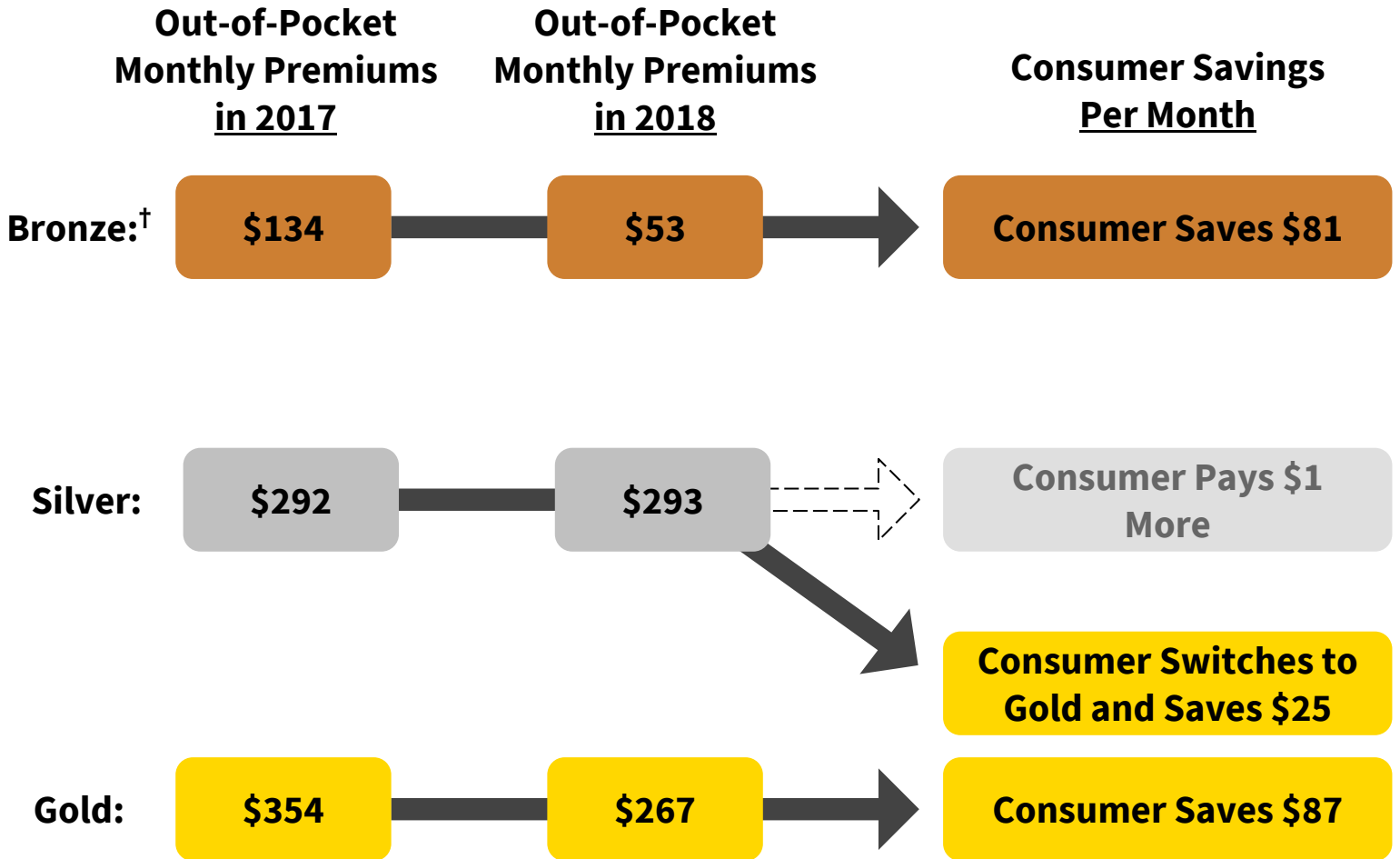
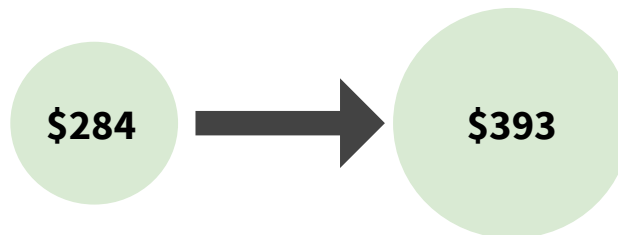


