEALTH INSURANCE.

qualify for help with their monthly health insurance costs, either by getting Medi-Cal or by getting premium assistance. Covered California is the only place where you can get this financial help from the federal government.

It's your right and your responsibility to have insurance. Starting in 2014, most people will be required to have health insurance or pay a fee. Having health insurance is not only the law; it's the right thing to do. Individuals and families should start planning now to make these important decisions.

Taking care of your health has always been important, but it hasn't always been affordable or easy. Many Californians have struggled to buy health insurance because it was costly or confusing. Millions of people have no insurance, and millions more have too little coverage, which means higher health care costs for individuals and health care providers.

Covered California™ is changing all that by providing a simple and easy way to get quality health insurance.

Following the passage of the historic Patient Protection and Affordable Care Act in 2010, Covered California was created as the state's marketplace where individuals can get quality health insurance. With coverage starting in 2014, Covered California will help you see if you qualify for Medi-Cal or premium assistance, compare health insurance plans and choose the one that works best for your health needs and budget.

Covered California helps working families save on their premiums right away. An estimated 4 million Californians will

DEAR CALIFORNIA RESIDENTS,

California is undergoing a change in health care that is nothing short of historic. Starting Jan. 1, 2014, millions of Californians will no longer have to look at health care as a luxury, but can see it as a fundamental part of their way of living — no different from food on the table, a roof over their heads or a few dollars tucked aside for an emergency.

Covered California is how California is carrying out its portion of the federal Patient Protection and Affordable Care Act with a single goal in mind: delivering access to quality, affordable health care to more than 5 million Californians. More than 2 million people will have premium assistance to lower their monthly costs, and many more will now qualify for no-cost or low-cost Medi-Cal.

Gone are the days of health insurance companies avoiding people who are sick. The 12 companies that offer health insurance plans through the Covered California marketplace do not and cannot charge more based on your health condition. Nor can they deny you coverage because you have a serious illness, like diabetes, heart disease or cancer.

And this is real insurance that's free of gimmicks and fine print that look for ways to charge you more money or to get

out of providing quality care. The plans are from companies that you have come to know and trust, and they often have the same doctors and hospitals that have served you over the years.

In the coming months, Covered California hopes to enroll Californians who either are uninsured or buy insurance on their own. We are not only confident, but also excited that Covered California's ability to offer affordable health care will be a game changer for households across the state.

This health coverage will greatly reduce the likelihood that medical bills will force anyone into bankruptcy. It will mean that families won't have to choose between doctor visits and keeping the lights on and that all Californians can go about their daily lives with the peace of mind that when they need to see a doctor or check into a hospital, they're covered.



Covered California
Executive Director
Peter V. Lee

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Coverage for the what-ifs in life

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Covered California will provide statewide access to preventative care

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Covered California reduces the maximum out-of-pocket cost to help families

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'I DIDN'T THINK I NEEDED INSURANCE'

AT AGE 24, JASON DARNELL FOUND OUT THE COSTS OF NOT HAVING QUALITY COVERAGE

BY NATASHA VON KAENEL

Jason Darnell woke up in agony. The night before, he'd been perfectly fine, but the next morning he knew immediately he needed to go to the hospital. "I wasn't really able to move. I was lying around on the ground in a lot of pain, screaming," he recalls.

But before calling an ambulance, he hesitated. He was 24 years old and working part time as a bar manager in the Los Angeles area. His employer didn't offer insurance, and he had been dropped from his parents' health insurance plan when he graduated from college. His mom, more worried about his health insurance than he was, had bought him the cheapest insurance she could, with a deductible of \$5,000.

"THAT WAS THE START OF OUR FINANCIAL WOES."

Jason Darnell

But Jason didn't think insurance was important. "I didn't want to pay for it. And it wasn't something that was really on my radar at the time because I had always been on my parents' coverage," he says. "I didn't feel like I needed it."

Yet once he was on the ground screaming in pain, Jason's first thought was how he would pay for the emergency room visit. "I had my [girlfriend] look at my insurance card and call the nurse hotline first, just to see if we had to pay anything," he says, "and then it just was so much pain that it didn't matter."

When he got to the hospital, Jason found out he had kidney stones. His ambulance trip, the hospital bill and follow-up with a urologist racked up more than \$4,000. It was just under his deductible of \$5,000, so he had to pay the entire cost himself.

It took him five years to pay off that debt. During that time, Jason started teaching and wasn't making much money. He was planning to marry his girlfriend, Meg, and could have put the money toward wedding expenses. Then Meg was laid off from her corporate job. The high cost of housing and all the bills made it impossible to live on his teacher's salary alone. He says, "We ended up just throwing all of our stuff in storage and moving out of Los Angeles, and that was the start of our financial woes." After the two were married in 2009, they lived with Jason's parents before moving into a room above the garage at Meg's parents' home for a year. Jason was glad to have support from family while they got back on their feet.

