



**COVERED
CALIFORNIA**

**Health
Insurance
Companies
for 2014**

**Making the
Individual Market
in California
Affordable**

About Covered California™

Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act. Covered California was charged with creating a new health insurance marketplace in which individuals and small businesses can get access to affordable health insurance plans. With coverage starting in 2014, Covered California helps individuals determine whether they are eligible for premium assistance that will be available on a sliding-scale basis to reduce insurance costs or whether they are eligible for low-cost or no-cost Medi-Cal. Consumers can then compare health insurance plans and choose the plan that works best for their health needs and budget. Small businesses will be able to purchase competitively priced health insurance plans and offer their employees the ability to choose from an array of plans and may qualify for federal tax credits.

Covered California is an independent part of the state government whose job is to make the new market work for California's consumers. It is overseen by a five-member board appointed by the Governor and the Legislature.

For more information on Covered California, please visit **CoveredCA.com**.

This booklet is a brief summary of information about individual health insurance plans for Covered California. Detailed information can be obtained by visiting our website: **CoveredCA.com**.

This booklet does not include offerings for Covered California's Small Business Health Options Program (SHOP).

These plans do not include supplemental (vision and dental) for adults or children's dental insurance plans.

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About Covered California Health Insurance Plans

Covered California™ has selected 10 health insurance companies for the first open enrollment starting Oct. 1, 2013. The plans offer quality health care to millions of Californians in the individual market while providing consumers meaningful choices of exceptionally affordable health insurance plans in every region of the state. Coverage took effect Jan. 1, 2014.

What are the plans, and why is this significant?

California is the first large state to identify health insurance plans and release premium costs under the federal Patient Protection and Affordable Care Act. The California law implementing the Affordable Care Act authorizes Covered California to establish and use a competitive process to select participating health insurance companies. Covered California must set minimum requirements for participating health insurance companies as well as standards and criteria for selected health insurance plans to provide health care coverage choices that offer the optimal combination of choice, value, quality and service.

Enrollees in Covered California health insurance plans have the opportunity to select from a wide variety of networks of doctors, hospitals and health care delivery systems. Health maintenance organizations (HMOs), preferred provider organizations (PPOs) and exclusive provider organizations (EPOs) are available in all urban and many rural areas, as well as various health care delivery systems available through our health insurance company partners.

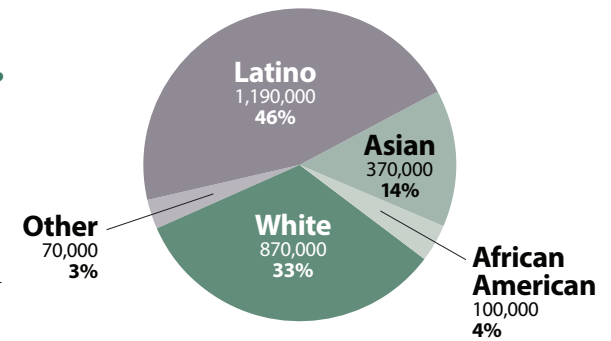
Covered California has physicians and hospitals affiliated with:

- **many of the state's leading academic health systems**
- **six of the 17 Centers for Medicare and Medicaid Services Shared Savings Accountable Care Organizations**
- **five of the six Centers for Medicare and Medicaid Services Pioneer Accountable Care Organizations**

In November 2012, 32 health insurance companies expressed interest in offering individual health care coverage in the Covered California marketplace. A total of 12 health insurance companies were tentatively approved to offer coverage during the first open enrollment.

How many people may be eligible for these health insurance plans?

There are 5.3 million Californians who may be eligible for coverage through Covered California. More than 2.6 million of those individuals may be eligible for premium assistance to help pay for health care coverage.



Percentage of subsidy-eligible Californians by ethnicity

Which health insurance companies were selected?

In alphabetical order, they are:

1. **Anthem Blue Cross of California**
2. **Blue Shield of California**
3. **Chinese Community Health Plan**
4. **Health Net**
5. **Kaiser Permanente**
6. **L.A. Care Health Plan**
7. **Molina Healthcare**
8. **Sharp Health Plan**
9. **Valley Health Plan**
10. **Western Health Advantage**

These health insurance companies meet all the state and federal requirements for plans as well as additional standards established by Covered California. They represent a mix of major insurers and smaller companies, regional and statewide doctor and hospital networks, and for-profit and nonprofit plans. They deliver exceptional value and choice with affordable premiums, a wide choice of benefit levels and good access to doctors and hospitals in all areas of the state.

What benefits are included in the Covered California health insurance plans?

The health insurance plans offered through Covered California are guaranteed to provide basic levels of coverage and provide consumer protections, including the 10 categories of essential health benefits:

1. ambulatory patient services
2. emergency services
3. hospitalization
4. maternity and newborn care
5. mental health and substance use disorder services, including behavioral health treatment
6. prescription drugs
7. rehabilitative and habilitative services and devices
8. laboratory services
9. preventive and wellness services and chronic disease management
10. pediatric services

What factors were considered during the selection process?