State Regulators Have Improved Health Care Options for Lower-Income Consumers

For a 50 year old living in San Jose who earns 300% of the federal poverty level:



Monthly Tax Credit in 2017 Monthly Tax Credit in 2018



[†] In Appendices A through E, unless otherwise noted, the plan represented in the chart is the plan that was most often chosen during 2017 open enrollment on Covered California in the region. Covered California, Covered California Open Enrollment Profile, Statewide Cross Tabulations (2017), http://hbex.coveredca.com/data-research/library/CC_Open_Enrollment_Profile_2017.xlsx [<https://perma.cc/8VK8-T2P7>]. Where two versions of the same plan were sold on the exchange, the version of the plan with lower monthly payments in 2017 was used.



Application Home

FAQs

Live Chat

Call for help
1-800-787-6921

Find
Local Help

Log In | Español ▼

PREVIEW PLANS



TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year:

Questions

What is your Zip Code? *

What is your total 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?

Is anyone in your household pregnant? * Yes No

Is anyone in your household blind or disabled? * Yes No

Back

See My Results

CoveredCA.com is a joint partnership of Covered California and the Department of Health Care Services.



[Application Home](#)

[FAQs](#)

[Live Chat](#)

[Call for help
1-800-787-6921](#)

[Find
Local Help](#)

[Log In](#) | [Español](#) ▼

MY OPTIONS



Here is what you told us:

Zip Code:	95115	
Total household income:	\$35,640	
Household members:	1	
Age of Head of Household:	50 Years	<input checked="" type="checkbox"/> Needs Coverage?
Household Includes:	<input type="checkbox"/> Pregnant	
	<input type="checkbox"/> Blind or Disabled	

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

You May Qualify for:

Lower Monthly Premium

It looks like you may qualify for a tax credit to lower your monthly premium.

[More Information](#)

[Preview Plans](#)

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

[Back](#)

[Apply Now](#)



8 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$284.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs

- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

<p>ADD TO CART </p> <p>VHP Valley Health Plan Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$104.29 after \$284.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>Anthem BlueCross Bronze 60 HDHP EPO</p> <p>BRONZE HSA EPO Monthly Premium \$110.65 after \$284.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$4800 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>Anthem BlueCross Bronze 60 EPO</p> <p>BRONZE EPO Monthly Premium \$118.90 after \$284.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p>ADD TO CART </p> <p>Kaiser Permanente Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$133.73 after \$284.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★★★★</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>Kaiser Permanente Bronze 60 HDHP HMO</p> <p>BRONZE HSA HMO Monthly Premium \$137.17 after \$284.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$4800 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★★★★</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>Health Net Bronze 60 HSP</p> <p>BRONZE HMO Monthly Premium \$221.73 after \$284.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p>ADD TO CART </p> <p>blue shield</p>	<p>ADD TO CART </p> <p>blue shield</p>	



7 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$284.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 HMO </div> <p>SILVER HMO</p> <p>Monthly Premium \$229.69 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★☆☆☆</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 EPO, an MSP </div> <p>SILVER EPO</p> <p>Monthly Premium \$288.15 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★☆☆☆</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 HMO </div> <p>SILVER HMO</p> <p>Monthly Premium \$292.01 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Lower 🟢</p> <p>Quality Rating ★★★★★</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 HMO </div> <p>SILVER HMO</p> <p>Monthly Premium \$340.35 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Average 🟡</p> <p>Quality Rating One Quality Rating Available</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 HMO </div> <p>SILVER HMO</p> <p>Monthly Premium \$342.25 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Average 🟡</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> Silver 70 HSP </div> <p>SILVER HMO</p> <p>Monthly Premium \$387.09 after \$284.00 tax credit</p> <p>Primary Care Visits You pay \$35</p> <p>Generic Drugs You pay \$15</p> <p>Yearly Deductible \$2500 / \$250 (May Not Apply)</p> <p>Total Expense Estimate Average 🟡</p> <p>Quality Rating ★★☆☆☆</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p style="text-align: right;">ADD TO CART</p> <div style="text-align: center;"> </div>		