Jason's story would be very different if his trip to the emergency room had occurred after the passage of the Patient Protection and Affordable Care Act. As a 24-year-old, he could have stayed covered under his parents' health insurance plan until he was 26. He also could have purchased a better quality health insurance plan with a lower deductible through Covered California and received help paying his monthly premiums.

Jason is now employed in the health care industry, working with patients to help them save money on out-of-pocket medical expenses. He has been covered through his employer's health insurance for the last three years.

He says that after his unexpected bout of kidney stones, it is great to know that he is covered. "Oh God, it's wonderful," he says. "It allows you to know that you can go into the doctor and not have to question whether or not you can afford it. It's absolutely freeing."



PHOTO BY JEROME LOVE

Jason Darnell didn't have a good insurance plan and didn't think he needed one. But when he had a medical emergency, he worried about how much he would have to pay.

GETTING COVERAGE FOR YOUNG ADULTS

You might not think it will happen to you, but it could. You might take a nasty spill while mountain biking or need an emergency appendectomy. If you don't have health insurance, how will you pay for it? You could end up waiting a long time at a clinic or paying the full cost of an emergency room visit. If you're between the ages of 19 and 34 and are uninsured, you're not alone. Nearly a third of people in this age group are uninsured, according to the U.S. Census Bureau. But the new federal health care law is helping young people be prepared for when they need medical care. Young people can now stay on a parent's health insurance plan until age 26. With Covered California, young adults can buy affordable, quality health insurance. And because they are just starting out and not making as much money, many will qualify for Medi-Cal or federal premium assistance to reduce the monthly costs of the private health plan they choose through Covered California.

'I WASN'T COVERED WHEN I NEEDED IT MOST'

SPIKE DOLOMITE WARD DROPPED HER COVERAGE — THEN SHE FOUND A LUMP IN HER BREAST

BY MIKE BLOUNT

When 51-year-old Spike Dolomite Ward and her husband decided to drop their insurance plan after feeling the effects of the economic recession in 2010, they both agreed it was going to be temporary. Spike and her husband owned their own businesses, but crippling cutbacks to the nonprofit company Spike started and a drop in clients for her husband's computer repair business caused the couple to make some tough choices.

They were already paying a hefty premium because Spike's husband had a pre-existing condition — type 2 (adult onset) diabetes.

"We were paying about \$1,500 a month for a family of four," Spike says, "and we were using our home equity to pay the premium. But when we got a letter from the bank telling us they were cutting us off, we had no other choice [but to drop our insurance]."

Then the unthinkable happened.

In June 2011, during one of her routine self-examinations, Spike found a lump in her breast. At first, she remained calm. She began searching the Internet for information on what to do and convinced herself that the lump was non-threatening. Spike says she was in denial. She went for her annual pap smear, which she paid for out of pocket, and showed her doctor the lump.

"She knew exactly what it was and said it needed to come out right away," Spike says.

"WE WERE USING OUR HOME EQUITY TO PAY THE PREMIUM."

Spike Dolomite Ward

Spike and her husband knew that treatment would be extremely expensive. They wanted to purchase health insurance but knew from their past experience with pre-existing conditions that they would likely be denied coverage or be paying an even larger premium. Spike did not qualify for Medi-Cal because the couple made too much money, and they were quickly running out of resources.

They borrowed money from their friends, cashed in a life insurance policy and used up what little money was left in their retirement plan to pay for testing. In all, it was \$8,000 in medical bills, which left them without any options to pay for further treatment. Luckily, a colleague of Spike's did some research and told her about a temporary program that was available while states were transitioning to health insurance marketplaces. Spike says it saved her life.

She began chemotherapy, had radiation treatment and, eventually, received a double mastectomy. Since January 2013, she has been in remission. But Spike's experience did have one side effect: It prompted her to become an outspoken activist for health care reform.

Spike says using the Covered California calculator online gave her a premium estimate of only \$600 a month for her family, which would have prevented her from having to drop the insurance in the first place. She is planning on getting insurance through Covered California and wants more people to know the benefits of being covered.

"I wanted to take all the skills I learned from working in a nonprofit and use them to explain to people the benefits of [health care reform]," Spike says. "I believe it is my duty as a citizen to pay it forward and educate people who don't understand. Life is too short, and everything I do from now on really has to matter."



PHOTO COURTESY OF SPIKE DOLOMITE WARD

Spike Dolomite Ward became an outspoken activist for health care reform after she was diagnosed with breast cancer in June 2011.

HEALTH INSURANCE SAVES LIVES

For the 48.6 million Americans living without health insurance, the consequences are much greater than just overpriced hospital visits. Roughly 45,000 Americans die prematurely each year because they lack health coverage, according to a Harvard Medical School study. This means that a typical working-age American is 40 percent more likely to die if he or she is not covered. High health care costs discourage the uninsured from seeking care for potential health problems and chronic conditions. But with Covered California, Californians can buy affordable, quality insurance, which includes free preventative care so that chronic conditions don't become expensive emergency room visits. Another benefit: No one will be denied coverage, even with a pre-existing condition.