Principles adopted to guide the selection and oversight of health insurance companies included:

- promoting affordability for the consumer, both in terms of premium cost and at the point of receiving care
- ensuring access to quality care for consumers presenting with a range of health statuses and conditions
- facilitating informed choice of health insurance plans, doctors and hospitals by consumers
- promoting wellness and prevention
- reducing health disparities and fostering health equity
- working to reform the health care delivery system while being mindful of Covered California's impact on, and role in, the broader health care delivery system
- operating with speed and agility and using resources efficiently in the most focused possible way

What are Covered California standard benefit designs?

Health insurance plans must follow Covered California's standard benefit designs. With standardized benefits, consumers can accurately compare health insurance plans, because the benefits are the same for all plans offered in the Covered California marketplace. Additionally, standardizing benefits ensures that the selected health insurance plans define what the consumers get and limit the consumer's out-of-pocket costs by type of service.

In the following table, you can see how much you would pay based on your income if you bought a Silver plan. These amounts are what a consumer would pay if he or she qualified for out-of-pocket assistance.

STANDARD BENEFIT DESIGNS BY INCOME			
Coverage Category	94% Silver	87% Silver	73% Silver
Eligibility Based on Income and Premium Assistance	Covers 94% average annual cost	Covers 87% average annual cost	Covers 73% average annual cost
Single Income Ranges	up to \$17,235	\$17,236 to \$22,980	\$22,981 to \$28,725
Annual Wellness Exam	\$0	\$0	\$0
Primary Care Visit	\$3	\$15	\$40
Specialist Visit	\$5	\$20	\$50
Laboratory Tests	\$3	\$15	\$40
X-Rays and Diagnostics	\$5	\$20	\$50
Imaging	10%	15%	20%
Generic Drugs	\$3	\$5	\$19
Annual Out-of-Pocket Maximum Individual and Family	\$2,250 individual and \$4,500 family	\$2,250 individual and \$4,500 family	\$5,200 individual and \$10,400 family

In the following table, you can see how much you would pay depending on which metal plan you chose.

STANDARD BENEFIT DESIGNS BY METAL TIER				
Coverage Category	Bronze	Silver	Gold	Platinum
	Covers 60% average annual cost	Covers 70% average annual cost	Covers 80% average annual cost	Covers 90% average annual cost
Preventive Care Copay*	No cost	No cost	No cost	No cost
Primary Care Visit Copay	\$60 for 3 visits	\$45	\$30	\$20
Specialty Care Visit Copay	\$70	\$65	\$50	\$40
Urgent Care Visit Copay	\$120	\$90	\$60	\$40
Emergency Room Copay	\$300	\$250	\$250	\$150
Lab Testing Copay	30%	\$45	\$30	\$20
X-Ray Copay	30%	\$65	\$50	\$40
Generic Medicine Copay	\$19 or less	\$19 or less	\$19 or less	\$5 or less
Annual Out-of-Pocket Maximum Individual and Family	\$6,350 individual and \$12,700 family	\$6,350 individual and \$12,700 family	\$6,350 individual and \$12,700 family	\$4,000 individual and \$8,000 family

*In most situations, this is true for one visit per year.

What is the average premium rate for California consumers?

Rates vary by region, ZIP code, metal level and age. The chart below depicts a broad overview of average rates for Bronze and Silver plans offered across the state for a 40-year-old. The actual premium for a consumer may also vary by income and the amount of premium assistance.

STATEWIDE AVERAGE PREMIUM RATES (for Bronze and Silver plans across all 19 pricing regions)			
	Lowest	Second-lowest	Third-lowest
Bronze	\$219	\$234	\$236
Silver	\$304	\$325	\$335

How did Covered California get these premium rates?

Health plans that were selected to offer coverage in the Covered California marketplace designed their provider networks with access, quality and affordability in mind. In order to achieve all three factors, some plans included in their provider networks an integrated delivery system, which focuses on efficiency and quality as the main drivers of affordability. Other plans focused on prevention, care coordination, early intervention, and the health management of high-risk enrollees to achieve affordable rates. Overall, the health plans all focused on managing their membership to ensure they are getting the right care at the right time.

How do these rates compare with small group rates?

It is impossible to make a direct comparison of these rates with existing premiums in the individual commercial market, because in 2014 there will be new benefits. The actual change in premium will depend on an individual's insurance today. Currently, insurers commonly base rates on pre-existing conditions, but with the new law, insurers can only set premiums using age and geographic region, and cannot deny coverage to any eligible enrollee, which makes it inappropriate to compare pre-Affordable Care Act premiums with those in the newly shaped market.

Looking at current rates available in the small employer market in California, we can see how good these rates are. Each market is a competitive market with guaranteed issue. Comparing rates Covered California has achieved with comparable products in the current small employer market, our rates ranged from 2 percent above the 2013 average premium to 29 percent below the rates in California's most populous markets. This is impressive because the 2014 products include doctor visits, prescriptions, hospital stays and other essential benefits. Additionally, there is financial protection, such as a maximum out-of-pocket cost of \$6,350, which will dramatically reduce the chances of someone filing bankruptcy because of medical bills.