8 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of \$284.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

<p>ADD TO CART</p> <p>VHP Volley Health Plan Gold 80 HMO</p> <p>GOLD HMO Monthly Premium \$313.47 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Lower 🟢 Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART</p> <p>KAISER PERMANENTE Gold 80 HMO Coinsurance</p> <p>GOLD HMO Monthly Premium \$353.90 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating ★★★★★</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART</p> <p>KAISER PERMANENTE Gold 80 HMO</p> <p>GOLD HMO Monthly Premium \$383.60 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating ★★★★★</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p>ADD TO CART</p> <p>Anthem BlueCross Gold 80 EPO, an MSP</p> <p>GOLD EPO Monthly Premium \$439.17 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating ★★☆☆☆</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART</p> <p>blue Gold 80 HMO</p> <p>GOLD HMO Monthly Premium \$475.57 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average 🟡 Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART</p> <p>Anthem BlueCross Gold 80 HMO</p> <p>GOLD HMO Monthly Premium \$480.09 after \$284.00 tax credit Primary Care Visits You pay \$30 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Higher 🔴 Quality Rating One Quality Rating Available</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p>ADD TO CART</p> <p>blue</p>	<p>ADD TO CART</p> <p>blue</p>	



Application Home

FAQs

Live Chat

Call for help
1-800-787-6921

Find
Local Help

Log In | Español ▼

PREVIEW PLANS



TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year:

Questions

What is your Zip Code? *

What is your total 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?

Is anyone in your household pregnant? * Yes No

Is anyone in your household blind or disabled? * Yes No

Back

See My Results

CoveredCA.com is a joint partnership of Covered California and the Department of Health Care Services.



[Application Home](#)

[FAQs](#)

[Live Chat](#)

[Call for help
1-800-787-6921](#)

[Find
Local Help](#)

[Log In](#) | [Español](#) ▼

MY OPTIONS



Here is what you told us:

Zip Code:	95115	
Total household income:	\$36,180	
Household members:	1	
Age of Head of Household:	50 Years	<input checked="" type="checkbox"/> Needs Coverage?
Household Includes:	<input type="checkbox"/> Pregnant	
	<input type="checkbox"/> Blind or Disabled	

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

You May Qualify for:

Lower Monthly Premium

It looks like you may qualify for a tax credit to lower your monthly premium.

[More Information](#)

[Preview Plans](#)

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

[Back](#)

[Apply Now](#)