'I OWE \$100,000'

ADAN HERNANDEZ IS THANKFUL FOR HIS LIFE, BUT THE COSTS HAVE BEEN GREAT

BY EDGAR SANCHEZ

A mysterious headache, nine seizures, long hospital stays and brain surgery — all these events are part of Adan Hernandez's medical record.

His ordeal began suddenly in 2011, when he still had health insurance through his job. And his crisis continues today, but without the insurance, which he lost along with the job he so dearly loved.

"I had the assurance of having medical coverage," the 27-year-old Morgan Hill resident says. "If something happened to me, I did not have to stress about the costs. And now that I have no insurance and no job, I receive bills for medical treatments that I simply cannot pay."

Adan owes \$100,000 to private doctors, including some who have cared for him since Jan. 31, 2012, when his coverage ended.

This amount is small compared with the millions of dollars that his insurance paid to hospitals when he suffered his first epileptic seizures, which started in February 2011.

For months, Adan had headaches that came and went. At that time, he operated heavy machinery in a factory that built air conditioning units in Madera.

One morning he was getting up to go to work when he started shaking and lost consciousness. That morning, in a

hospital in Fresno, a scan revealed that Hernandez had a brain tumor, the cause of his epilepsy.

He was immediately transferred to Fresno Community Hospital, where a team of doctors removed the tumor. María Hernandez, Adan's mother, asked one of the doctors the cost of that operation.

"More than \$1 million," the doctor replied. "But don't worry about that. The insurance will pay."

In total, Adan was hospitalized for almost 70 days, including two weeks in an induced coma.

He has not worked since he left the hospital. In November 2011, Adan moved in with his parents in Morgan Hill, where he is visited by his 7-year-old son, Julian. He and his ex-partner share custody of the child.

Adan, who enjoys walking with Julian, has begun to experience epileptic seizures with less frequency and intensity. But without employer-sponsored health insurance, he has struggled to receive medical care for his condition.

"Hernandez qualified for Valley Care, a medical assistance program from the county of Santa Clara for low-income people," says Araceli Martinez,



Adan Hernandez suffered from epilepsy caused by a brain tumor. He lost his job and health insurance because of his condition and struggles to pay for continued treatment.

a resource and benefits manager at O'Connor Hospital in San Jose.

Valley Care covers some of Adan's medical costs, but it does not cover the costs of the care he receives from private doctors. Adan will seek health insurance through Covered California, which will be activated in January 2014.

"If the health care reform had been in effect in January 2012, when Adan and his family visited our program for the first time, Adan would not have all these bills that he hasn't been able to pay," Martinez says.

CONTROLLING COSTS

Covered California will give millions of people access to affordable health insurance. They can find out if they qualify for Medi-Cal, and it's the only way to get premium assistance and subsidies to lower monthly premiums and reduce health care costs. In addition, there are limits to how much people have to pay out of pocket when they go to the doctor. The most an individual will have to pay is \$6,350 in any one year (this does not include your monthly premium costs). This maximum protects you from a major medical event that could ruin your finances.

"NOW THAT I HAVE NO INSURANCE AND NO JOB, I RECEIVE BILLS FOR MEDICAL TREATMENTS THAT I SIMPLY CANNOT PAY."

Adan Hernandez

‘PEOPLE AREN’T GETTING THE CARE THEY NEED’

PROVIDERS SAY PATIENTS WILL GET BETTER, MORE AFFORDABLE CARE WITH COVERED CALIFORNIA

BY MIKE BLOUNT

As millions of Californians prepare to enter the health care system — some for the very first time — doctors are looking forward to providing better care to more people through the state’s new health insurance marketplace, Covered California.

Dr. Robert Burns has been a staff physician with the Santa Clara Valley Health and Hospital System for 20 years and has seen patients slip through the cracks because they didn’t have health insurance. Through Covered California, Burns says, giving more people access to care will help providers serve their patients more efficiently and drive down costs for everyone.

“There are so many uninsured people in our health system that are in health purgatory,” Burns says. “They are deferring care because they are afraid of what it will cost. They will sometimes develop mental health issues as a result of putting off care, which compounds the illness, and they don’t visit a hospital until they reach a panic phase, during which their issues are much more complex, intertwined, advanced and costly.”

At that stage, Burns says, many more resources go into that person’s care, including more hospital staff and equipment to do extensive testing. And that costs more. More expensive health care drives up the costs for everyone, because insurers pass on this increased cost in the form of premiums that everyone pays. A better way to manage someone’s health is to have regular checkups, which allow health professionals to better manage an illness and develop a long-term plan for care.

Under the current system, a person’s health care is highly variable depending on what insurance plan the person has. Many people are under-insured and are not able to get the level of care that they need due to the cost.

