

Covered California 2025 Open Enrollment



What is Covered California?

- A health insurance marketplace that's established after the passage of the Affordable Care Act (ACA).
- Marketplace where individuals and small business (1-100 employees) can enroll in affordable health insurance plans.
- The only marketplace that offers financial help (aka Advanced Premium Tax Credit – APTC).

Eligibility Criteria

- Household income
 - Adult: Above 138% FPL
 - Children: Above 322% FPL
- Citizen or national of the United States, or non-citizen who is lawfully present in the United States.
- California Resident (or intend to be a California resident).
- Not incarcerated (other than incarcerated pending the disposition or judgement of charges).

2025 Open Enrollment

Why Open Enrollment is so important?

This is the only time of the year when you can apply through Covered California, unless you experience a Qualify Life Event during the year.

- Covered California is the only place where you can receive state and federal subsidies to help paying for health insurance premium.
- You may be eligible for the new State-Enhanced Cost-Sharing Reductions Plans which have no medical or drug deductible.
- You can renewal your existing Covered California plan or switch to a plan that best suits your current needs.

Starting in 2020, the State of California requires you to have health insurance.

- If you do not have health insurance, you may need to pay a penalty when you file your state taxes at the end of the year.
- The State of California will mandate most people to have health insurance and will implement a state tax penalty of **\$900 per adult** and **\$450 per dependent child** under age 18 or up to 2.5% of your household income, whichever is higher, when you file your **2024** state tax income tax return in 2025.

[Tax Penalty Estimator](#)

Coverage and financial assistance through Covered California do not – and never did – count as public charge.

Metal Tiers

Bronze



Premiums
LOWEST
Out-of-Pocket
HIGHEST



Lower monthly premium if you qualify for financial help.

[Learn More](#) →

Silver



More Savings

Premiums
LOWER
Out-of-Pocket
MODERATE



Lower monthly premium if you qualify for financial help.

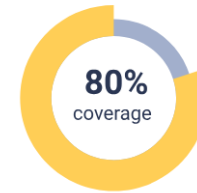
[Learn More](#) →

Gold



No Deductibles

Premiums
HIGHER
Out-of-Pocket
LOWER



Lower monthly premium if you qualify for financial help.

[Learn More](#) →

Platinum



No Deductibles

Premiums
HIGHEST
Out-of-Pocket
LOWEST



Lower monthly premium if you qualify for financial help.

[Learn More](#) →

State-Enhanced Cost-Sharing Reductions Plan Benefits

California State-Enhanced Cost-Sharing Reductions (CSR) plan benefits for plan year 2024 & 2025.

MAINTAIN eligibility for cost-sharing reduction benefits at the current levels for individuals with **income up to 250% FPL**;

ELIMINATE deductibles in all **Silver** CSR plans;

REVERT planned cost-sharing increases for generic drugs and maximum out-of-pocket in the **Silver 87 CSR plan**; and

INCREASE the value of the Silver 73 CSR plan to approximate the Gold level of coverage by reducing copays for primary and emergency care to Gold level, reducing the copay for specialist visits and lowering the maximum out-of-pocket amount.

Cost-Sharing Reductions Plan Benefits

Cost-Sharing Reductions (CSR) Plans help consumers save money when they receive medical care. It includes savings on deductibles, coinsurance, copays, and out-of-pocket maximum costs.

Cost-Sharing Reductions Plan	Eligibility
Silver 94	100% up to 150% FPL
Silver 87	Above 150% up to 200% FPL
Silver 73	Above 200% up to 250% FPL