How will Covered California health insurance companies improve quality of care?

Covered California and each health insurance company selected are committed to ensuring high quality of care for all enrollees. Specifically, each health insurance plan must:

- ensure that each enrollee has had a preventive health and wellness visit during the first year of enrollment
- identify and proactively manage all “at-risk” enrollees
- determine each enrollee’s health status and proactively develop a plan to manage their individual health care needs
- promote the use of best practice models for continuity of care and care coordination that are proven to improve quality of care
- be transparent about plan performance at the point of enrollment, specifically regarding standard measures of prevention, access and clinical effectiveness
- be certified by the National Committee for Quality Assurance or URAC (formerly known as the Utilization Review Accreditation Commission) to meet quality standards

How is premium assistance calculated?

Covered California’s mission depends on Californians getting the health insurance they need at an affordable price. Some households may qualify for “premium assistance,” which will lower the amount an individual pays for health insurance.

Premium assistance is calculated based on where you fall in the federal poverty level scale. Below is a table where you may find your income and the percentage.

If you make 138 percent of the federal poverty level or less, you qualify for the free health insurance program in California, called Medi-Cal, with some exceptions.

FEDERAL POVERTY LEVELS						
Size of Household	138%	150%	200%	250%	300%	400%
1	\$15,856	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	\$21,403	\$23,265	\$31,020	\$38,775	\$46,530	\$62,040
3	\$26,951	\$29,295	\$39,060	\$48,825	\$58,590	\$78,120
4	\$32,499	\$35,325	\$47,100	\$58,875	\$70,650	\$94,200
5	\$38,046	\$41,355	\$55,140	\$68,925	\$82,710	\$110,280

The amount of premium assistance depends on an individual’s income and age and where the person lives. The Affordable Care Act sets a monthly maximum that people will pay for health care, based on where their income falls in relation to federal poverty levels. In general, the less income an individual makes, the less he/she will have to pay for health insurance and the more the federal government will help. The following table outlines the maximum contribution, as a percent of income, you are responsible for toward the cost of your monthly premium, depending where you fall in the federal poverty level scale.

Federal Poverty Level	up to 150%	200%	250%	400%
Percent of Income	4%	6.3%	8.05%	9.5%
Maximum Monthly Portion	up to \$57	up to \$121	up to \$193	up to \$364

The premium assistance amount is based on the cost of the second-lowest Silver plan available in an individual’s ZIP code. In each pricing region, this booklet includes an asterisk (*) to indicate the second-lowest Silver plan. The premium assistance will pay the gap between the full cost of the second-lowest Silver plan and an individual’s monthly maximum portion. For example, the cost of the second-lowest Silver plan for a 25-year-old in Region 1 is \$250. If a 25-year-old person’s income in Region 1 is 150 percent of the federal poverty level, or a total annual income of \$17,235, the following formula would calculate the premium assistance.

$$\begin{array}{rcl}
 \$250 & - & \$57 & = & \$193 \\
 \text{cost of plan} & & \text{monthly maximum portion} & & \text{premium assistance} \\
 & & (4\% \text{ of } \$17,235) & &
 \end{array}$$

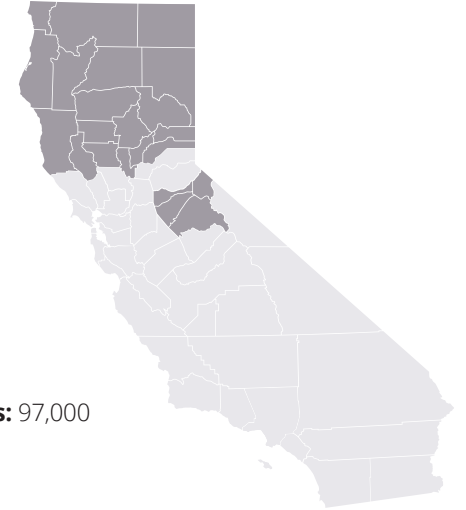
How to determine rates

Covered California’s website offers a shop and compare tool that allows you to enter in your age, number of people in your household, household income and where you live; it will then provide you with the health insurance plans available to you and your family at the level tiers, premium cost, premium assistance (if you qualify) and how much your monthly payment will be. It will also notify you if you qualify for Medi-Cal.

To try this online tool, go to www.CoveredCA.com and click on the “Shop & Compare” button.