For Dr. Nathan Allen, the solution is Covered California.

“Covered California is going to be a boon to men and women because they will finally be able to be covered,” Allen says. “That means they’ll be covered for specialty procedures and regular checkups, and a broader range of coverage provides for a lot of preventative care that will help avoid problems down the road.”

Allen has been a practicing OB-GYN in Sacramento since 1981, and, in that time, he has seen the benefits of preventative care for women. Allen says that early detection through routine doctor’s visits can save lives. But, for many without insurance, those visits become a low priority due to the expense.

“I was working with a program for women that don’t have any health insurance, helping them get things like a pap smear or a mammogram,” Allen says. “But if they needed further care, they would have to jump through hoops to get some type of coverage. Just the fact that they will be covered now means a lot.”



Dr. Robert Burns has been a physician with the Santa Clara Valley Health and Hospital System for 20 years.



PHOTO BY ANNE STOKES

Dr. Nathan Allen, an OB-GYN in Sacramento, says routine doctor’s visits that will be available to more people through Covered California will help save lives.

AFFORDABILITY VS. THE EMERGENCY ROOM

Even if you just have a paper cut on your left pinky finger, if you go to the emergency room, doctors are required by law to see you. Roughly one out of three emergency room visits could be treated in a primary care setting, according to the National Association of Community Health Centers. But because they don’t have insurance, many people don’t get care for their condition until it’s too late, and they have to go to an emergency room. In 2008, hospitals spent more than \$56 billion providing treatment to individuals who didn’t have health insurance or couldn’t pay the full cost. These costs are passed on to others in the form of higher premiums, copayments and deductibles. With the new health care law, which offers affordable health insurance to all Americans, the amount of unpaid care will go down. With insurance, more people will have access to a primary care doctor and will avoid having to get more costly care in emergency rooms, and that will drive down costs for all.

‘WHY WE HAVE INSURANCE’

THIS FAMILY KNOWS THE COMFORTS OF BEING COVERED

BY MICHELLE CARL

Jennifer Herrera and her family are always on the move. She and her husband, Fredy, enjoy hiking in the mountains near their Southern California home and cheering on their children in one of their many sports — golf, football, volleyball or basketball.

“Knock on wood, the kids are very, very healthy,” she says of children Austinn, 16, and Olivea, 12.

Jennifer buys her own insurance through the individual market. She says it takes lots of time and research, but she feels it’s her responsibility. She was glad she had insurance recently when her son badly cut his face during a basketball game.

“It was off to the emergency room we go,” she recalls. “Obviously, I had to pay for some of it, but thank God I didn’t have to come up with that \$3,000 [for the full cost of the visit].”

Jennifer feels secure because she’s covered in case something happens. Her family has always had health insurance, mainly because of hearing the story of Jennifer’s grandmother and the effect that not having insurance had on the family.

“Even when I was young, [my grandmother] would tell me, ‘If you have the opportunity to get [insurance] you need to make sure you get it, because you never know what will happen.’”

It was the late 1940s, and Ethel and Chuck Meyer were proud parents of their first child, Bill (Jennifer’s father).

“[Ethel] was hanging the laundry one day and just all of a sudden collapsed,” Jennifer says. “She didn’t know why. She had been kind of tired but chalked it up to having an active child.”

She was taken to the hospital, where blood tests showed she was pregnant. But Ethel couldn’t move her legs, and doctors didn’t know why. Some nurses thought she was faking the condition, which doctors initially dubbed “virus X.”

Ethel eventually learned she had polio, a debilitating virus that reached epidemic levels in the United States prior to the development of the polio

vaccine in the 1950s. Ethel got physical therapy in an attempt to regain the use of her legs. Doctors doubted she could carry her baby to term while infected with polio, but Ethel insisted she would.

“She told them, ‘I will. I promised my son a baby sister,’” Jennifer says. That daughter was born and was named Rhoda, after one of Ethel’s physical therapists.

Despite medical efforts, Ethel would spend the rest of her life in a wheelchair (she died in 2007). To make matters worse, the couple had no health insurance.

“They were young,” Jennifer says. “They didn’t give it a second thought that they would need health insurance at that stage in their lives.”

Jennifer remembers her father and grandmother speaking about the financial hardships they faced from the costs of a long-term medical condition. Chuck struggled to find work, and he and Ethel were never able to buy a home of their own.

“I think she was not able to provide the life for her kids that she wanted,” Jennifer says.

Jennifer took her grandmother’s lesson to heart. Even as a college student at the University of California, Los Angeles, she bought her own health insurance policy. She remembers struggling to buy textbooks, put gas in her car and pay her insurance premiums using her meager part-time paycheck. But she’s glad she did. During college she ended up having multiple kidney infections and ulcers that required daily medication.

“It’s still important enough for me to say, ‘Let’s figure out how we can make this work,’” she says. “Everyone must have health insurance!”

Jennifer looks forward to reviewing Covered California’s options this fall and hopes to pass on the importance of being healthy to her children as they become adults.

“Being proactive is better than being reactive when it comes to health, and insurance enables us to do that,” she says.



Jennifer Herrera and her children, Austinn, 16, and Olivea, 12, enjoy many outdoor activities, knowing they are covered by health insurance in case anything happens.

IT’S THE RIGHT THING TO DO

Having health insurance is not only the law, but also the right thing to do. Paying for insurance makes sure you are not a burden on your family or the system. It’s also a smart decision. Many families and individuals can’t get treatment when they need it most. Some end up paying for their expenses in full. It may seem difficult to spend your hard-earned dollars on health insurance premiums, but buying health insurance is buying peace of mind. Everybody will have health care expenses at some point; they just never know when. Being covered means not having to worry about the what-ifs in life.



WHAT YOU NEED TO KNOW

When you shop at Covered California, everything you need will be laid out for you. Information about Medi-Cal eligibility and about the private plans' pricing and benefits will be written in simple terms, so you don't have to guess about your costs. You will get a clear picture of what you're paying and what you're getting before you make a choice. Here are a few concepts you'll need to understand to start shopping.

COVERAGE LEVELS: WHO PAYS FOR WHAT

Covered California lets individuals choose the coverage level that best suits their needs. Each health insurance plan is available in four levels of coverage: Bronze, Silver, Gold and Platinum. These levels define how much you pay as a patient compared with what the plan will pay. For instance, a Silver plan will have 70 percent of health care costs paid by the insurance company and 30 percent paid by the consumer. Each level also has a different range of monthly premiums.

Choose your level of coverage based on how much health care you expect to use. Generally healthy people may want to choose a Bronze or Silver plan with a lower monthly premium but higher costs when they use health care services. Frequent users of health care may want to choose a Gold or Platinum plan, which has a higher monthly premium but lower costs for services.

SILVER



BRONZE



PREMIUM ASSISTANCE, SUBSIDIES AND MEDI-CAL: LOWER COSTS NOW

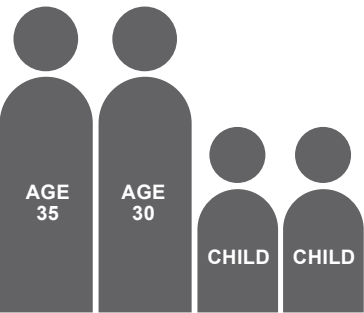
Premium assistance and Medi-Cal coverage are available for individuals and families who meet certain income requirements and do not have access to affordable health insurance through their employer or another government program.

Eligibility for assistance is based on a standard that looks at the family income and the number of people in the family. The amount of assistance is based on a sliding scale, with those who make less money getting more financial support to reduce the cost of their insurance coverage. An individual

making \$15,913 or less or a family of four making \$32,616 or less may qualify for no-cost or low-cost Medi-Cal. An individual making up to \$45,960 and a family of four earning up to \$94,200 may qualify for premium assistance that lowers their monthly costs.

Individuals and families also may qualify for financial assistance that will reduce copayments and coinsurance when paying for medical costs.

Premium assistance is only available by enrolling through Covered California.



EXAMPLE: Household of 4, \$32,900 annual income

Total monthly cost of health insurance: **\$618**
— Government subsidy: **\$528**
= **Your monthly premium: \$90**



EXAMPLE: Household of 1, \$18,500 annual income

Total monthly cost of health insurance: **\$285**
— Government subsidy: **\$217**
= **Your monthly premium: \$68**

COMPARING PLANS: APPLES TO APPLES

Covered California makes shopping for health insurance even easier because you can make apples-to-apples comparisons among the plans and coverage levels offered.

For instance, let's say Insurance Company A charges \$309 a month for a Silver plan. But Insurance Company B charges \$318 for a Silver plan. Even with different prices, the benefits will be the same. Knowing that the product has the same benefits gives you the freedom to choose your insurance company based on its network of hospitals and physicians and based on the level of coverage you prefer.



HOW MUCH WOULD IT COST?

CALCULATING YOUR POSSIBLE HEALTH INSURANCE COSTS

You can visit **www.CoveredCA.com** right now and use the Shop and Compare Tool to see if you qualify for no-cost or low-cost Medi-Cal or find out how much a Bronze or Silver plan would cost you each month. You'll need to enter the following information:

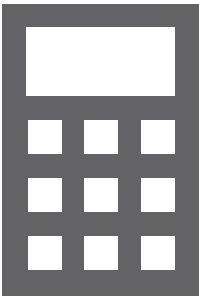
Number of people in household

Annual household income

Ages of adults

Number of children under age 18

ZIP code



THE SHOP AND COMPARE TOOL WILL DETERMINE

- + Silver and Bronze plans in your area
- + premium rates
- + estimated premium assistance
- + your estimated total monthly payment

Try out the **Shop and Compare Tool** to get an idea of which plan best suits your budget and health needs. Starting Oct. 1, 2013, Covered California representatives, Certified Enrollment Counselors and Certified Insurance Agents are available to help you select the right plan and help you apply for premium assistance. Also learn whether you can receive no-cost or low-cost coverage through Medi-Cal.