Patient-Centered Benefit Designs and Medical Cost Shares



2025 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	Silver 73 CA Enhanced CSR	Silver 87 CA Enhanced CSR	Silver 94 CA Enhanced CSR	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	>\$30,120 (Above 200% FPL)	\$22,591 to \$30,120 (>150% to ≤200% FPL)	up to \$22,590 (100% to ≤150% FPL)	N/A	N/A
Free Preventive Care Visit	\$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	\$60	\$50	\$35	\$15	\$5	\$35	\$15
Urgent Care		\$60	\$50	\$35	\$15	\$5	\$35	\$15
Specialist Visit	Full cost per service until out-of-pocket maximum is met	\$95*	\$90	\$85	\$25	\$8	\$65	\$30
Emergency Room Facility		40% after deductible is met	\$400	\$350	\$150	\$50	\$330	\$150
Laboratory Tests		\$40	\$50	\$50	\$20	\$8	\$40	\$15
X-Rays and Diagnostics		40% after deductible is met	\$95	\$95	\$40	\$8	\$75	\$30
Imaging		\$325	\$325	\$100	\$50	\$75 copay or 25% coinsurance***	\$75 copay or 10% coinsurance***	
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	\$19	\$18	\$15	\$5	\$3	\$15	\$7
Tier 2 (Preferred Drugs)		40% up to \$500 per script after drug deductible is met	\$60**	\$55	\$25	\$10	\$60	\$16
Tier 3 (Non-preferred Drugs)		\$90**	\$85	\$45	\$15	\$85	\$25	
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 - The amount you pay before the plan pays	N/A	Individual: \$5,800 Family: \$11,600	Individual: \$5,400 Family: \$10,800	N/A	N/A	N/A	N/A	N/A
Pharmacy Deductible - The amount you pay before the plan pays	N/A	Individual: \$450 Family: \$900	Individual: \$50 Family: \$100	N/A	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	\$9,200 individual \$18,400 family	\$8,850 individual \$17,700 family	\$8,700 individual \$17,400 family	\$6,100 individual \$12,200 family	\$3,000 individual \$6,000 family	\$1,150 individual \$2,300 family	\$8,700 individual \$17,400 family	\$4,500 individual \$9,000 family

Drug prices are for a 30 day supply.

* Copay is for any combination of services (specialist) 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.

Covered California may approve deviations from the benefit plan designs for certain services on a case by case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

Qualify Health Plan & Rate Change

Anthem 

Balance 
by CCHP

blue 
california

 KAISER PERMANENTE®

Carrier	Rate Change ↑
Anthem Blue Cross	12.7%
Balance by CCHP	4.0%
Blue Shield of California	8.5%
Kaiser Permanente	6.5%

San Francisco County average rate change is 7.7% increase.

Hospital Network

• Proposed hospital network as of July 2024 • 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	Anthem Blue Cross EPO	Blue Shield HMO	Blue Shield PPO	Balance by CCHP
California Pacific Medical Center – Davies Campus Hospital	X		X	X
California Pacific Medical Center – Mission Bernal Hospital	X		X	X
California Pacific Medical Center – Van Ness Campus	X		X	X
Chinese Hospital	X	X	X	X
Kentfield Hospital San Francisco		X	X	
St. Frances Memorial Hospital		X	X	X
St. Mary’s Medical Center		X	X	X
UCSF Medical Center		X	X	
UCSF Medical Center at Mission Bay		X	X	
UCSF Medical Center at Mount Zion		X	X	

X = Blue Shield HMO ACO Partner

Dental Plan



California Dental Network

A DentaQuest company



Humana

Dental Carrier	Weighted Average Rate
Anthem Blue Cross Dental	-0.2%
Blue Shield of CA Dental	4.5%
California Dental Network	-
Delta Dental	-
Humana	n/a
Statewide	1.54%

Embedded Children Dental Plan

In Covered California, all health insurance companies in the individual market provide pediatric dental services for consumers younger than 19 years old, as an essential health benefits.

Health Insurance Plan	Embedded Dental Plan
Anthem Blue Cross EPO Anthem Blue Cross HMO	Anthem Dental Plan DPPO Anthem Dental Plan DHMO
Blue Shield of California HMO Blue Shield of California PPO	Dental Benefit Providers DHMO Dental Benefit Providers DPPO
Balance by CCHP	Delta Dental of California DHMO
Kaiser Permanente	Delta Dental of California DHMO

Children are automatically covered by dental benefits that are embedded in health plans.

Children's Embedded Dental Benefit Designs and Cost Shares

Coverage Category	Coinsurance Plan		Copay Plan
Percent of cost coverage	Covers 86.2% average annual cost	Covers 86.2% average annual cost	Covers 84.9% average annual cost
Age: Pediatric Dental Enhanced Health Benefits	Up to 19	Up to 19	Up to 19
Plan Network Provider	In-Network	Out-of-Network	In-Network Only
Waiting Period	None	None	None
Office Visit Copay	\$0	\$0	\$0
Dental Deductible	Individual: \$75 Family: \$150	Individual: \$75 Family: \$150	Individual: None Family: Not Applicable
Out of Pocket Maximum	Individual: \$350 Family: \$700	Individual: None Family: None	Individual: \$350 Family: \$700
Annual Benefit Limit	None	None	None

Apply directly



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



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



<https://superiorvisionplans.com/>

Children under age 19 get free vision care included with their health plan.

The Patient Protection and Affordable Care Act includes information specific to American Indians (AI) and Alaska Natives (AN).

- AI and AN can buy a health insurance plan through Covered California or qualify for Medi-Cal and receive certain benefits.
- AI and AN are not required to purchase insurance, as most other Californians are.
- There is no penalty for AI, AN, or other individuals eligible for services through an Indian health care provider or the Indian Health Service who do not have health insurance.

Special Benefits for Eligible Members of Tribes

No health care expenses, depending on income

- AI/AN who earn less than 300% FPL will not have to pay certain out-of-pocket costs, such as copays, if they buy their insurance through Covered California.

No costs for medical care from many doctors and hospitals

- There is no cost for any AI/AN for any item or service received directly through the federal Indian Health Service, tribes, tribal organizations, urban American Indian organizations or organizations that have a contract to deliver medical services locally.

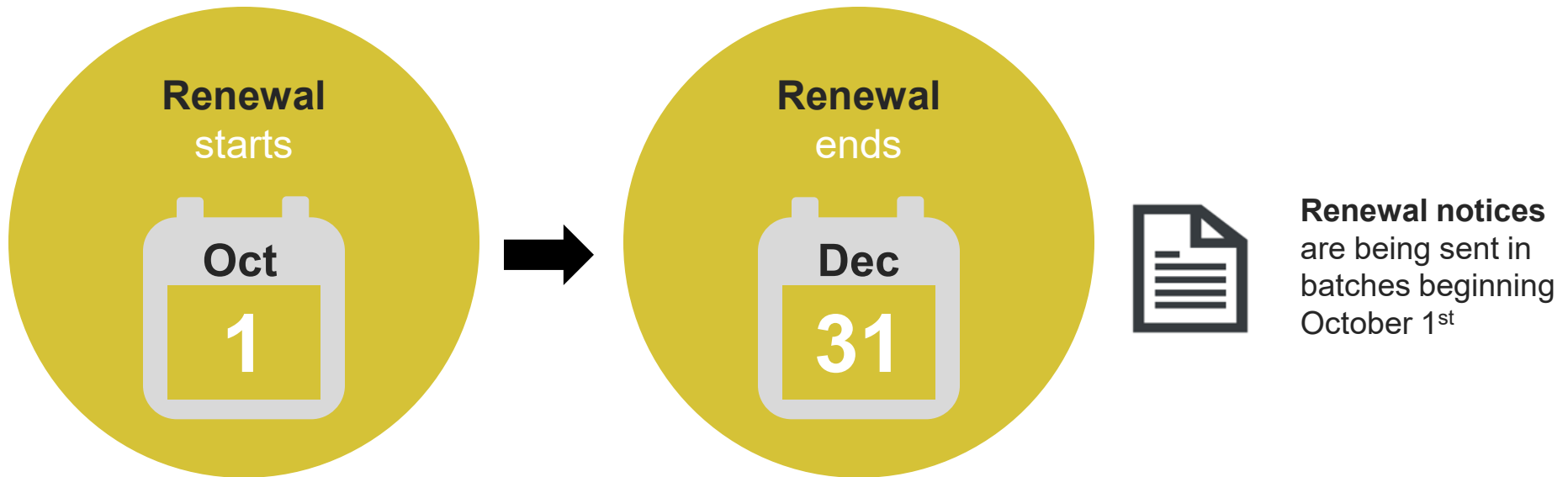
Continuity of care

- When enrolled in a plan through Covered California, AI/AN can continue to receive services from their local Indian health care provider

