



# Open Enrollment Boot Camp VI

## Learning Objectives:

- Identify healthcare coverage options available for HIV care and medication
- Explain how to navigate clients during open enrollment in healthcare coverage
- Describe the various support programs available through ADAP to help people with HIV pay for medication and healthcare coverage

We encourage all those who RSVP to view the videos ahead of the scheduled date and request they submit questions to [sfhivworkers@gmail.com](mailto:sfhivworkers@gmail.com)

## Week One: [HIV & Health Insurance 101](#)

Wednesday, October 7, 2020, 10:00 – 11:30 am <https://www.youtube.com/watch?v=IUSkgY3f1bg>

### 10:00 am Videos (Total Time 29 minutes)

[Introduction](#) (3 minutes) <https://learnsfdph.org/lesson-view/?cid=7847&lsid=7852>

[Public Health Insurance](#) (9 minutes) <https://learnsfdph.org/lesson-view/?cid=7847&lsid=7859>

[Private Health Insurance](#) (8 minutes) <https://learnsfdph.org/lesson-view/?cid=7847&lsid=7880>

[California Office of AIDS Programs](#) (9 minutes) <https://learnsfdph.org/lesson-view/?cid=7847&lsid=8103>

**Review Week 1 Resource Guide at [www.prcsf.org/fog/](http://www.prcsf.org/fog/)**

**11:00 am - Question & Answer Session** with Bill Stewart, Staff Attorney for PRC Equal Access to Healthcare Program (Total Time 30 minutes)

## Week Two: Enrollment Basics

Wednesday, October 14, 2020, 10:00 – 11:30 am <https://www.youtube.com/watch?v=IUSkgY3f1bg>

### 10:00 am Video Presentation

**11:00 am Question & Answer Session** with Jason Cinq-Mars, Supervising Attorney for PRC Equal Access to Healthcare Program (Total Time 30 minutes)

## Week Three: Understanding Covered California

Wednesday, October 21, 2020, 10:00 – 11:30 am <https://www.youtube.com/watch?v=7lrkNoqDH5M>

### 10:00 am Video Presentation

**11:00 am Question & Answer Session** with Marc Ross, Bay Area Regional Field Representative for Covered California (Total Time 30 minutes)

# HIV Frontline Organizing Group

## Open Enrollment Boot Camp VI

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**MOVING AHEAD  
IN UNCERTAINTY**

2021 AND BEYOND



**COVERED  
CALIFORNIA**

**October, 2020**

# Covered California's Promise

## Vision

To **improve** the health of all Californians by **assuring their access** to affordable, high-quality care.

## Mission

To **increase** the number of insured Californians, **improve** health care quality, lower costs and **reduce** health disparities through an innovative, competitive marketplace that **empowers consumers** to choose the health plan and providers that give them the best value.

**Better Care | Healthier People | Lower Cost**

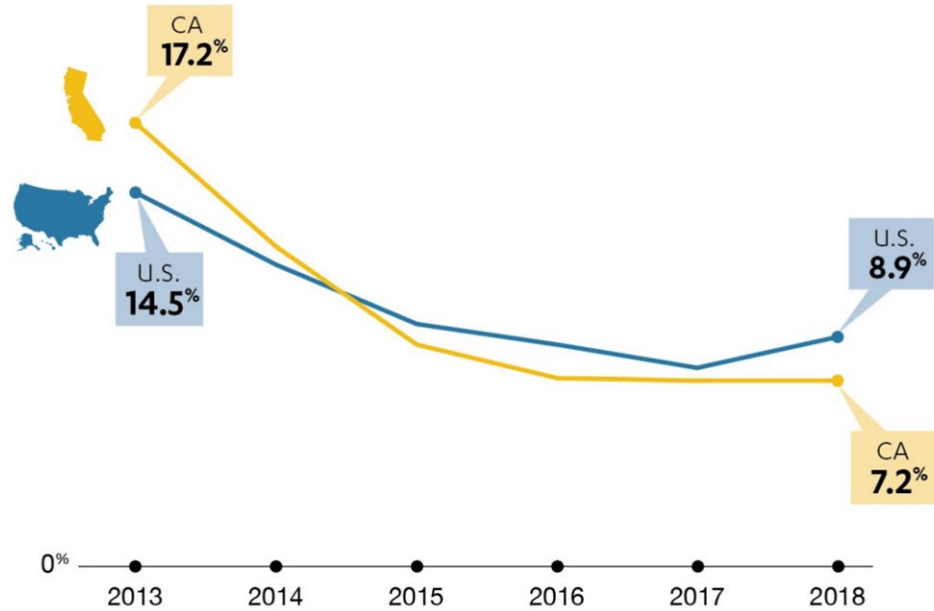
# Covered California Marketplace



- Individuals can come and shop around for different types of health insurance plans.
- The only place to get financial assistance with health insurance in California.

Protecting and Going Beyond the

# AFFORDABLE CARE ACT



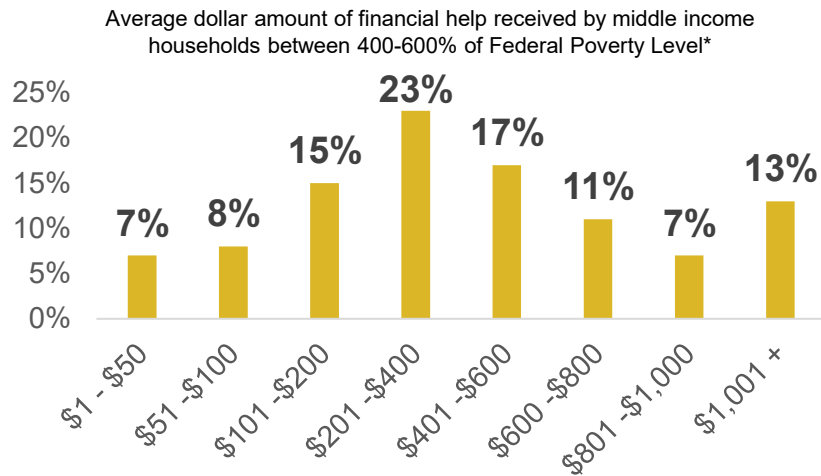
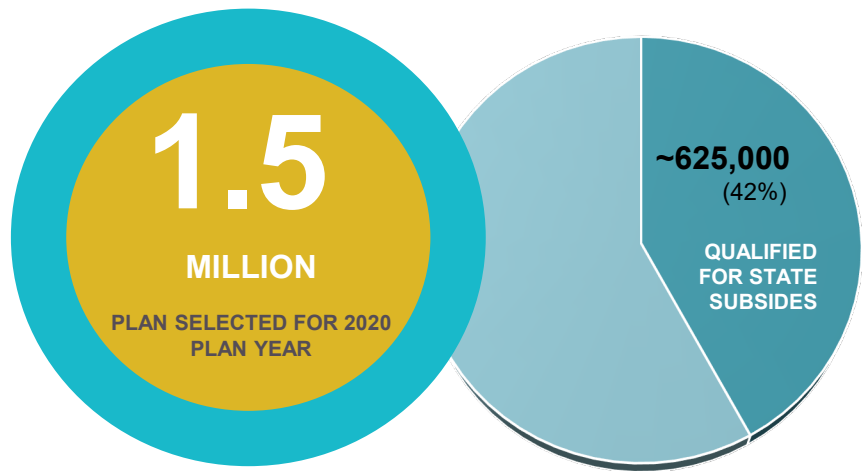
U.S. Census Bureau, Health Insurance Coverage in the United States: 2013, Sept. 2014 - <https://www2.census.gov/library/publications/2014/demographics/p60-250.pdf>. 6 U.S. Census Bureau, Health Insurance Coverage in the United States: 2018, Sept. 2019.