INCOME REQUIREMENTS FOR PREMIUM ASSISTANCE

Eligibility for premium assistance is based on your household size and annual income. The amount of assistance is based on a sliding scale, with those who make less money getting more financial support. Those with incomes in the range reflected here may qualify for premium assistance. If you make less than the amounts shown here, you may qualify for Medi-Cal.

Household Size	Annual Income					
	139% of Federal Poverty Level	150% of Federal Poverty Level	200% of Federal Poverty Level	250% of Federal Poverty Level	300% of Federal Poverty Level	400% of Federal Poverty Level
1	\$15,914	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	\$21,481	\$23,265	\$31,020	\$38,775	\$46,530	\$62,040
3	\$27,049	\$29,295	\$39,060	\$48,825	\$58,590	\$78,120
4	\$32,617	\$35,325	\$47,100	\$58,875	\$70,650	\$94,200
For each additional person, add	\$5,588	\$6,030	\$8,040	\$10,050	\$12,060	\$16,080

EXAMPLES OF WHAT SOME CALIFORNIANS MIGHT PAY

SINGLE, 40-YEAR-OLD MOTHER WITH THREE CHILDREN, EARNING LESS THAN \$35,000 A YEAR

For a 40-year-old, single mother with three children who earns roughly \$35,000 a year, paying for health insurance could cost \$335 a month. But premium assistance offered through Covered California would reduce that monthly premium cost by \$222. That cuts her premium to just **\$113 a month**. (This cost is for her; her children qualify for Medi-Cal.) In addition, low-income families receive assistance in paying for costs when they go to the doctor. This family would qualify for an “enhanced” Silver plan with low copays (like \$3 for generic drugs and \$5 to see a specialist), reducing the price of the most common health care services to the cost of a cup of coffee.

A 30-YEAR-OLD, SINGLE MAN, WITH NO CHILDREN, EARNING \$20,000 A YEAR

This single, 30-year-old man lives an active life — playing soccer, mountain biking and skiing. Because he earns \$20,000 a year, he qualifies for premium assistance through Covered California that reduces the cost of his insurance by \$141. For a Bronze plan, his monthly premiums could be **\$25 a month**. Being covered with a Bronze plan means his monthly premium is low. Out-of-pocket costs are capped at \$6,350, so if he has a major skiing accident that requires hospitalization, he won't have to pay the full costs of his recovery.

FAMILY OF FOUR EARNING \$70,000 A YEAR

A couple, who are both 40 years old and who have two children, are self-employed with a successful catering company. But they need insurance! Purchasing a Silver plan would cost them \$670 a month, but assistance through Covered California **would save them \$213**, reducing their monthly payment to \$457. Now if one of them accidentally cuts their hand slicing up prime rib, they are covered (and that visit to the emergency room will only cost \$250).

YOUR COSTS WILL BE BASED ON YOUR CHOICES

Examples are interesting, but health care is personal and specific to you. Covered California will help you figure out not only if you qualify for Medi-Cal or premium assistance, but also what you might spend out of pocket. When you enroll in a health insurance plan through Covered California, you can make the right choice based on its premium and your total cost over the year.



COVERAGE IN YOUR AREA

Covered California has selected health insurance plans for California residents. Here are the plans offered in your pricing region and the estimated cost for monthly premiums based on the age examples and the metal tier coverage levels. These estimates may be reduced if you qualify for federal premium assistance. **Your price will vary depending on your age and region.** **Contact Covered California to see if you qualify for low-cost or no-cost Medi-Cal or premium assistance to reduce your monthly costs.**

- + Are you eligible for premium assistance? Your health insurance premiums could be reduced to \$0. Find out at www.CoveredCA.com.
- + Children's dental coverage is not included but is available through Covered California for as little as \$8 a month.
- + Children may be eligible for no-cost or low-cost coverage through Medi-Cal, even if their parents do not qualify.

Charts reflect full premium rates. Premium assistance through Covered California could reduce your costs to as little as \$0.

PRICING REGION 9:

Santa Cruz, Monterey and San Benito counties

Age 25					
Plans	Minimum	Bronze	Silver	Gold	Platinum
Anthem PPO	\$194	\$227	\$303	\$364	\$422
Blue Shield EPO	\$209	\$219	\$266	\$313	\$359
Health Net PPO	\$179	\$230	\$332	\$397	\$476

Age 40				
Plans	Bronze	Silver	Gold	Platinum
Anthem PPO	\$288	\$386	\$464	\$538
Blue Shield EPO	\$279	\$338	\$398	\$456
Health Net PPO	\$292	\$423	\$505	\$606

PRICING REGION 10:

San Joaquin, Stanislaus, Merced, Mariposa and Tulare counties

Age 25					
Plans	Minimum	Bronze	Silver	Gold	Platinum
Anthem PPO	\$150	\$175	\$234	\$282	\$327
Blue Shield PPO	\$201	\$211	\$255	\$301	\$345
Health Net PPO	\$161	\$206	\$298	\$356	\$427
Kaiser Permanente HMO	\$192	\$194	\$261	\$317	\$341

Age 40				
Plans	Bronze	Silver	Gold	Platinum
Anthem PPO	\$223	\$298	\$358	\$416
Blue Shield PPO	\$269	\$325	\$383	\$439
Health Net PPO	\$263	\$380	\$454	\$544
Kaiser Permanente HMO	\$247	\$332	\$403	\$434

PRICING REGION 11:

Fresno, Kings and Madera counties

Age 25					
Plans	Minimum	Bronze	Silver	Gold	Platinum
Anthem HMO	N/A	N/A	\$264	\$331	\$378
Anthem PPO	\$147	\$171	\$229	\$275	\$319
Blue Shield PPO	\$177	\$186	\$225	\$265	\$304
Kaiser Permanente HMO	\$192	\$194	\$261	\$317	\$341

Age 40				
Plans	Bronze	Silver	Gold	Platinum
Anthem HMO	N/A	\$336	\$421	\$481
Anthem PPO	\$218	\$291	\$350	\$406
Blue Shield PPO	\$237	\$286	\$337	\$386
Kaiser Permanente HMO	\$247	\$332	\$403	\$434

PRICING REGION 12:

San Luis Obispo, Ventura and Santa Barbara counties

Age 25					
Plans	Minimum	Bronze	Silver	Gold	Platinum
Anthem PPO	\$165	\$193	\$258	\$311	\$360
Blue Shield PPO	\$196	\$206	\$249	\$294	\$337
Kaiser Permanente HMO	\$195	\$197	\$264	\$321	\$345

Age 40				
Plans	Bronze	Silver	Gold	Platinum
Anthem PPO	\$246	\$329	\$395	\$459
Blue Shield PPO	\$262	\$318	\$374	\$429
Kaiser Permanente HMO	\$250	\$336	\$408	\$439

PRICING REGION 14:

Kern County

Age 25					
Plans	Minimum	Bronze	Silver	Gold	Platinum
Anthem PPO	\$143	\$167	\$223	\$268	\$311
Blue Shield PPO	\$172	\$181	\$219	\$258	\$296
Health Net PPO	\$132	\$170	\$245	\$293	\$352
Kaiser Permanente HMO	\$185	\$187	\$251	\$305	\$328

Age 40				
Plans	Bronze	Silver	Gold	Platinum
Anthem PPO	\$212	\$284	\$341	\$396
Blue Shield PPO	\$231	\$279	\$329	\$377
Health Net PPO	\$216	\$312	\$373	\$448
Kaiser Permanente HMO	\$238	\$319	\$388	\$417

EPO = exclusive provider organization HMO = health maintenance organization PPO = preferred provider organization

FREQUENTLY ASKED QUESTIONS

HELPING YOU UNDERSTAND HEALTH INSURANCE

BY NATASHA VON KAENEL

Q: DO I HAVE TO BUY HEALTH INSURANCE?

A: Health insurance is an important way to make sure you have access to medical care when you need it. Starting in January 2014, most adults will be required to have health insurance or pay a tax penalty if they don't. Coverage may include employer-provided insurance, coverage someone buys on their own, Medicare or Medi-Cal.

Some people do not have to pay a penalty, including those whose employer-based insurance does not meet the federal affordability test, those who are not required to pay income taxes, those with religious exemptions, those without satisfactory immigration status and federally recognized American Indians and Alaska Natives.

Q: HOW DO I BUY HEALTH INSURANCE THROUGH COVERED CALIFORNIA?

A: You can buy health insurance online at www.CoveredCA.com. Go online now to use the Shop and Compare Tool. Once open enrollment starts in October, you can visit the website to see if you qualify for premium assistance or shop for insurance plans available in your area. You also can get help enrolling in person from any of the Covered California Certified Enrollment Counselors or Certified Insurance Agents. You may also contact the Service Center at (888) 975-1142 to receive help over the phone.

Q: HOW DOES HEALTH INSURANCE WORK?

A: Health insurance is an agreement between you and your insurance provider

about how the costs of your health care are going to be divided. Each plan has a premium (the monthly amount that you pay for coverage), a deductible (the amount that you will pay before the insurance company begins to cover the costs of your medical expenses) and a maximum amount that you will spend out of your own pocket.

Q: WHAT IS A COPAYMENT?

A: A copayment, or copay, is a fixed amount that you will pay for specific medical services. You might have a copay of \$20 for a routine checkup or \$35 for a prescription. You may still have to pay a copayment for medical services, even if your health care costs have already exceeded your deductible for that year (unless you have reached your maximum out of pocket).

Q: WAIT, HOW IS A DEDUCTIBLE DIFFERENT FROM AN OUT-OF-POCKET MAXIMUM AGAIN?

A: The deductible is the amount you will pay in one year before the insurance company starts covering your health care costs. Depending on the insurance you choose, some costs are not subject to a deductible and are paid immediately by your insurance company. The out-of-pocket maximum is the most that you will pay in one year for all your health care costs. So, if your out-of-pocket maximum is \$6,350, once your deductible and copays have reached \$6,350 for that year, the insurance company will pay for all of your health care expenses.

Q: DOES IT MATTER IF I HAD A MAJOR ILLNESS BEFORE?

A: Under the Patient Protection and Affordable Care Act, insurance companies



are no longer able to deny coverage or charge more based on your pre-existing condition (like diabetes or a history of cancer). Your previous medical history will not affect your ability to purchase a plan through Covered California.

Q: HOW DO I PICK THE RIGHT HEALTH CARE PLAN?

A: When picking a health insurance plan, it is important to look at the plan's premium, deductible, copayment and out-of-pocket maximum. If you are young and healthy, you might want to look for a plan that has a lower monthly premium and a higher deductible. If you have a chronic health condition and are a frequent user of health care services, you may want to look for a plan with a higher monthly premium and a lower deductible.

Q: WHAT DO HMO, EPO AND PPO MEAN?

A: An HMO (health maintenance organization) is a type of health insurance plan that only covers care received from doctors and hospitals who have a

contract with the HMO. An EPO (exclusive provider organization) offers a full array of benefits from one hospital network. A PPO (preferred provider organization) has contracts with many different medical providers to create a network. You will pay less if you use the PPO's network of doctors and hospitals. You can get care from out-of-network doctors and hospitals, but it will cost you more.

Q: WHAT IF I CAN'T AFFORD HEALTH CARE?

A: There is good news. Starting in 2014, Californians can purchase health insurance through Covered California. Low-income families and individuals may qualify for assistance that reduces the cost of premiums and out-of-pocket expenses, making health insurance much more affordable. Families and individuals with limited income and resources may also qualify for Medi-Cal, California's Medicaid health care program.

GET STARTED



VISIT WWW.COVEREDCA.COM

Or call: (888) 975-1142 Open Monday-Friday 8 a.m.-8 p.m. and Saturday 8 a.m.-6 p.m.*



facebook.com/CoveredCalifornia



www.youtube.com/CoveredCalifornia

* During September 2013, the hours are Monday-Friday 8 a.m.-6 p.m.



www.twitter.com/CoveredCA
www.twitter.com/CoveredCA_es (Spanish)



www.gplus.to/CoveredCalifornia

HELP IS JUST A PHONE CALL OR CLICK AWAY

FIND RESOURCES THROUGHOUT CENTRAL AND COASTAL CALIFORNIA

Many Californians will have special circumstances and unique needs when it comes to health care. Our outreach network of community organizations, Certified Educators and Certified Enrollment Counselors can help answer your questions. Our Service Center is also ready to assist. To begin the enrollment process:

CONTACT COVERED CALIFORNIA



Visit www.CoveredCA.com for information about private health insurance and Medi-Cal options, explained in clear and simple terms.



Call the Covered California Service Center at (888) 975-1142.



Beginning Oct. 1, 2013, contact a Covered California Certified Enrollment Counselor or Covered California Certified Insurance Agent near you for expert advice and support. Find one by calling (888) 975-1142 or by visiting www.CoveredCA.com.

HAVE READY THE FOLLOWING INFORMATION WHEN YOU APPLY, STARTING OCT. 1:

- number of people being enrolled (whole or partial family), including the birth date of each person
- Social Security number(s) for each family member
- home ZIP code
- most recent income tax filings, including dependent tax information and head-of-household status (if any)
- legal immigration information, such as your immigration number
- information about your status as a member of a federally recognized tribe

Important dates to know about the launch of Covered California

OCT. 1, 2013

Open enrollment begins.

DEC. 15, 2013

Deadline to complete enrollment for coverage beginning Jan. 1, 2014.

JAN. 1, 2014

First date of coverage for those who enrolled by Dec. 15, 2013.

MARCH 31, 2014

Open enrollment ends. Deadline for obtaining premium assistance and guaranteed issue for 2014.

APRIL 1, 2014

- + First date of coverage for those who enrolled by March 15, 2014.
- + Medi-Cal enrollment continues throughout 2014, and you can enroll in Covered California if your situation changes, like losing your job.
- + The tax penalty for being uninsured will be 1 percent of your annual income or \$95, whichever is greater, and increases the following year.

OCT. 15, 2014

Open enrollment begins for coverage in 2015.

DEC. 7, 2014

Open enrollment ends. Deadline for obtaining coverage in 2015.