Ability to buy insurance anytime

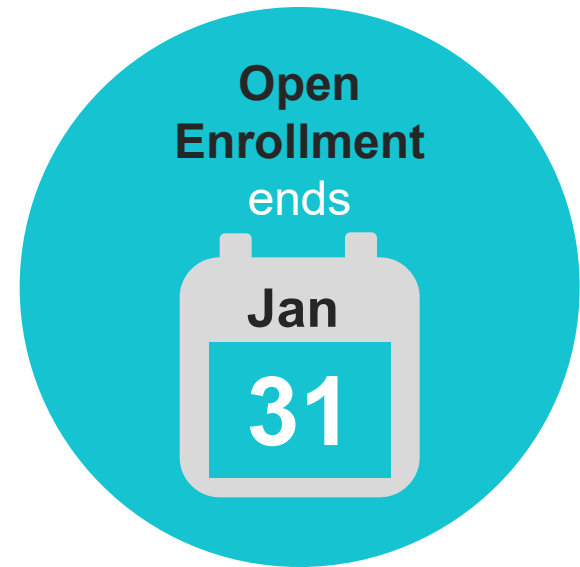
- AI/AN can buy or change health insurance plans once a month through Covered California if they would like.

2025 Renewal Dates



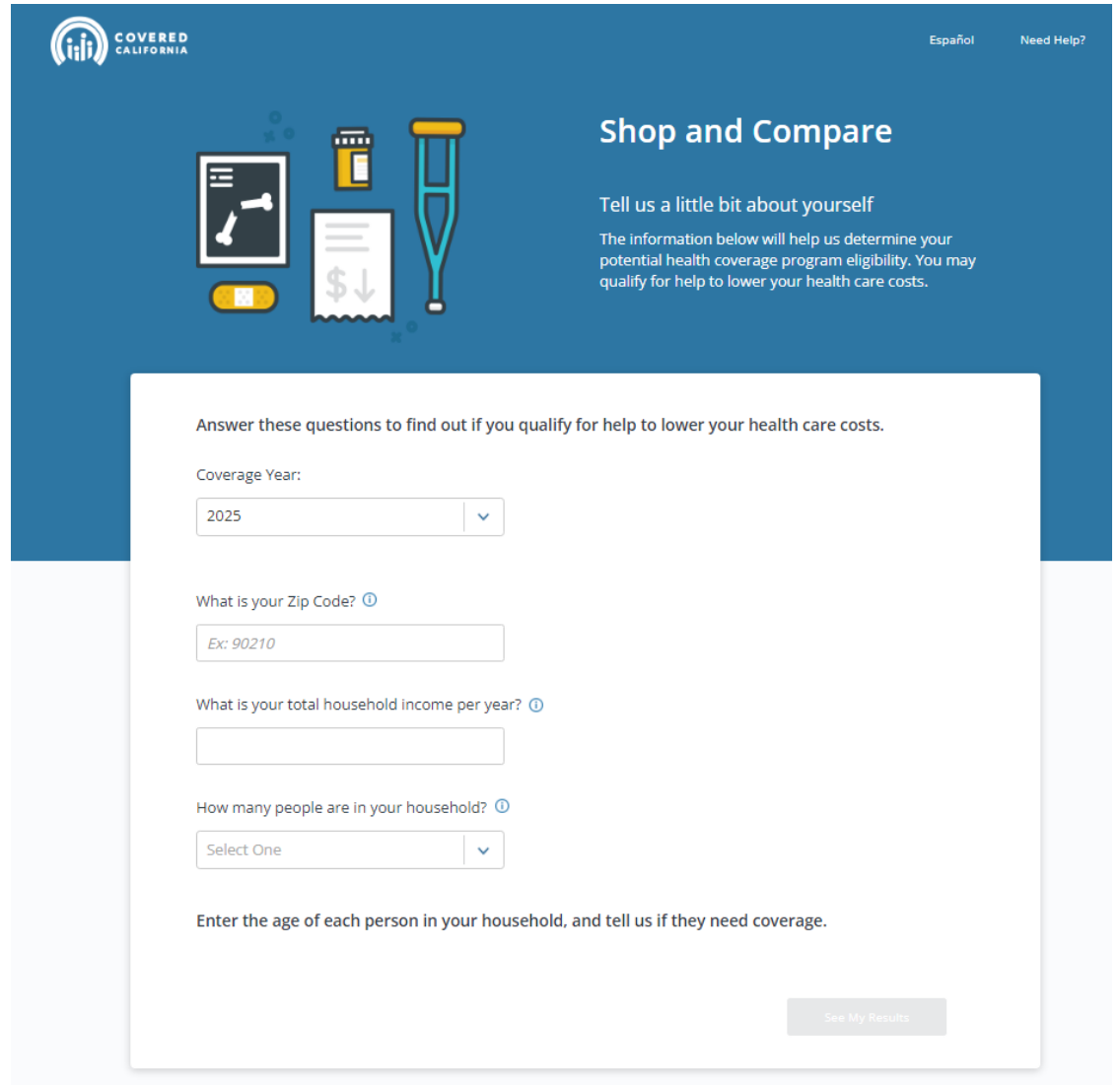
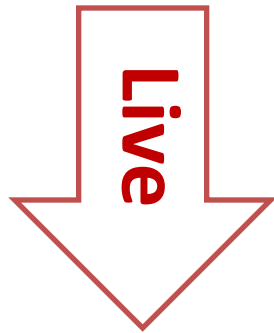
- **Active** renewal: 10/01/2024 – 10/30/2024
- **Passive** (Auto) Renewal starts 10/31/2024

2025 Open Enrollment Dates



Sign up Date	Effective Date
11/01/2024 – 12/31/2024	01/01/2025
01/01/2025 – 01/31/2025	02/01/2025

Shop and Compare



COVERED CALIFORNIA Español Need Help?

Shop and Compare

Tell us a little bit about yourself

The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.

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

Coverage Year:

2025

What is your Zip Code? ⓘ

Ex: 90210

What is your total household income per year? ⓘ

How many people are in your household? ⓘ

Select One

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

See My Results



[Get Started](#) [Health](#) [Dental](#) [Vision](#) [Support](#)



[Sign In](#)

[Shop and Compare](#)

Renewal

Renew Your Health Plan

Current enrollees can renew or shop for a new health plan. For everyone else, open enrollment starts on Nov. 1.



Household Income ⓘ

\$ 28,000

ZIP Code

95834 

Household Size ⓘ

1

How many need coverage?

1

Age of People Needing Coverage ⓘ

45

Calculate

Quick Quote



for a Silver plan.
Bronze plans as low as \$0.

After financial help from: Covered California

-  Financial Help: \$507 per month
-  Bronze, Gold and Platinum plans also available

Continue

Shop and Compare



Español Need Help?

Shop and Compare

Tell us a little bit about yourself

The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.

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

Coverage Year:

What is your Zip Code? ⓘ

What is your total household income per year? ⓘ

How many people are in your household? ⓘ

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

Age of Head of Household:

Needs Coverage?

Pregnant? ⓘ

Blind or Disabled? ⓘ

See My Results

Filters

Metal Tiers

- Platinum
- Gold
- Silver
- Silver CSR
- Bronze
- HSA Eligible

Insurance Companies

- CCHP
- Blue Shield
- Anthem Blue Cross
- Kaiser

Network Types

- Exclusive Provider Organization (EPO)
- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

6 out of 24 Health Plans

Sort by: Lowest estimated yearly cost

Kaiser Silver 73 HMO Compare

Primary care visits: \$35.00 Copay
Generic prescription drugs: \$15.00 Copay
Your preferred providers: You have not added any providers. To add providers, go to Preferences.

Yearly deductible: \$0 /year
Estimated total cost: \$4,054.88 /year
Based on your health care needs

+ Add providers

Plan Details >

Kaiser Gold 80 HMO Coinsurance Compare

Primary care visits: \$35.00 Copay
Generic prescription drugs: \$15.00 Copay
Your preferred providers: You have not added any providers. To add providers, go to Preferences.

Yearly deductible: \$0 /year
Estimated total cost: \$4,418.2 /year
Based on your health care needs

+ Add providers

Plan Details >

Kaiser Gold 80 HMO Compare

Primary care visits: \$35.00 Copay
Generic prescription drugs: \$15.00 Copay
Your preferred providers: You have not added any providers. To add providers, go to Preferences.




