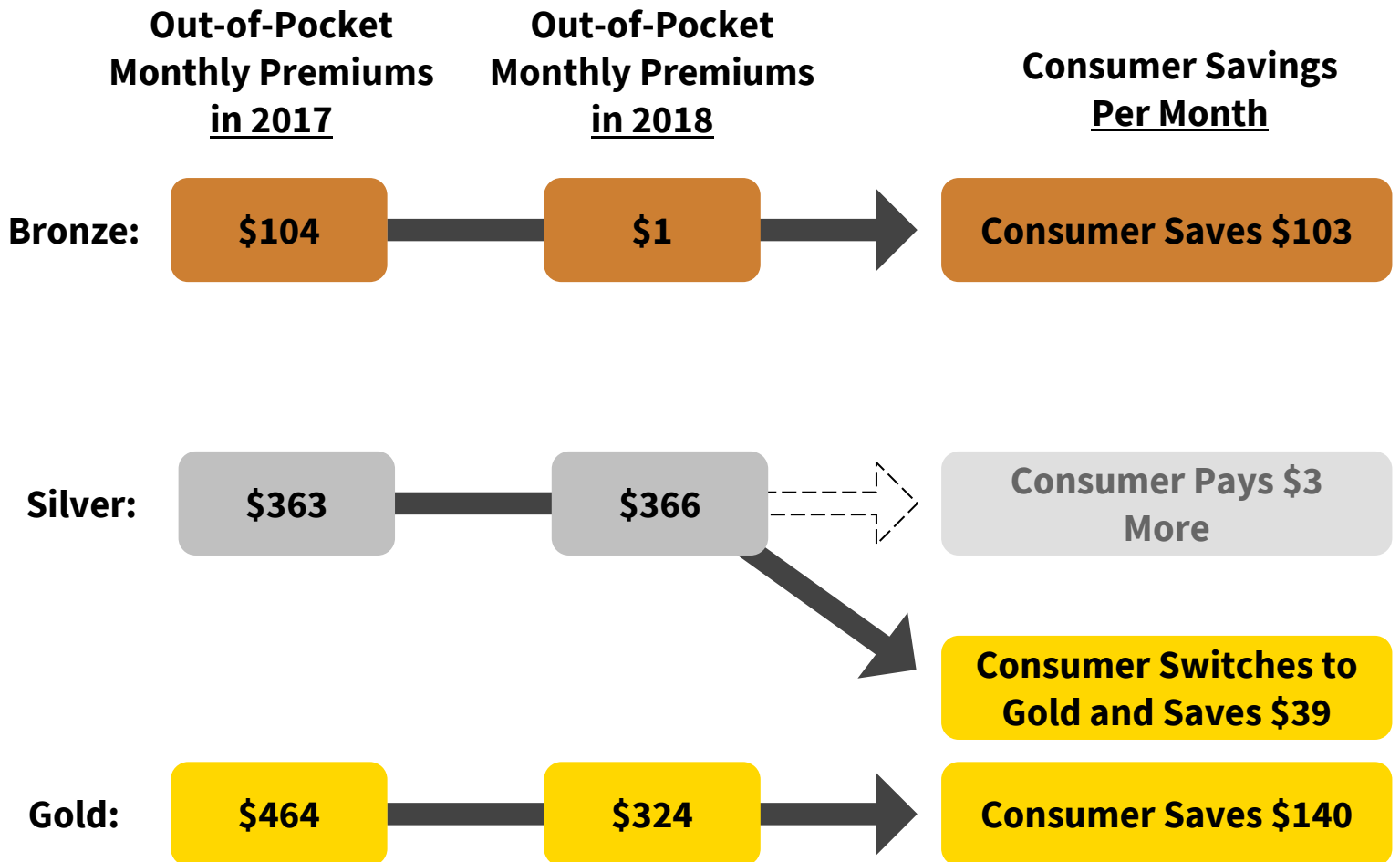
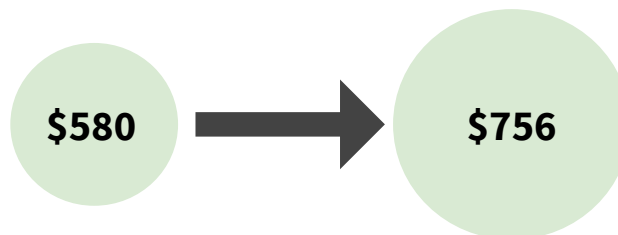


State Regulators Have Improved Health Care Options for Lower-Income Consumers

For a 60 year old living in San Francisco who earns 375% of the federal poverty level:



Monthly Tax Credit in 2017 Monthly Tax Credit in 2018





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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

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MY OPTIONS



Here is what you told us:

Zip Code:	94108	
Total household income:	\$44,550	
Household members:	1	
Age of Head of Household:	60 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.

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

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HEALTH PLANS

DENTAL PLANS

CART 0

9 plans for 1 adult in ZIP code 94108.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$580.00 .

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

Sort By Monthly Premium (low to high) ▼

ADD TO CART	ADD TO CART	ADD TO CART
<p>CCHP Health Plan Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$86.06 after \$580.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★☆☆☆</p> <p>COMPARE VIEW DETAIL</p>	<p>KAISER PERMANENTE Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$103.61 after \$580.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★</p> <p>COMPARE VIEW DETAIL</p>	<p>KAISER PERMANENTE Bronze 60 HDHP HMO</p> <p>BRONZE HSA HMO Monthly Premium \$109.24 after \$580.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$4800 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★</p> <p>COMPARE VIEW DETAIL</p>
<p>OSCAR Bronze 60 EPO</p> <p>BRONZE EPO Monthly Premium \$209.13 after \$580.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating Quality Rating in future</p> <p>COMPARE VIEW DETAIL</p>	<p>Anthem BlueCross Bronze 60 HDHP EPO</p> <p>BRONZE HSA EPO Monthly Premium \$215.39 after \$580.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$4800 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★☆☆</p> <p>COMPARE VIEW DETAIL</p>	<p>Anthem BlueCross Bronze 60 EPO</p> <p>BRONZE EPO Monthly Premium \$232.03 after \$580.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$6300 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★☆☆</p> <p>COMPARE VIEW DETAIL</p>



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HEALTH PLANS

DENTAL PLANS

CART 0

7 plans for 1 adult in ZIP code 94108.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$580.00 .

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
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- 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

Sort By Monthly Premium (low to high) ▼

ADD TO CART	ADD TO CART	ADD TO CART																																										
<p>CCHP Health Plan Silver 70 HMO</p> <table border="0"> <tr> <td>SILVER HMO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$283.99 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$35</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$2500 / \$250 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Lower 🟢</td> </tr> <tr> <td>Quality Rating</td> <td>★★★★☆</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	SILVER HMO		Monthly Premium	\$283.99 after \$580.00 tax credit	Primary Care Visits	You pay \$35	Generic Drugs	You pay \$15	Yearly Deductible	\$2500 / \$250 (May Not Apply)	Total Expense Estimate	Lower 🟢	Quality Rating	★★★★☆	<p>KAISER PERMANENTE Silver 70 HMO</p> <table border="0"> <tr> <td>SILVER HMO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$362.63 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$35</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$2500 / \$250 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Average 🟡</td> </tr> <tr> <td>Quality Rating</td> <td>★★★★★</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	SILVER HMO		Monthly Premium	\$362.63 after \$580.00 tax credit	Primary Care Visits	You pay \$35	Generic Drugs	You pay \$15	Yearly Deductible	\$2500 / \$250 (May Not Apply)	Total Expense Estimate	Average 🟡	Quality Rating	★★★★★	<p>OSCAR Silver 70 EPO</p> <table border="0"> <tr> <td>SILVER EPO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$445.67 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$35</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$2500 / \$250 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Average 🟡</td> </tr> <tr> <td>Quality Rating</td> <td>Quality Rating in future</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	SILVER EPO		Monthly Premium	\$445.67 after \$580.00 tax credit	Primary Care Visits	You pay \$35	Generic Drugs	You pay \$15	Yearly Deductible	\$2500 / \$250 (May Not Apply)	Total Expense Estimate	Average 🟡	Quality Rating	Quality Rating in future
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◀ Back to preferences

HEALTH PLANS

DENTAL PLANS

CART 0

8 plans for 1 adult in ZIP code 94108.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$580.00 .

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

Sort By

Monthly Premium (low to high) ▼

<p>ADD TO CART </p> <p>Gold 80 HMO Coinsurance</p> <table border="0"> <tr> <td>GOLD HMO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$463.92 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$30</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$0 / \$0 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Average 🏆</td> </tr> <tr> <td>Quality Rating</td> <td>★★★★★</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	GOLD HMO		Monthly Premium	\$463.92 after \$580.00 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>ADD TO CART </p> <p>Gold 80 HMO</p> <table border="0"> <tr> <td>GOLD HMO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$485.18 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$30</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$0 / \$0 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Average 🏆</td> </tr> <tr> <td>Quality Rating</td> <td>★★★★☆</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	GOLD HMO		Monthly Premium	\$485.18 after \$580.00 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>ADD TO CART </p> <p>Gold 80 HMO</p> <table border="0"> <tr> <td>GOLD HMO</td> <td></td> </tr> <tr> <td>Monthly Premium</td> <td>\$512.52 after \$580.00 tax credit</td> </tr> <tr> <td>Primary Care Visits</td> <td>You pay \$30</td> </tr> <tr> <td>Generic Drugs</td> <td>You pay \$15</td> </tr> <tr> <td>Yearly Deductible</td> <td>\$0 / \$0 (May Not Apply)</td> </tr> <tr> <td>Total Expense Estimate</td> <td>Average 🏆</td> </tr> <tr> <td>Quality Rating</td> <td>★★★★★</td> </tr> </table> <p><input type="checkbox"/> COMPARE VIEW DETAIL</p>	GOLD HMO		Monthly Premium	\$512.52 after \$580.00 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	★★★★★
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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

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MY OPTIONS



Here is what you told us:

Zip Code:	94108	
Total household income:	\$45,225	
Household members:	1	
Age of Head of Household:	60 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.

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

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HEALTH PLANS

DENTAL PLANS

CART 0

9 plans for 1 adult in ZIP code 94108.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$756.00 .

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

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Sort By

Monthly Premium (low to high) ▼

<p>ADD TO CART </p> <p>CCHP Health Plan Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$1.00 after \$724.94 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 \$1.02 after \$727.51 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>KAISER PERMANENTE Bronze 60 HMO</p> <p>BRONZE HMO Monthly Premium \$1.02 after \$729.40 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>
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HEALTH PLANS

DENTAL PLANS

CART 0

6 plans for 1 adult in ZIP code 94108.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$756.00 .

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Plan Type

- HMO
- EPO
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Yearly Deductible

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Monthly Premium (low to high) ▼

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