# Responding to COVID-19 Pandemic

- ✓ ACA created a **safety net** for consumers
- ✓ **Unemployment** rate jumped to a record 15.5 percent
- ✓ Estimated that **2.6 million people** and their dependents also lost the health care coverage
- ✓ **\$9 million** in new advertising
- ✓ **271,820 people** have signed up from March 20<sup>th</sup> through August 20<sup>th</sup>, 2020



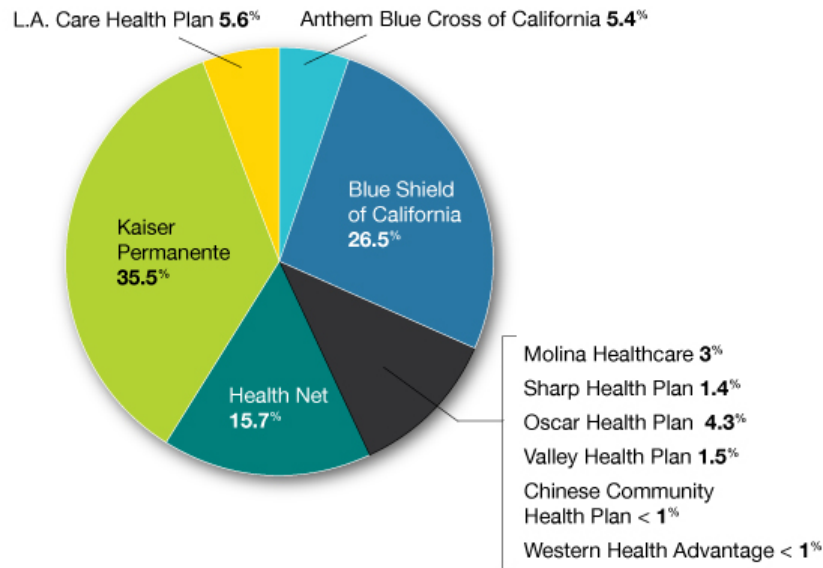
# Policies and Outreach Make a Difference in 2020 Plan Year



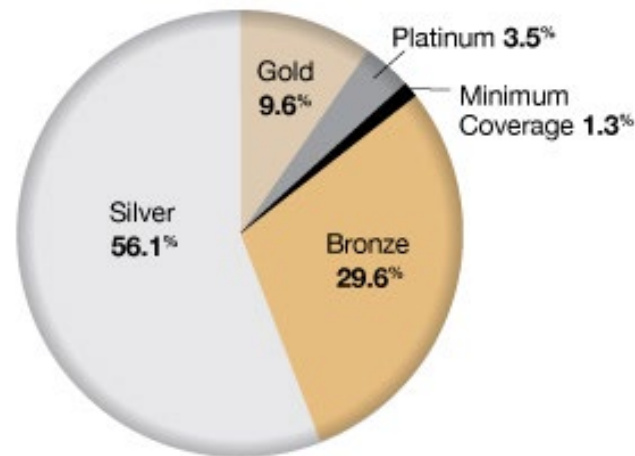
Nearly **32,000 middle-income consumers qualified** for the new financial help, which **averaged \$504 per month** for eligible households, and lowered their monthly premium by half.