Pricing Region 1

Alpine, Del Norte, Siskiyou, Modoc, Lassen, Shasta, Trinity, Humboldt, Tehama, Plumas, Nevada, Sierra, Mendocino, Lake, Butte, Glenn, Sutter, Yuba, Colusa, Amador, Calaveras, Tuolumne



Number of subsidy-eligible individuals: 97,000

Health Insurance Plans available:

Anthem – PPO

Blue Shield – EPO

Kaiser Permanente – HMO (specific areas only)

Pricing Region 2

Napa, Sonoma, Solano, Marin



Number of subsidy-eligible individuals: 44,000

Health Insurance Plans available:

Anthem – PPO

Blue Shield – EPO

Kaiser Permanente – HMO

Health Net – PPO

Western Health Advantage – HMO

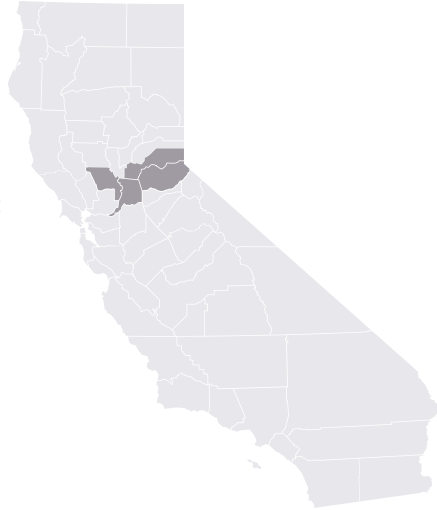
Pricing Region 3

Sacramento, Placer,
El Dorado, Yolo

Number of subsidy-eligible individuals:
126,000

Health Insurance Plans available:

- Anthem – PPO, HMO
- Blue Shield – PPO
- Kaiser Permanente – HMO
- Western Health Advantage – HMO



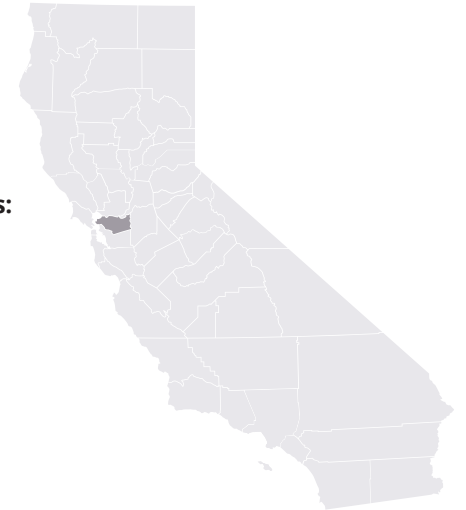
Pricing Region 5

Contra Costa

Number of subsidy-eligible individuals:
36,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Health Net – PPO
- Kaiser Permanente – HMO



Pricing Region 4

San Francisco

Number of subsidy-eligible individuals:
28,000

Health Insurance Plans available:

- Anthem – EPO
- Blue Shield – PPO
- Chinese Community Health Plan – HMO
- Health Net – PPO
- Kaiser Permanente – HMO



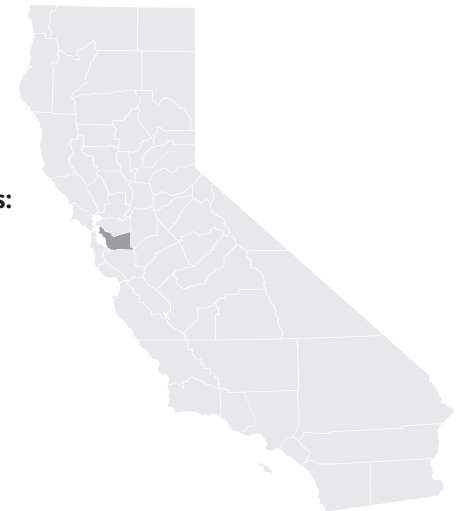
Pricing Region 6

Alameda

Number of subsidy-eligible individuals:
80,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – EPO
- Kaiser Permanente – HMO



Pricing Region 7

Santa Clara

Number of subsidy-eligible individuals:

80,000

Health Insurance Plans available:

- Anthem – PPO, HMO
- Blue Shield – PPO
- Health Net – PPO
- Kaiser Permanente – HMO
- Valley Health Plan – HMO



Pricing Region 9

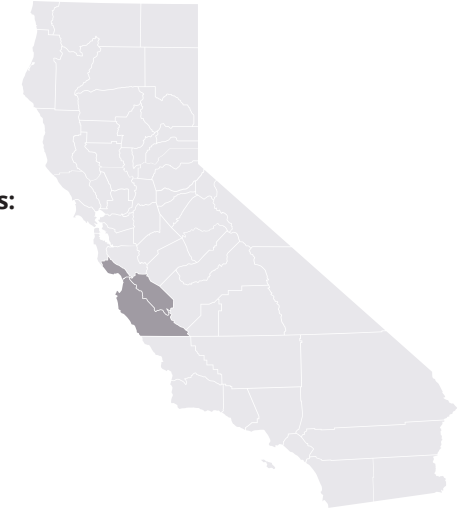
Santa Cruz, Monterey,
San Benito

Number of subsidy-eligible individuals:

47,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – EPO
- Health Net – PPO



Pricing Region 8

San Mateo

Number of subsidy-eligible individuals:

25,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Chinese Community Health Plan – HMO
(northern San Mateo only)
- Health Net – PPO
- Kaiser Permanente – HMO



Pricing Region 10

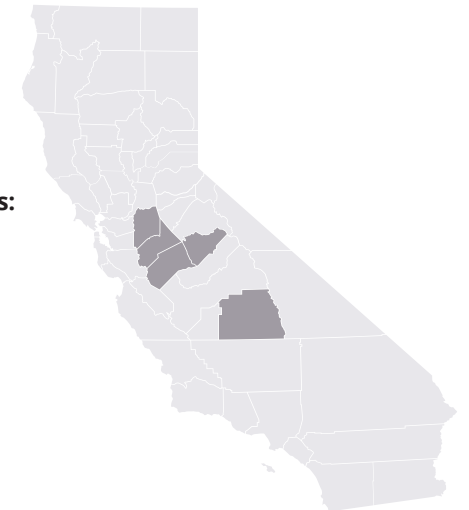
San Joaquin, Stanislaus,
Merced, Mariposa, Tulare

Number of subsidy-eligible individuals:

108,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Health Net – PPO
- Kaiser Permanente – HMO
(specific areas only)



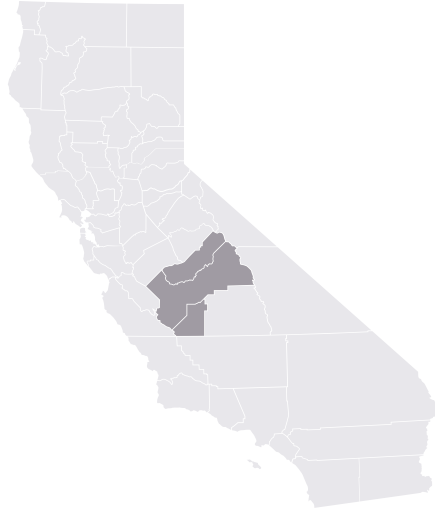
Pricing Region 11

Fresno, Kings, Madera

Number of subsidy-eligible individuals:
approximately 65,000

Health Insurance Plans available:

- Anthem – PPO, HMO
- Blue Shield – PPO
- Kaiser Permanente – HMO



Pricing Region 13

Mono, Inyo, Imperial

Number of subsidy-eligible individuals:
18,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Kaiser Permanente – HMO
(specific areas only)



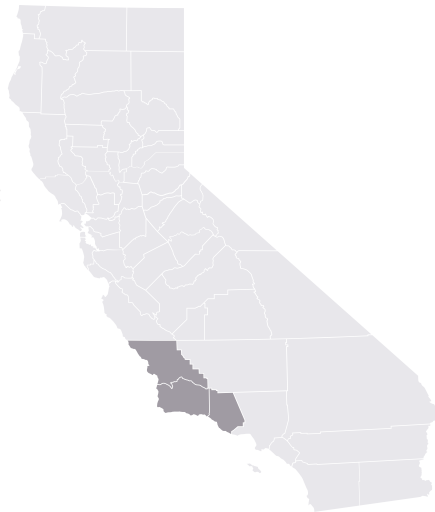
Pricing Region 12

San Luis Obispo, Ventura,
Santa Barbara

Number of subsidy-eligible individuals:
95,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Kaiser Permanente – HMO
(specific areas only)



Pricing Region 14

Kern

Number of subsidy-eligible individuals:
52,000

Health Insurance Plans available:

- Anthem – PPO
- Blue Shield – PPO
- Health Net – PPO
- Kaiser Permanente – HMO



Pricing Region 15

Los Angeles

(partial – see ZIP codes below)

Number of subsidy-eligible individuals:

779,000 (Regions 15 and 16 combined)

Health Insurance Plans available:

Anthem – EPO, HMO

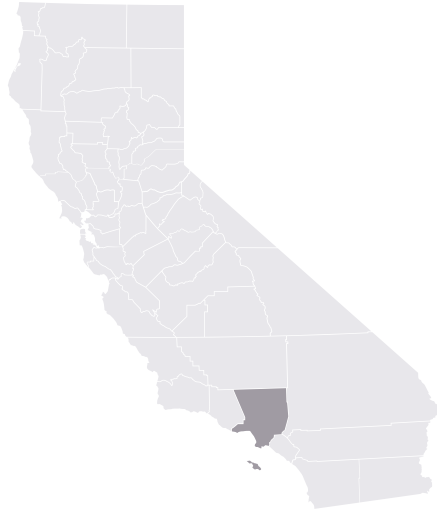
Blue Shield – PPO

Health Net – PPO, HMO

Kaiser Permanente – HMO

L.A. Care Health Plan – HMO

Molina Healthcare – HMO



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93544	93550	93551	93552	93553	93563	93584	93586	93590
93591	93599							

Pricing Region 16

Los Angeles

(partial – see ZIP codes below)

Number of subsidy-eligible individuals:

779,000 (Regions 15 and 16 combined)

Health Insurance Plans available:

Anthem – EPO, HMO

Blue Shield – PPO

Health Net – PPO, HMO

Kaiser Permanente – HMO

L.A. Care Health Plan – HMO

Molina Healthcare – HMO



90001	90002	90003	90004	90005	90006	90007	90008	90009
90010	90011	90012	90013	90014	90015	90016	90017	90018
90019	90020	90021	90022	90023	90024	90025	90026	90027
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91495	91496	91497	91499	91601	91602	91603	91604	91605
91606	91607	91608	91609	91610	91611	91612	91614	91615
91616	91617	91618						

Pricing Region 17

San Bernardino, Riverside

Number of subsidy-eligible individuals:

341,000

Health Insurance Plans available:

- Anthem – PPO, HMO
- Blue Shield – PPO
- Health Net – PPO, HMO
- Kaiser Permanente – HMO
- Molina Healthcare – HMO



Pricing Region 19

San Diego

Number of subsidy-eligible individuals:

193,000

Health Insurance Plans available:

- Anthem – EPO, HMO
- Blue Shield – PPO
- Health Net – PPO, HMO
- Kaiser Permanente – HMO
- Molina Healthcare – HMO
- Sharp Health Plan – HMO (copay), HMO (coinsurance)



Pricing Region 18

Orange

Number of subsidy-eligible individuals:

199,000

Health Insurance Plans available:

- Anthem – EPO, HMO
- Blue Shield – PPO
- Health Net – PPO, HMO
- Kaiser Permanente – HMO



Participating Health Insurance Companies



Anthem Blue Cross of California

About the insurer:

As an independent licensee of Blue Cross Blue Shield Association, Anthem Blue Cross is a major U.S. health insurance company, with more policyholders in California than any other insurer.

Pricing regions served: All regions

Network

Hospitals: approximately 300

Physicians: approximately 30,000

Website: www.anthem.com/ca

Phone: 877-702-3074

Details specific to Covered California

Anthem Blue Cross looks forward to the opportunity to serve the millions of Californians who will purchase health insurance through Covered California. We have partnered with a range of doctors and hospitals, including AltaMed, a health system with a long history of delivering quality care to underserved Southern California communities; the University of California Health, whose academic medical centers provide cutting-edge specialized care along with research and education; and an extensive network of Accountable Care Organizations to help us join Covered California in improving the health of all Californians by ensuring access to affordable and high quality care. We realize our state's health system will change over the next few years, and Anthem is committed to working with Covered California to improve health care quality, lower costs and reduce health disparities.

Participating Health Insurance Companies



Blue Shield of California

About the insurer:

Blue Shield of California is a California-based nonprofit health insurance company. Our mission is to ensure all Californians have quality health care at an affordable price.

Pricing regions served: All regions

Network

Hospitals: 223

Physicians: 22,048 (does not include hospital-based physicians)

Website: www.blueshieldca.com

Phone: 855-836-9705

Details specific to Covered California

Blue Shield is for care, not profit. As a nonprofit company, we focus on quality care for our members. We demonstrate this in a number of ways. We are offering a preferred provider organization (PPO) plan that gives Covered California customers a choice of high-quality doctors and hospitals at an affordable price. We have the top doctors in California. We're creating a new kind of network that rewards doctor performance. Our members give us 4.2 stars out of 5. We're making customer care more accessible with social media through Team Shield. We are the only health insurance company to have returned more than \$500 million to our members and the community as part of our pledge to limit our annual net income to 2 percent of revenue.

Participating Health Insurance Companies



Chinese Community Health Plan

About the insurer:

Chinese Community Health Plan was formed in 1986 as an alternative health maintenance organization (HMO) for patients served by the Chinese Hospital Health System. The Health System was created more than a century ago to serve Chinese-Americans who were often excluded from mainstream health care. Today, Chinese Community Health Plan continues to offer culturally competent care and is available to those who are employed or reside in San Francisco and northern San Mateo counties.

Pricing regions served: 4 (San Francisco), 8 (northern San Mateo only)

Network

Hospitals: 9

Physicians: 315

Website: www.cchphmo.com

Phone: 888-775-7888

Details specific to Covered California

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.

Participating Health Insurance Companies



Health Net

About the insurer:

Health Net Inc. is a publicly traded managed care organization that delivers managed health care services through health plans and government-sponsored managed care plans.

Pricing regions served: 2 (Napa, Sonoma, Solano, Marin), 4 (San Francisco), 5 (Contra Costa), 7 (Santa Clara), 8 (San Mateo), 9 (Santa Cruz, Monterey, San Benito), 10 (San Joaquin, Stanislaus, Merced, Mariposa, Tulare), 14 (Kern), 15 (Los Angeles partial), 16 (Los Angeles partial), 17 (San Bernardino, Riverside), 18 (Orange), 19 (San Diego)

Network

Hospitals: 204

Physicians: approximately 44,000

Website: www.healthnet.com

Phone: 877-288-9082

Details specific to Covered California

Today's selection of the Covered California health insurance plans is a great step forward as Covered California moves to close the health insurance gap for millions of Californians. Health Net helped pioneer the affordable and effective health maintenance organization model in California for employer-sponsored coverage, and we are excited to extend our value-based, tailored network of products to individuals. These products will feature high-quality medical groups, physicians and hospitals operating in an integrated, coordinated effort to deliver quality care that consumers will find affordable, personal, simple and local.

Participating Health Insurance Companies



Kaiser Permanente

About the insurer:

Kaiser Permanente began serving the public in October 1945, growing to become one of the nation's largest nonprofit health insurance companies. Today, Kaiser Permanente offers a choice of its many top doctors and specialists and is a pioneer in online tools to let members email their doctor, make appointments and get lab results and prescription refills all online. Kaiser Permanente helps its members to live well, be well and thrive.

Pricing regions served: All, but not in all areas within those regions, *except* 9 (Santa Cruz, Monterey, San Benito)

Network

Hospitals: 35

Physicians: 14,219

Website: www.kp.org

Phone: 800-464-4000

Details specific to Covered California

Kaiser Permanente is California's largest nonprofit integrated health care delivery system. Since our founding in 1945, our mission is to provide high-quality, affordable health care and to improve the health of our members and the communities we serve. We currently serve more than 7 million Californians. Our focus is on our members' total health. Their care is guided by a personal physician, which our members select from a team of 14,000 primary care physicians and specialists. Our health care teams are supported by a world-class electronic medical record system, KP Health Connect, and industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery and world-class chronic disease management. Kaiser Permanente consistently ranks first among California health insurance companies for both quality of care and member satisfaction, and we are eager to bring that experience to the millions of Californians who can now afford health coverage through Covered California.

Participating Health Insurance Companies



L.A. Care
HEALTH PLAN®

L.A. Care Health Plan

About the insurer:

L.A. Care Health Plan, founded 15 years ago, is the nation's largest publicly operated health insurance company. It is an independent local public agency created by the state of California and Los Angeles County to serve especially vulnerable and low-income populations.

Pricing regions served: 15 (partial), 16 (partial)

Network

Hospitals: 35

Physicians: 1,005

Website: www.lacare.org

Phone: 888-452-2273

Details specific to Covered California

L.A. Care Health Plan is the largest publicly operated health insurance company in the country. L.A. Care is proud to be part of Covered California and looks forward to expanding our services to Los Angeles county residents. With strong ties to the community and safety net, the L.A. Care delivery network is composed of public and private doctors and hospitals throughout Los Angeles county. Demonstrating its longstanding commitment to provide high-quality care to all members — regardless of culture, ethnicity or language — L.A. Care produces member materials in 10 languages, provides face-to-face interpretation services in 50 languages annually and renders telephonic interpretation services in 180 languages each year.

Participating Health Insurance Companies



Molina Healthcare Inc.

About the insurer:

Molina Healthcare Inc. began as a single clinic providing care for low-income individuals. Now, 33 years later, Molina has grown into a national managed care organization. As a physician-led company, we understand how best to manage the relationship between the health plan and physicians to ensure our members receive quality care. Providing quality care has been at the core of Molina Healthcare since the beginning.

Pricing regions served: 15 (Los Angeles partial), 16 (Los Angeles partial), 17 (San Bernardino, Riverside), 19 (San Diego)

Network

Hospitals: 29

Physicians: 4,568

Website: www.molinahealthcare.com

Phone: 888-562-5442

Details specific to Covered California

Molina Healthcare was built on the idea of providing access to quality health care for all. As such, we are proud to be a partner with Covered California to do just that for the 5.3 million uninsured Californians who will now have access to health insurance. For the past 33 years, we have focused on health care programs for low-income families and individuals. Now, we will work with Covered California to provide quality care for the newly insured. Our goal will be to provide seamless coordination of coverage so members maintain continuity of care and experience minimal disruption in medical services as their health insurance needs change through all the stages of their lives. Molina's commitment to quality is unwavering. Molina — as part of our members' extended family — is excited to be part of Covered California.

Participating Health Insurance Companies

The logo for SHARP features the word "SHARP" in a large, bold, blue serif font. Above the letters "H" and "A" is a thick yellow horizontal bar. A registered trademark symbol (®) is located to the right of the word.

Sharp Health Plan

About the insurer:

As San Diego's only locally based commercial health insurance company, this nonprofit delivery system was formed in 1979.

Pricing regions served: 19 (San Diego)

Network

Hospitals: 10
Physicians: 2,600

Website: www.sharphealthplan.com

Phone: 800-359-2002

Details specific to Covered California

Sharp Health Plan is proud to be selected as a Covered California health insurance plan. Our successful track record in San Diego County for providing innovative and affordable health coverage aligns with Covered California's goal of providing coverage options that offer the optimal combination of choice, value, quality and service. As a nonprofit organization that is wholly owned by Sharp HealthCare, Sharp Health Plan is part of an award-winning, integrated health care delivery system that exists solely to serve our members in the local San Diego market. We offer a unique integrated model of care that ensures access to high-quality, cost-effective care and an unparalleled health care experience. This partnership with Covered California gives us the opportunity to expand our role in improving access to affordable, high-quality health care coverage for San Diegans.

Participating Health Insurance Companies



Valley Health Plan

Valley Health Plan

About the insurer:

Valley Health Plan (VHP), licensed in 1985, provides quality service and health care to its members. VHP is a health insurance company option for individuals living or working within, and small businesses located within, Santa Clara County seeking health plan coverage through Covered California, and employees of employer groups such as the County of Santa Clara.

Pricing regions served: 7 (Santa Clara)

Network

Hospitals: 4
Physicians: 993

Website: www.valleyhealthplan.org

Phone: 408-885-5780

Details specific to Covered California

Valley Health Plan (VHP) is in a unique position to serve individuals living or working within, 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, 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; three additional area hospitals; and 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.

Participating Health Insurance Companies



Western Health Advantage

About the insurer:

Western Health Advantage is a nonprofit health insurance company founded by UC Davis Health System, Dignity Health and NorthBay Healthcare System. Western Health Advantage offers services to northern California individuals, families and employees through a broad network of trusted regional health systems and medical groups.

Pricing regions served: 2 (Napa, Sonoma, Solano, Marin), 3 (Sacramento, Placer, El Dorado, Yolo)

Network

Hospitals: 15
Physicians: 3,000

Website: www.westernhealth.com

Phone: 888-563-2250

Details specific to Covered California

Western Health Advantage was founded by health care doctors looking to eliminate bureaucracy and emphasize personal service and access to care — not obstacles to treatment. We believe that “local” is a better way to do business. It ensures that our members benefit from responsive, local customer service and access to quality doctors and hospitals with unbeatable service. Conveniently, that’s our mission at Western Health Advantage — to provide a compassionate, high-quality alternative to for-profit health insurance plans and national health maintenance organizations. We want to improve the health and well-being of our neighbors by expanding access to health care, which is why Western Health Advantage is so very proud and pleased to partner with Covered California to achieve its mission of ensuring access to high-quality health coverage for individuals in California.

Glossary

Actuarial Value

A health insurance plan’s actuarial value is the percentage of total average costs for benefits that a health insurance plan covers. Starting in 2014, all health insurance plans will have an actuarial value assigned to them — Bronze, Silver, Gold or Platinum. As the metal category increases in value, so does the overall percent of medical expenses that a health insurance company will cover. This means the Platinum plans will cover the highest percentage of health care expenses. These expenses are usually incurred at the point of receiving health care services — when you visit the doctor or the emergency room, for example. The health insurance plans that cover the greatest percentage of health care expenses also have higher premium expenses.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20 percent) of the allowed amount for the service, is called coinsurance. You pay coinsurance plus any deductible you may owe. For example, if the health insurance plan’s allowed amount for an office visit is \$100, and you have met your deductible for the year, your coinsurance payment of 20 percent would be \$20. The health insurance plan pays the rest of the allowed amount. The allowed amount is the amount the doctor or hospital has agreed to accept for the care provided.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost-sharing

The share of costs for covered services that you pay out of your own pocket. This term generally includes deductibles, coinsurance and copayments, or similar charges, but it doesn’t include premiums, balance billing amounts for non-network doctors and hospitals, or the cost of non-covered services.

EPO (Exclusive Provider Organization)

An exclusive provider organization is a type of health care doctor and hospital network that offers a full array of covered benefits from a single network. Covered benefits are not paid for services rendered by a doctor or hospital that is not part of the network, except in the case of emergency or plan-approved care outside the network.

Essential Health Benefits

Health care service categories that must be covered by certain health insurance plans, starting in 2014. These service categories include ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, behavioral health treatment, prescription drugs, rehabilitative and habilitation services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services, including dental and vision care. Insurance policies must cover these benefits in order to be certified and offered in the marketplace.

Federal Poverty Level

A measure of income level issued annually by the federal Department of Health and Human Services. Federal poverty levels are used to determine your eligibility for certain programs and benefits. In 2012, the federal poverty level for an individual was \$11,490 per year and \$23,550 for a family of four. To see a chart with more information on federal poverty levels, please visit <http://aspe.hhs.gov/poverty/13poverty.cfm>.

Guaranteed Issue

A requirement that health insurance plans must permit you to enroll regardless of health status, age, gender or other factors that might predict the use of health services.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs for covered services in exchange for a premium payment.

HMO (Health Maintenance Organization)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Out-of-Pocket Limit

The most you pay during a policy period (a calendar year) before your health insurance plan begins to pay 100 percent of the cost of covered services. This limit never includes your premium, balance-billed charges or health care that your health insurance plan doesn't cover. Some health insurance plans don't count all out-of-network payments toward this limit.

PPO (Preferred Provider Organization)

A type of health insurance plan that contracts with participating doctors and hospitals to create a network. You pay less if you use doctors and hospitals that belong to the plan's network. You can use doctors, hospitals and others outside the network for an additional cost.

Premium

The amount that must be paid for your health insurance plan. You or your employer, or both, usually pay it monthly, quarterly or yearly.

Premium Assistance

One of the largest federal subsidy programs for health insurance, starting in 2014, to help consumers pay health insurance premiums. Premium assistance is available exclusively for insurance purchased through Covered California.

Subsidy

Starting in 2014, cost-sharing subsidies and premium assistance will reduce the cost of premiums and out-of-pocket expenses for health coverage for qualified families and individuals.



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