Yearly deductible: \$0 /year
Estimated total cost: \$5,138.92 /year
Based on your health care needs

+ Add providers

Plan Details >

Compare Plans (3/3)

Remove All Compare Plans

-  SILVER CSR \$273.14 /mo
-  GOLD \$312.20 /mo
-  GOLD \$372.26 /mo

How to Enroll?

Online:

[CoveredCA.com](https://www.coveredca.com)

Phone:

Covered California Service Center
(800) 300-1506

In-Person:

[Sales Agent](#) or [Certified Enrollment Counselor](#)

Covered California Service Center offers extended hours during Open Enrollment:

Extended Service Center Hours	
12/30/2024	8:00am – 8:00pm
12/31/2024	8:00am – 10:00pm
01/30/2025	8:00am – 10:00pm
01/31/2025	8:00am – 10:00pm

Live Chat will be available from 8:00am – 6:00pm during extended hours

Document Checklist

- Proof of identity
- Proof of household income
- Proof of Immigration Status
- Household information: Date of Birth and Social Security Number
- Existing physician's name, address and phone number

Reasonable Opportunity Period (ROP)

The **Reasonable Opportunity Period (ROP)** is a **95-day period** during which a conditionally eligible consumer can submit verification documents to clear inconsistencies in their application.

Uncorrected Inconsistency	Impact to Consumer
<ul style="list-style-type: none">IncomeSocial Security NumberMinimum Essential Coverage (MEC)American Indian/Alaskan Native (AI/AN)	<p>Advanced Premium Tax Credit (APTC) and/or Cost-Sharing Reduction (CSR) is redetermined or terminated.</p> <ul style="list-style-type: none">The consumer can request to have their <u>APTC/CSR</u> restored. Note: The consumer will still have coverage under their health plan.
<ul style="list-style-type: none">CitizenshipLawful presenceIncarceration statusVital status (deceased)	<p>Coverage terminated</p>

Covered California Special Enrollment Period (SEP)

What is special enrollment?

If you've recently experienced certain life changes, you can enrollment in health insurance (Covered California) outside the open enrollment period.

The most common changes are loss of health insurance, getting married, having a baby and moving to a new area.

Special Enrollment Period

If you experience a qualifying life event, you can enroll in Covered California health insurance plan outside of the normal open-enrollment period. Most special-enrollment periods last 60 days from the date of the qualify life event.

- For household income less than 150% of FPL, they can enroll or change plans once per month.

QLE: Loss of Medi-Cal Coverage

Effective January 1, 2024, qualified individuals or dependents who loss Medi-Cal or CCHIP coverage have 60 days before the date of loss and 90 days after the loss to select a qualified health plan.

- As of February 12, 2024, CalHEERS began defaulting the SEP to **90 days** from the original date that the qualified individual lost Medi-Cal coverage.



Proof of Qualifying Life Event (QLE)

Covered California may contact a **random** sample of consumers who enrolled during a Special Enrollment Period (SEP) to request proof of QLE.

- If the consumer does not provide acceptable documentation of their QLE *within 30 days* of the date on the original notice, their coverage will be terminated.
- If a consumer is found to have been fraudulently enrolled in a Covered California health insurance plan without a Qualifying Life Event, the certified enroller who assisted the consumer could lose their certification.
- In addition, the federal government may fine a certified enroller up to \$250,000 for providing false information on an application.

Deferred Action of Childhood Arrivals (DACA)

Starting November 1, 2024, DACA recipients can enroll in Covered California and receive financial help if they qualify.

- Covered California will have a special-enrollment period that begins on November 1 that will allow DACA recipients to sign up for health insurance.
- This special-enrollment period will happen at the same time as Covered California's open-enrollment period.

QLE: “gained lawful presence”

Healthy San Francisco

Eligibility

- San Francisco resident
- Age 18 or older
- Uninsured
- Not eligible for Medi-Cal or Medicare
- Household income at or below 500% of FPL

Benefits

- Preventive, Routine, Specialty Care
- Prescription Medicines
- Hospital Care
- Alcohol and Substance Use Treatment
- Mental Health Care (SFCBHS)
- Ambulance Services
- Laboratory Services and Tests

[Schedule an Appointment](#) with SFHP
(415) 777-9992

Questions?