# 2020 Covered California Enrollment Profile

## Qualified health plan enrollment



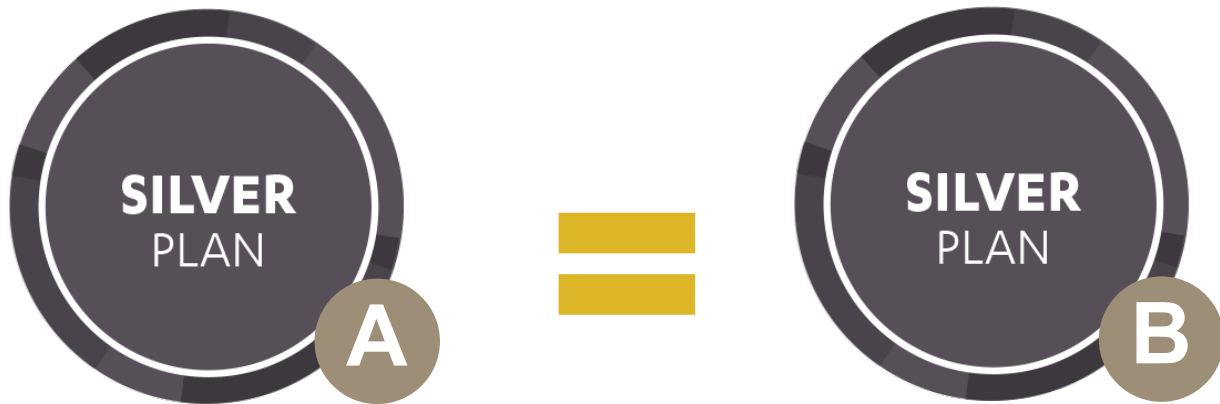
## Enrollment by metal plans



2020 Enrollment data as of 8/30/2020 .



# Compare apples to apples on benefits and cost-sharing



DEDUCTIBLE..... \$\$  
COPAY..... \$

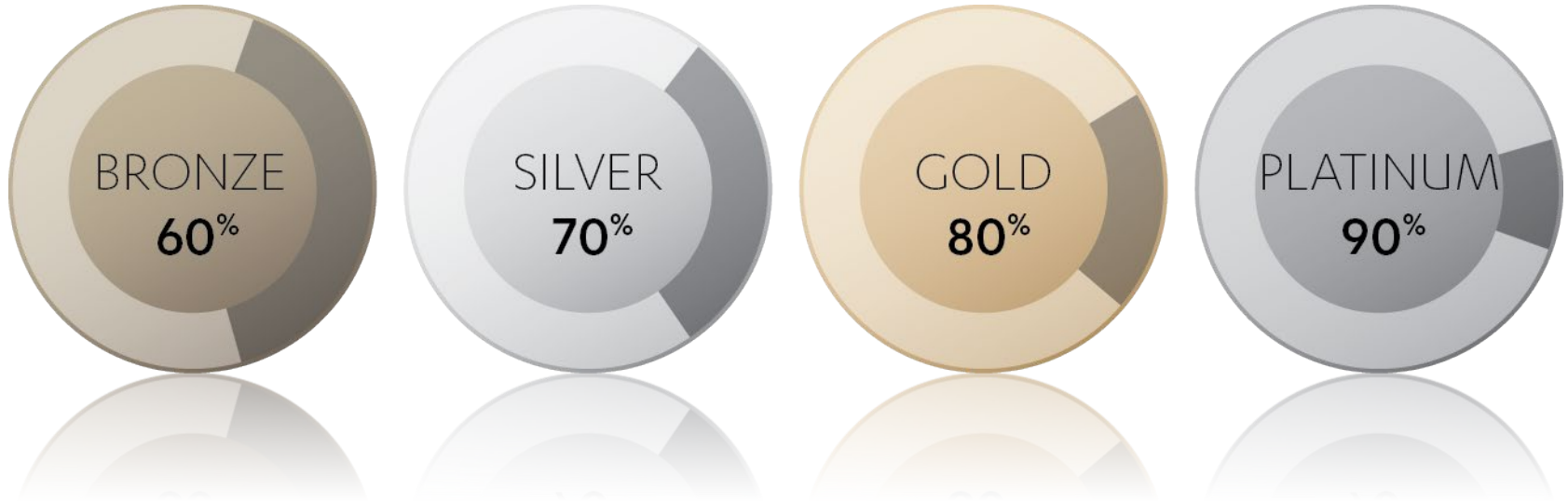
DEDUCTIBLE..... \$\$  
COPAY..... \$

# 10 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



# Health Plan Coverage Level/Metal Tiers



A plan with a lower premium results in a larger copayment with higher deductibles and maximum out-of-pocket expense.

# Silver Cost Sharing Reduction



## “Enhanced Silver Plans”

offer extra discounts so members pay even less for medical services. Not everyone qualifies for enhanced silver plans.

- **Silver 73**
- **Silver 87**
- **Silver 94**

Eligibility is based on income, age, family size, and zip code. Generally, adults with an income of just above 138% to 250% of the Federal Poverty Level may qualify for enhanced benefits.

# 2021 Standard Benefits Design



## 2021 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in blue are NOT subject to a deductible. Benefits in blue with a white corner are subject to a deductible after the first three visits.

| Coverage Category                          | Minimum Coverage   | Bronze                                       | Silver                                 | Enhanced Silver 73                        | Enhanced Silver 87                        | Enhanced Silver 94                   | Gold                                  | Platinum                             |
|--|--|--|--|---|---|--------------------------------------|---------------------------------------|--------------------------------------|
| Percent of cost coverage                   | Covers 0% until out-of-pocket maximum is met   | Covers 60% average annual cost               | Covers 70% average annual cost         | Covers 73% average annual cost            | Covers 87% average annual cost            | Covers 94% average annual cost       | Covers 80% average annual cost        | Covers 90% average annual cost       |
| Cost-sharing Reduction Single Income Range | N/A  | N/A  | N/A                                    | \$24,981 to \$31,225 (>200% to ≤250% FPL) | \$18,736 to \$24,980 (>150% to ≤200% FPL) | up to \$18,735 (100% to ≤150% FPL)   | N/A                                   | N/A                                  |
| Annual Wellness Exam                       | \$0  | \$0  | \$0                                    | \$0                                       | \$0                                       | \$0                                  | \$0                                   | \$0                                  |
| Primary Care Visit                         | After first 3 non-preventive visits, full cost per instance until out-of-pocket maximum is met | \$65*  | \$40                                   | \$35                                      | \$15                                      | \$5                                  | \$35                                  | \$15                                 |
| Urgent Care                                |  | \$65*  | \$40                                   | \$35                                      | \$15                                      | \$5                                  | \$35                                  | \$15                                 |
| Specialist Visit                           | Full cost per service until out-of-pocket maximum is met                                       | \$95*  | \$80                                   | \$75                                      | \$25                                      | \$8                                  | \$65                                  | \$30                                 |
| Emergency Room Facility                    |  | 40% after deductible is met                  | \$400                                  | \$400                                     | \$150                                     | \$50                                 | \$350                                 | \$150                                |
| Laboratory Tests                           |  | \$40   | \$40                                   | \$40                                      | \$20                                      | \$8                                  | \$40                                  | \$15                                 |
| X-Rays and Diagnostics                     |  | 40% after deductible is met                  | \$85                                   | \$85                                      | \$40                                      | \$8                                  | \$75                                  | \$30                                 |
| Imaging                                    |  |  | \$325                                  | \$325                                     | \$100                                     | \$50                                 | \$150 copay or 20% coinsurance***     | \$75 copay or 10% coinsurance***     |
| Tier 1 (Generic Drugs)                     | Full cost per script until out-of-pocket maximum is met  | \$18**                                       | \$16**                                 | \$16**                                    | \$5 or less                               | \$3 or less                          | \$15 or less                          | \$5 or less                          |
| Tier 2 (Preferred Drugs)                   |  | 40% up to \$500 after drug deductible is met | \$60**                                 | \$55**                                    | \$25**                                    | \$10 or less                         | \$55 or less                          | \$15 or less                         |
| Tier 3 (Non-preferred Drugs)               |  |  | \$90**                                 | \$85**                                    | \$45**                                    | \$15 or less                         | \$80 or less                          | \$25 or less                         |
| Tier 4 (Specialty Drugs)                   |  |  | 20% up to \$250** per script           | 20% up to \$250** per script              | 15% up to \$150** per script              | 10% up to \$150 per script           | 20% up to \$250 per script            | 10% up to \$250 per script           |
| Medical Deductible                         | N/A  | Individual: \$6,300<br>Family: \$12,600      | Individual: \$4,000<br>Family: \$8,000 | Individual: \$3,700<br>Family: \$7,400    | Individual: \$1,400<br>Family: \$2,800    | Individual: \$75<br>Family: \$150    | N/A                                   | N/A                                  |
| Pharmacy Deductible                        | N/A  | Individual: \$500<br>Family: \$1,000         | Individual: \$300<br>Family: \$600     | Individual: \$275<br>Family: \$550        | Individual: \$100<br>Family: \$200        | N/A                                  | N/A                                   | N/A                                  |
| Annual Out-of-Pocket Maximum               | \$8,150 individual only  | \$8,200 individual<br>\$16,400 family        | \$8,200 individual<br>\$16,400 family  | \$6,500 individual<br>\$13,000 family     | \$2,850 individual<br>\$5,700 family      | \$1,000 individual<br>\$2,000 family | \$8,200 individual<br>\$16,400 family | \$4,500 individual<br>\$9,000 family |

Drug prices are for a 30 day supply.

\* Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.

\*\* Price is after pharmacy deductible amount is met.

\*\*\* See plan Evidence of Coverage for imaging cost share.



# 2021 Health Benefit Design by Metal Tier

| Metal Tier                   | Bronze   | Silver   | Gold   | Platinum                             |
|------------------------------|--|--|--|--------------------------------------|
|                              | Covers 60% average annual cost                         | Covers 70% average annual cost                         | Covers 80% average annual cost                         | Covers 90% average annual cost       |
| Annual Wellness Exam         | \$0  | \$0  | \$0  | \$0                                  |
| Primary Care Visit           | \$65*  | \$40   | \$30-\$35  | \$15                                 |
| Urgent Care                  | \$65*  | \$40   | \$30-\$35  | \$15                                 |
| Specialist Visit             | \$95*  | \$80   | \$65   | \$30                                 |
| Emergency Room Facility      | 40% after deductible is met                            | \$400  | \$350  | \$150                                |
| Laboratory Tests             | \$40   | \$40   | \$40   | \$15                                 |
| X-Rays and Diagnostics       | 40% after deductible is met                            | \$85   | \$75   | \$30                                 |
| Imaging                      |  | \$325  | \$275-\$150 copay or 20% coinsurance*                  | \$75 copay or 10% coinsurance***     |
| Medical Deductible           | Individual: \$6,300<br>Family: \$12,600                | Individual: \$4,000<br>Family: \$8,000                 | N/A  | N/A                                  |
| Pharmacy Deductible          | Individual: \$500<br>Family: \$1,000                   | Individual: \$300<br>Family: \$600                     | N/A  | N/A                                  |
| Annual Out-of-Pocket Maximum | \$7,800-\$8,200 individual<br>\$15,600-\$16,400 family | \$7,800-\$8,200 individual<br>\$15,600-\$16,400 family | \$7,800-\$8,200 individual<br>\$15,600-\$16,400 family | \$4,500 individual<br>\$9,000 family |

Benefits in blue are NOT subject to a deductible. Benefits in blue with white corner are subject to deductible after first three visits

\*Copay is for any combination of services (primary care, specialist, urgent care) for the first three visits. After three visits, future visits will be at the full cost until the medical deductible is met

\*\*\*See plan evidence of coverage for imaging cost share

# 2021 Family Dental Carriers Changes

## NEW

blue  
california

 **Guardian**

## WITHDRAW

 **PREMIER  
ACCESS**  
Dental and Vision

## RETURNING

 **ACCESS  
DENTAL**

**Anthem**   
BlueCross

*California* **DENTAL**

 **DELTA DENTAL**

  
**LIBERTY  
DENTAL PLAN**



Dental Health Services

<https://www.coveredca.com/individuals-and-families/getting-covered/dental-coverage/family/>

# 2021 Family Dental Carrier Offerings

## HMO Network

- **Blue Shield DHMO** is entering the individual market in Rating Regions 2 – 19

## PPO Network

- **Blue Shield DPPO** is entering the individual market in Rating Regions 1 - 19
- **Guardian DPPO** is entering the individual market in Rating Regions 1 - 19
- **Premier Access DPPO** is **withdrawing** from Covered California Marketplace

|                |   | Full Region |  | Partial Region |  |  |  | ACCESS DENTAL DHMO |  | ANHEIM DHMO |  | ANHEIM DPPO |  | BLUE SHIELD DHMO |  | BLUE SHIELD DPPO |  | CALIFORNIA DENTAL NETWORK DHMO |  | DELTA DENTAL DHMO |  | DELTA DENTAL DPPO |  | DENTAL HEALTH SERVICES DHMO |  | GUARDIAN LIFE DPPO |  | LIBERTY DENTAL DHMO |  |
|----------------|---|-------------|--|----------------|--|--|--|--------------------|--|-------------|--|-------------|--|------------------|--|------------------|--|--------------------------------|--|-------------------|--|-------------------|--|-----------------------------|--|--------------------|--|---------------------|--|
| PRICING REGION |   |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 1              | Northern counties                         |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 2              | North Bay Area                            |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 3              | Greater Sacramento                        |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 4              | San Francisco County                      |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 5              | Contra Costa County                       |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 6              | Alameda County                            |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 7              | Santa Clara County                        |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 8              | San Mateo County                          |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 9              | Santa Cruz, San Benito, Monterey counties |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 10             | Central Valley                            |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 11             | Fresno, Kings, Madera counties            |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 12             | Central Coast                             |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 13             | Eastern counties                          |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 14             | Kern County                               |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 15             | Los Angeles County East                   |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 16             | Los Angeles County West                   |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 17             | Inland Empire                             |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 18             | Orange County                             |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |
| 19             | San Diego County                          |             |  |                |  |  |  |                    |  |             |  |             |  |                  |  |                  |  |                                |  |                   |  |                   |  |                             |  |                    |  |                     |  |



# 2021 Family Dental Plan Products

## Dental HMO (DHMO) Plans

- Copays and lower premiums
- No waiting period or annual benefit limit
- No deductible
- Out-of-network services are not covered

## Dental PPO (DPPO) Plans

- Co-insurance
- **Adults:** six-month waiting period\* for major services  
*\*Waived with proof of prior coverage; proof of prior coverage requirements may vary by plan.*
- Deductible (no changes for 2021)

# 2021 Vision Plans



<http://coveredca.eyemed.com/>



<https://www.vspdirect.com/4CA/welcome>

<http://www.coveredca.com/individuals-and-families/getting-covered/vision/>



## Eligibility & Enrollment

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# Who is eligible to apply?

- **Be a California resident** or a person who intends to reside in California,
- **Be a citizen or national of the US, or a person lawfully present in the US**, though some immigrants may be eligible for restricted scope or full scope Medi-Cal.
- **Not be incarcerated.**

# What is Advanced Premium Tax Credit (APTC)?

**Premium assistance, also called Advanced Premium Tax Credits (APTC),** can lower the cost of health care for individuals and families who enroll in a Covered California health plan and meet certain income requirements.

## **Factors that determine eligibility for financial assistance and the amount:**

- Household **income**,
- Household **size**,
- **Age** of household members, and
- **Location** of the household (which determines the pricing region)
- Not enrolled in MEC or have MEC made available to them

**Members who received APTC must file their federal taxes to reconcile the APTC amount.**

# Year-end consumer reconciliation of advanced premium subsidies


- Federal premium subsidies will be reconciled at year-end through the IRS.
- State premium subsidies will be reconciled at year-end through the Franchise Tax Board (FTB).
- Reconciliation adjusts consumers' final premium subsidy based on their year-end income compared to the income they projected when they applied for coverage.
- Repayment of the federal premium tax credit is capped for individuals whose year-end income is at or below 400 percent FPL, while those above 400 percent FPL must repay the entire amount of credit they received in advance.
- Covered California will work closely with FTB and Department of Finance on the state subsidy program reconciliation process and repayment caps. In developing recommendations, staff will consider:
  - Budget considerations
  - Federal caps and the relationship of the caps to the premium subsidies received by consumers
  - Extension of caps beyond 600 percent FPL to mitigate the impact of the cliff

# Consumers needing to provide consent

- **August 3-16, 2020:** Consent for Verification “CalNOD11” mailed to members who need to provide consent
- Members need to provide consent to Covered California to **keep their APTC** for the 2021 benefit year



Covered California  
PO Box 989725  
West Sacramento, CA 95798-9725



{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE\_CD} {ZIPCODE}

**Important news about renewing your health insurance for {NEXT\_BENEFIT\_YEAR}**

{CURRENT\_DATE} Case Number: {CASE\_NUMBER}

Dear {FIRST\_NAME} {LAST\_NAME},

Covered California is getting ready for our Annual Renewal Period. During the renewal period, anyone who qualified for health insurance in {CURRENT\_BENEFIT\_YEAR} may be automatically re-enrolled in their same health plan if the plan is still available for {NEXT\_BENEFIT\_YEAR}.

You got this letter because you or a member of your household applied for health insurance with financial help and are **enrolled in** or **qualify for** a Covered California health insurance plan.

**We need your consent**

When you applied for health insurance with financial help, you agreed to allow Covered California to use computer sources such as the IRS to check your income and family size for {CURRENT\_BENEFIT\_YEAR}.

Now we need your permission (consent) to check your income and family size again. We do this to see if you will qualify for financial help, such as premium assistance and cost-sharing reductions, for {NEXT\_BENEFIT\_YEAR}.

**What happens next**

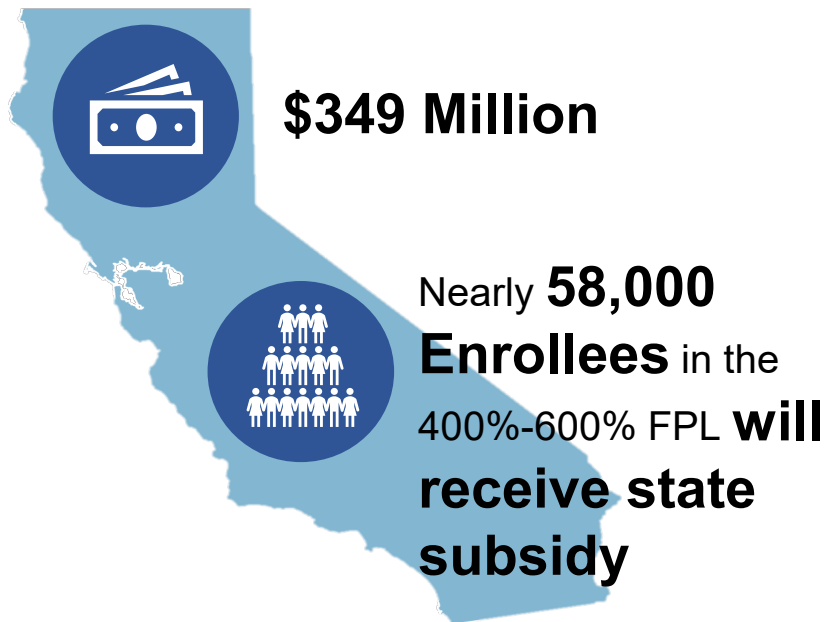
So we can complete your renewal for {NEXT\_BENEFIT\_YEAR}, please update your consent information by **September 30**, {CURRENT\_BENEFIT\_YEAR}.

If you are enrolled in a Covered California plan now and do **not** give us permission to check your income and family size, we will renew your health insurance automatically

CalNOD11

1

# 2021 State Subsidy Program



- Maintain the current level of state subsidies as adopted in the 2020 state subsidy program design into 2021.
- Maintain requirement to allocate 17% of the subsidies to individuals between 200%-400% FPL.
- Estimates still anticipate enrollment growth in the 400 to 600% FPL group that are receiving state subsidies for 2021, relative to 2020.



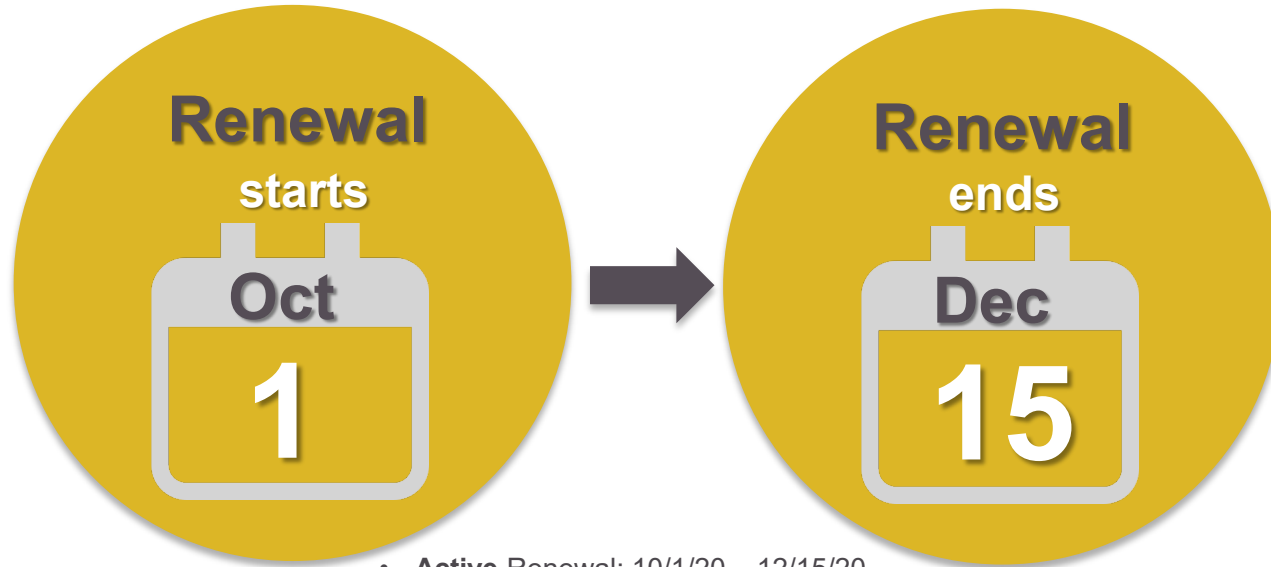
# Eligibility Results

The eligibility results will be one of the following:

- ✓ Qualify for a Covered California health plan at full price. This is referred to as an unsubsidized application,
- ✓ Qualify for a Covered California health plan with premium assistance.
- ✓ Qualify for a Covered California health plan with premium assistance and enhanced benefits
- ✓ Potentially qualify for free or low-cost Medi-Cal
- ✓ Do not qualify

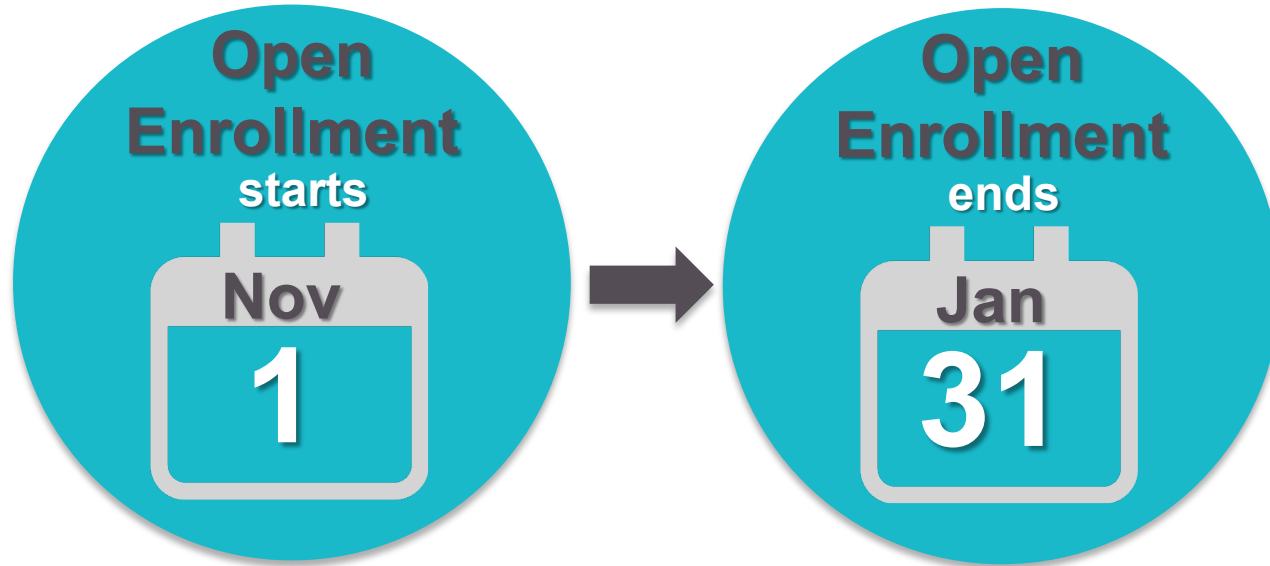
**Mixed Households:** Households with at least one member enrolled in Covered California and at least one member enrolled in Medi-Cal.

# 2021 Renewal Dates



- **Active** Renewal: 10/1/20 – 12/15/20
- **Passive (Auto)** Renewal: 10/31/20 – 11/23/20

# 2021 Open Enrollment Dates



# Penalty & Exemptions

- **Penalties** will begin to be enforced by the Franchise Tax Board beginning next year when Californians file their 2020 taxes. You can find a penalty estimator on the Franchise Tax Board website. <https://www.ftb.ca.gov/file/personal/filing-situations/healthcare/estimator/>
- **Exemptions** - There are some exemptions you must apply for through Covered California. Other exemptions do not require an application – instead, you can claim them when you file your state tax return.

# How to apply for coverage



[www.CoveredCA.com](http://www.CoveredCA.com)

**ONLINE**



**Service Center**  
**(800) 300-1506**

**PHONE**



**or**



**MAIL OR FAX**



**Certified**  
*Insurance*  
*Agent*

**IN-PERSON**



**Certified**  
*Enrollment*  
*Counselor*

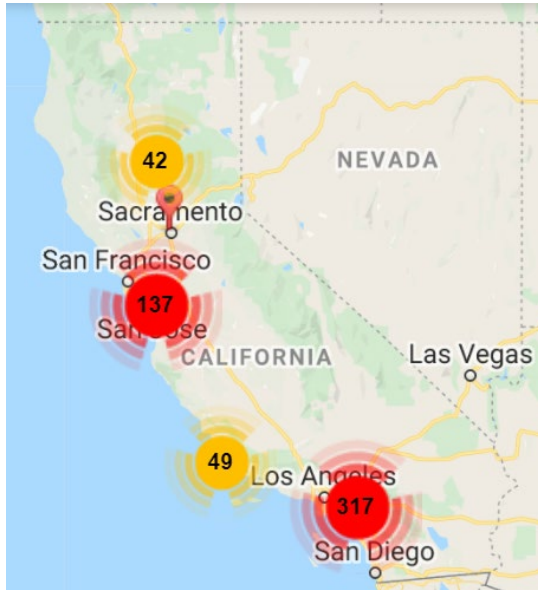
**IN-PERSON**

**Local county**  
**human or social**  
**services office**

**IN-PERSON**

**\*\*SF residents who are HIV+, they can call PRC at 415.777.0333\*\***

# Storefront Program



- 545 Storefronts
- Helping consumers enroll in health coverage
- Adapting to virtual support and setting appointments for social distancing

# Help On-Demand Tool

## New to Covered California? Get help when you need it most: right now!

People applying for a health plan for the first time can get expert help from one of our certified enrollers. Send us your contact information and within 20 minutes, you'll get free one-on-one help selecting a plan and signing up.

Current Covered California users should note that Help On Demand is for new enrollment only. Please contact your certified enroller for assistance if you have one, or call our service center at (800) 300-1506.

Please fill in your contact information below.

ALL FIELDS ARE REQUIRED UNLESS OTHERWISE INDICATED AS OPTIONAL.

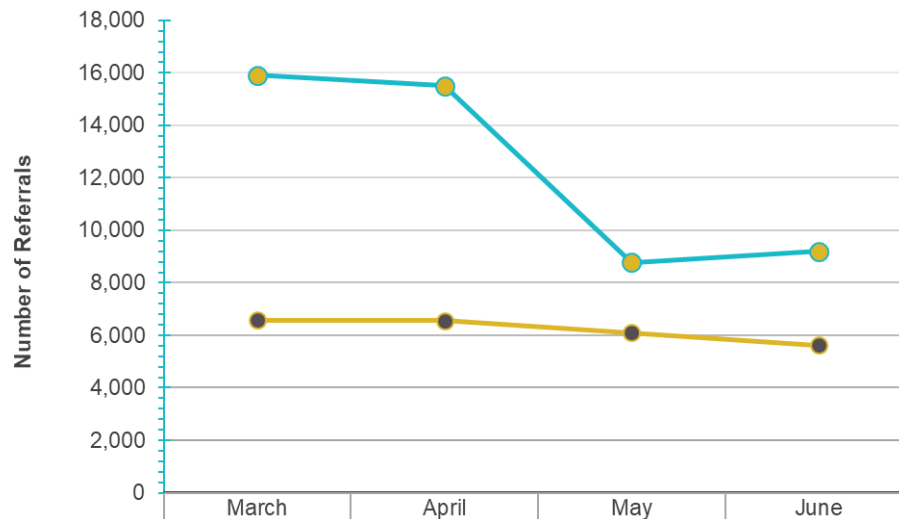
First name:

Last name:

Preferred Contact Method:

Cell Phone:

Email (Optional):



# What you need to know before you enroll

**For every family member who will be covered by the health plan (including you), you should have:**



Income Information –  
2014 tax returns, recent  
pay stubs and/or W2 forms



Identification –  
California Driver's  
License, California ID  
Card, U.S. Passport or  
other form of ID card.



Proof of citizenship  
or lawful presence –  
U.S. passport, legal resident  
card or naturalization  
documentation

**Also, for all family members who apply, you should know:**



Social Security Numbers



Birth dates



Home ZIP codes



# Shop and compare plans online



<https://apply.coveredca.com/lw-shopandcompare/>

# Tell us about yourself

- Coverage Year
- Zip Code
- Total Household Income
- Number of people in your household
- Age
- Types of Coverage

Answer these questions to find out if you qualify for help to lower your health care costs.

Coverage Year:

2019

What is your Zip Code? ⓘ

95831

What is your total household income per year? ⓘ

\$45000

How many people are in your household? ⓘ

1

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household:

39

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

See My Results

# Programs you may qualify for...

Based on what you told us, here is what you may qualify for:

We've grouped your household members based on each person's potential eligibility.

### Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

| HouseholdMember | Potential Eligibility                               |
|-----------------|---|
| Person 1 (39)   | Lower Monthly Premium (Advanced Premium Tax Credit) |

[More Information](#)[Preview Plans](#)

These results are only an estimate. You will need to complete an application. ⓘ

# Preview plans

24 Health Plans    Dental Plans

0

Estimated Monthly Savings **\$118.46/month** in zipcode 95831.

for 1 member

Coverage could start as early as 09/11/2019.

## SORT BY

- ☒ Total Expense Estimate
- ☐ Monthly Premium (low to high)

## FILTER BY

### PLAN TYPE

- ☒ HMO
- ☐ PPO

### PLAN FEATURES

- ☐ Health Savings Account (HSA)  
Qualified HSA used with a High Deductible Health Plan

## METAL TIER

< 1 of 2 >



Bronze 60 HDHP HMO

**BRONZE HSA HMO**

**\$220.48**

monthly premium  
after \$118.46 tax credit

Primary Care Visits You pay 40%

Generic Drugs You pay 40%

Yearly Deductible \$6000  
(May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★



Bronze 60 HMO

**BRONZE HMO**

**\$230.28**

monthly premium  
after \$118.46 tax credit

Primary Care Visits You pay \$75

Generic Drugs You pay 100%

Yearly Deductible \$6300 / \$500  
(May Not Apply)

Total Expense Estimate Lower

Quality Rating ★★★★★

# What is Special Enrollment Period (SEP)?



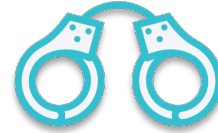
Had a Baby or  
Adoption



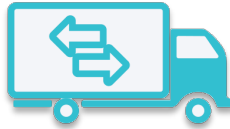
Loss of Minimum  
Essential Coverage



Marriage or Entry  
into Domestic  
Partnership



Released from  
Incarceration



Permanently  
Moved to/within  
California



Becomes a Citizen,  
National, or  
Lawfully Present  
Individual





Federally  
Recognized  
American Indian  
and Alaskan Native  
(AI/AN)

# Application & Enrollment During SEP

- Special Enrollment Period means the timeframe within the 60 days from the date of the life change event
- Exception for loss of Minimum Essential Coverage which can also be up to 60 days in the future
- Must apply within or up to 60 days...of the date of the life changing event date
- Select a qualified health plan
- Make the first premium payment

# **BAY AREA 2021 REGIONAL RATES**

# BRONZE 2021 Region 4 Rates

| Lowest Price | Health Plan     | 2020 Monthly Gross Premium | 2021 Monthly Gross Premium | YOY Change  | Consumer Pays | Market Share |
|--------------|-----------------|----------------------------|----------------------------|---|---------------|--------------|
| 1            | Kaiser          | \$417                      | \$433                      | 3.9%  | \$70          | 51.8%        |
| 2            | CCHP HMO        | \$457                      | \$450                      | -1.7%   | \$86          | 28.2%        |
| 3            | Oscar EPO       | \$431                      | \$468                      | 8.5%  | \$105         | 3.7%         |
| 4            | Blue Shield PPO | \$530                      | \$505                      |  -4.8% | \$141         | 15.9%        |
| 5            | HealthNet EPO   | \$551                      | \$656                      |  19%   | \$293         | 0.4%         |

- 1.2% weighted average increase



# SILVER 2021 Region 4 Rates

| Lowest Price | Health Plan     | 2020 Monthly Gross Premium | 2021 Monthly Gross Premium | YOY Change | Consumer Pays | Market Share |
|--------------|-----------------|----------------------------|----------------------------|------------|---------------|--------------|
| 1            | Kaiser          | \$517                      | \$536                      | 3.7%       | \$173         | 39.3%        |
| 2            | Oscar EPO       | \$574                      | \$571                      | -0.6%      | \$207         | 0.3%         |
| 3            | CCHP HMO        | \$607                      | \$602                      | -0.7%      | \$239         | 33.1%        |
| 4            | Blue Shield HMO | \$625                      | \$608                      | -2.7%      | \$245         | 3.3%         |
| 5            | Blue Shield PPO | \$678                      | \$650                      | ▼ -4.1%    | \$287         | 23.9%        |
| 6            | HealthNet EPO   | \$825                      | \$982                      | ▲ 19%      | \$619         | 0.1%         |

- 0.2% weighted average increase
- \$446 price spread (consumer could save by switching from highest to lowest)

# San Francisco County (Region 4):

## Rates for 25 and 40-year-old

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**
- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (\*)

### 25-year-old Single Individual

| Plan             | Minimum | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|---------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$382   | \$392        | \$396        | \$511        | \$599        | \$805        |
| Blue Shield HMO  | -       | -            | -            | \$478        | \$574        | \$811        |
| CCHP HMO         | \$340   | \$352        | \$353        | \$473        | \$528        | \$585        |
| Health Net EPO   | \$406   | -            | \$515        | \$772        | \$853        | \$1,007      |
| Kaiser HMO Coin  | \$258   | <b>\$335</b> | -            | -            | <b>\$468</b> | -            |
| Kaiser HMO Copay | -       | -            | <b>\$340</b> | <b>\$421</b> | \$492        | <b>\$528</b> |
| Oscar EPO        | \$263   | \$356        | \$368        | <b>\$448</b> | \$507        | \$669        |

### 40-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$487        | \$499        | \$505        | \$650        | \$762        | \$1,025      |
| Blue Shield HMO  | -            | -            | -            | \$608        | \$730        | \$1,032      |
| CCHP HMO         | \$433        | \$449        | \$450        | \$602        | \$672        | \$744        |
| Health Net EPO   | \$517        | -            | \$656        | \$982        | \$1,085      | \$1,281      |
| Kaiser HMO Coin  | <b>\$329</b> | <b>\$427</b> | -            | -            | <b>\$595</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$433</b> | <b>\$536</b> | \$626        | <b>\$672</b> |
| Oscar EPO        | \$335        | \$453        | \$468        | <b>\$571</b> | \$645        | \$852        |

# Contra Costa County (Region 5):

## Rates for 25 and 40-year-old

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**
- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (\*)

### 25-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$357        | \$366        | \$370        | \$477        | \$559        | \$752        |
| Blue Shield HMO  | -            | -            | -            | \$508        | \$610        | \$862        |
| Health Net EPO   | \$366        | -            | \$464        | \$695        | \$768        | \$907        |
| Kaiser HMO Coin  | <b>\$234</b> | <b>\$303</b> | -            | -            | <b>\$423</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$308</b> | <b>\$381</b> | \$445        | <b>\$478</b> |

### 40-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$455        | \$466        | \$471        | \$608        | \$712        | \$957        |
| Blue Shield HMO  | -            | -            | -            | \$647        | \$777        | \$1,097      |
| Health Net EPO   | \$466        | -            | \$591        | \$885        | \$978        | \$1,155      |
| Kaiser HMO Coin  | <b>\$297</b> | <b>\$386</b> | -            | -            | <b>\$539</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$392</b> | <b>\$485</b> | \$566        | <b>\$608</b> |

# Alameda County (Region 6):

## Rates for 25 and 40-year-old

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**
- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (\*)

### 25-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$357        | \$366        | \$371        | \$478        | \$560        | \$752        |
| Blue Shield HMO  | -            | -            | -            | \$443        | \$532        | \$751        |
| Kaiser HMO Coin  | <b>\$240</b> | <b>\$311</b> | -            | -            | <b>\$434</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$316</b> | <b>\$391</b> | \$456        | <b>\$491</b> |

### 40-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$455        | \$466        | \$472        | \$608        | \$713        | \$958        |
| Blue Shield HMO  | -            | -            | -            | \$564        | \$677        | \$956        |
| Kaiser HMO Coin  | <b>\$305</b> | <b>\$396</b> | -            | -            | <b>\$553</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$402</b> | <b>\$498</b> | \$581        | <b>\$624</b> |

# Santa Clara County (Region 7):

## Rates for 25 and 40-year-old

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**
- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (\*)

### 25-year-old Single Individual

| Plan              | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Anthem EPO        | \$247        | \$342        | \$368        | \$422        | \$522        | \$708        |
| Blue Shield PPO   | \$428        | \$439        | \$444        | \$573        | \$671        | \$902        |
| Blue Shield HMO   | -            | -            | -            | \$450        | \$540        | \$763        |
| Kaiser HMO Coin*  | \$240        | <b>\$311</b> | -            | -            | <b>\$434</b> | -            |
| Kaiser HMO Copay* | -            | -            | \$316        | <b>\$391</b> | \$456        | <b>\$491</b> |
| Valley HMO        | <b>\$184</b> | -            | <b>\$239</b> | <b>\$342</b> | \$441        | \$506        |

### 40-year-old Single Individual

| Plan              | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Anthem EPO        | \$315        | \$435        | \$469        | \$538        | \$665        | \$901        |
| Blue Shield PPO   | \$545        | \$559        | \$566        | \$729        | \$854        | \$1,148      |
| Blue Shield HMO   | -            | -            | -            | \$573        | \$688        | \$972        |
| Kaiser HMO Coin*  | \$305        | <b>\$396</b> | -            | -            | <b>\$553</b> | -            |
| Kaiser HMO Copay* | -            | -            | \$402        | <b>\$498</b> | \$581        | <b>\$624</b> |
| Valley HMO        | <b>\$235</b> | -            | <b>\$304</b> | <b>\$436</b> | \$561        | \$643        |

# San Mateo County (Region 8):

## Rates for 25 and 40-year-old

- The lowest-priced plan for each metal tier is shown in **bold green font**
- The second-lowest silver plan is shown with a **red square**
- Premium rates shown are for a 25-year-old and a 40-year-old single individual.
- Plans that are not offered in all ZIP codes in the county are shown with an asterisk (\*)

### 25-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$408        | \$418        | \$423        | \$545        | \$639        | \$859        |
| Blue Shield HMO  | -            | -            | -            | \$509        | \$611        | \$864        |
| CCHP HMO         | \$368        | \$381        | \$381        | \$511        | \$570        | \$632        |
| Health Net EPO   | \$437        | -            | \$554        | \$830        | \$917        | \$1,083      |
| Kaiser HMO Coin  | <b>\$258</b> | <b>\$335</b> | -            | -            | <b>\$468</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$340</b> | <b>\$421</b> | \$492        | <b>\$528</b> |
| Oscar EPO        | \$263        | \$356        | \$368        | <b>\$448</b> | \$507        | \$669        |

### 40-year-old Single Individual

| Plan             | Minimum      | Bronze HDHP  | Bronze       | Silver       | Gold         | Platinum     |
|------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Blue Shield PPO  | \$519        | \$532        | \$538        | \$694        | \$813        | \$1,093      |
| Blue Shield HMO  | -            | -            | -            | \$648        | \$778        | \$1,099      |
| CCHP HMO         | \$468        | \$485        | \$486        | \$651        | \$726        | \$804        |
| Health Net EPO   | \$556        | -            | \$706        | \$1,057      | \$1,167      | \$1,378      |
| Kaiser HMO Coin  | <b>\$329</b> | <b>\$427</b> | -            | -            | <b>\$595</b> | -            |
| Kaiser HMO Copay | -            | -            | <b>\$433</b> | <b>\$536</b> | \$626        | <b>\$672</b> |
| Oscar EPO        | \$335        | \$453        | \$468        | <b>\$571</b> | \$645        | \$852        |

# **BAY AREA APRIL 2021 HOSPITAL NETWORK**

# San Francisco County (Region 4):

## Hospital Network

- Hospital network as of April 2020
- May not be a complete list of hospitals
- Kaiser Permanente hospitals are not listed
- Verify with the health plan if the hospital is in-network

| Hospital   | Blue Shield HMO | Blue Shield PPO | CCHP HMO | Health Net EPO | Kaiser HMO | Oscar EPO |
|--|-----------------|-----------------|----------|----------------|------------|-----------|
| California Pacific Medical Center - D/P APH                |                 | X               | X        |                |            |           |
| California Pacific Medical Center - Davies Campus Hospital |                 | X               | X        |                |            |           |
| California Pacific Medical Center – Mission Bernal Campus  |                 | X               | X        |                |            |           |
| California Pacific Medical Center - Van Ness Campus        |                 | X               | X        |                |            |           |
| Chinese Hospital   | X               | X               | X        | X              |            |           |
| Kentfield Hospital San Francisco                           | X               |                 |          |                |            |           |
| St. Francis Memorial Hospital                              | X               | X               | X        | X              | X          |           |
| St. Mary's Medical Center, San Francisco                   | X               | X               | X        | X              |            |           |
| UCSF Medical Center  | X               | X               | X        |                |            | X         |
| UCSF Medical Center at Mission Bay                         | X               | X               |          |                |            | X         |
| UCSF Medical Center at Mount Zion                          | X               | X               |          |                |            | X         |



# San Mateo County (Region 8):

## Hospital Network

- Hospital network as of April 2020
- May not be a complete list of hospitals
- Kaiser Permanente hospitals are not listed
- Verify with the health plan if the hospital is in-network

| Hospital                              | Blue Shield HMO | Blue Shield PPO | CCHP HMO | Health Net EPO | Oscar EPO |
|---------------------------------------|-----------------|-----------------|----------|----------------|-----------|
| Burlingame Health Care Center D/P SNF |                 |                 |          |                | X         |
| Menlo Park Surgical Hospital          |                 | X               | X        |                |           |
| Mills Health Center D/P APH           |                 | X               | X        |                |           |
| Mills-Peninsula Medical Center        |                 | X               | X        |                |           |
| Sequoia Hospital                      | X               | X               |          | X              |           |
| Seton Coastsides                      | X               | X               | X        |                |           |
| Seton Medical Center                  | X               | X               | X        |                |           |

**THANK YOU!**



## Contact Us

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Bay Area Representative

Outreach and Sales Division

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