7 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$393.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> Valley Health Plan Bronze 60 HMO</p> <p>BRONZE HMO</p> <p>Monthly Premium \$1.00 after \$387.29 tax credit</p> <p>Primary Care Visits You pay \$75</p> <p>Generic Drugs You pay 100%</p> <p>Yearly Deductible \$6300 / \$500 (May Not Apply)</p> <p>Total Expense Estimate Lower</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> Kaiser Permanente Bronze 60 HDHP HMO</p> <p>BRONZE HSA HMO</p> <p>Monthly Premium \$52.18 after \$393.00 tax credit</p> <p>Primary Care Visits You pay 40%</p> <p>Generic Drugs You pay 40%</p> <p>Yearly Deductible \$4800 (May Not Apply)</p> <p>Total Expense Estimate Lower</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> Kaiser Permanente Bronze 60 HMO</p> <p>BRONZE HMO</p> <p>Monthly Premium \$53.33 after \$393.00 tax credit</p> <p>Primary Care Visits You pay \$75</p> <p>Generic Drugs You pay 100%</p> <p>Yearly Deductible \$6300 / \$500 (May Not Apply)</p> <p>Total Expense Estimate Lower</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> Anthem Blue Cross Bronze 60 EPO</p> <p>BRONZE EPO</p> <p>Monthly Premium \$70.36 after \$393.00 tax credit</p> <p>Primary Care Visits You pay \$75</p> <p>Generic Drugs You pay 100%</p> <p>Yearly Deductible \$6300 / \$500 (May Not Apply)</p> <p>Total Expense Estimate Lower</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> Anthem Blue Cross Bronze 60 HDHP EPO</p> <p>BRONZE HSA EPO</p> <p>Monthly Premium \$101.97 after \$393.00 tax credit</p> <p>Primary Care Visits You pay 40%</p> <p>Generic Drugs You pay 40%</p> <p>Yearly Deductible \$4800 (May Not Apply)</p> <p>Total Expense Estimate Lower</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p style="text-align: right;">ADD TO CART</p> <p style="text-align: center;"> blue Bronze 60 HDHP PPO</p> <p>BRONZE HSA PPO</p> <p>Monthly Premium \$260.92 after \$393.00 tax credit</p> <p>Primary Care Visits You pay 40%</p> <p>Generic Drugs You pay 40%</p> <p>Yearly Deductible \$4800 (May Not Apply)</p> <p>Total Expense Estimate Average</p> <p>Quality Rating Quality Rating in future</p> <p style="text-align: right;"><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p style="text-align: right;">ADD TO CART</p>		



5 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$393.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

<p>ADD TO CART </p> <p>SILVER HMO Monthly Premium \$182.32 after \$393.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2500 / \$130 (May Not Apply) Total Expense Estimate Lower </p> <p>Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>SILVER HMO Monthly Premium \$292.85 after \$393.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2500 / \$130 (May Not Apply) Total Expense Estimate Average </p> <p>Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>SILVER HMO Monthly Premium \$331.27 after \$393.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2500 / \$130 (May Not Apply) Total Expense Estimate Average </p> <p>Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>
<p>ADD TO CART </p> <p>SILVER EPO Monthly Premium \$353.94 after \$393.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2500 / \$130 (May Not Apply) Total Expense Estimate Average </p> <p>Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	<p>ADD TO CART </p> <p>SILVER PPO Monthly Premium \$516.74 after \$393.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$2500 / \$130 (May Not Apply) Total Expense Estimate Higher </p> <p>Quality Rating Quality Rating in future</p> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage.



6 plans for 1 adult in ZIP code 95115.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$393.00 .

Filter By

Plan Type

- HMO
- EPO
- PPO

Plan Features

- HSA Compatible** Can be used with a Health Savings Account

Metal Tier

- Platinum:** highest premiums, lowest out-of-pocket costs
- Gold:** higher premiums, lower out-of-pocket costs
- Silver:** lower premiums, moderate out-of-pocket costs
- Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- \$499 and under
- \$500 to \$999
- \$1000 to \$2499
- \$2500 to \$4999
- \$5000 and over

Company

- Anthem Blue Cross

Sort By Monthly Premium (low to high) ▼

ADD TO CART	ADD TO CART	ADD TO CART
 GOLD HMO Monthly Premium \$250.48 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Lower ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL	 GOLD HMO Monthly Premium \$267.03 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Lower ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL	 GOLD HMO Monthly Premium \$301.67 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL
 GOLD HMO Monthly Premium \$463.04 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Average ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL	 GOLD EPO Monthly Premium \$508.36 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Higher ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL	 GOLD PPO Monthly Premium \$651.65 after \$393.00 tax credit Primary Care Visits You pay \$25 Generic Drugs You pay \$15 Yearly Deductible \$0 / \$0 (May Not Apply) Total Expense Estimate Higher ▶ Quality Rating Quality Rating in future <input type="checkbox"/> COMPARE VIEW DETAIL

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage.