



SANTA CLARA COUNTY

2024 Patient-Centered Benefit Designs & Medical Cost-Shares

	Minimum Coverage		Bronze 60		Silver 70		Gold 80		Platinum 90	
Annual Wellness Exam	\$0		\$0		\$0		\$0		\$0	
Office Visits: Primary Care, Urgent Care	After first 3 non-preventive visits, full cost per visit until out-of-pocket maximum is met		\$60*		\$50		\$35		\$15	
Office Visits: Mental & Behavioral Health			\$60		\$50		\$35		\$15	
MDLIVE Telehealth: Primary Care			\$60*		\$50		\$35		\$15	
MDLIVE Telehealth: Mental & Behavioral Health			\$60		\$50		\$35		\$15	
Specialist Visit			\$95*		\$90		\$65		\$30	
Emergency Room	Full Cost per service until Out-of-Pocket Max. is met		40%***		\$450		\$350		\$150	
Emergency Medical Transportation			40%***		\$250		\$250		\$150	
Laboratory Tests			\$40		\$50		\$40		\$15	
X-Rays & Diagnostics			40%***		\$95		\$75		\$30	
Imaging (CT/PET Scans & MRIs)			40%***		\$325		\$75		\$75	
Pediatric Dental (Basic Services)			\$25		\$25		\$25		\$25	
Pediatric Vision	\$0		\$0		\$0		\$0		\$0	
Tier 1 (Generic Drugs)	Full Cost per prescription until Out-of-Pocket Max. is met		\$17**		\$19		\$15		\$7	
Tier 2 (Preferred Drugs)			40% up to \$500** per script		\$60**		\$60		\$16	
Tier 3 (Non-Preferred Drugs)					\$90**		\$85		\$25	
Tier 4 (Specialty Drugs)			20% up to \$250** per script		20% up to \$250 per script		10% up to \$250 per script			
	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>
Medical Deductible	Integrated Annual Out-of-Pocket Max.		\$6,300	\$12,600	\$5,400	\$10,800	\$0	\$0	\$0	\$0
Pharmacy Deductible			\$500	\$1,000	\$150	\$300	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$9,450	\$18,900	\$9,100	\$18,200	\$9,100	\$18,200	\$8,700	\$17,400	\$4,500	\$9,000

*	Copay is for any combination of services (primary care, urgent care, specialist, etc.) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.
**	Cost-share is after pharmacy deductible amount is met.
***	Cost-share is after medical deductible is met.

# 2024 Individual & Family Plan Monthly Premiums \*

\* Premiums do not include eligible subsidies.

\*\* Consumers age 30 or older can buy a minimum coverage plan if they apply for an affordability or general hardship exemption through Covered California and are approved.

Age	Minimum Coverage **	Bronze	Silver	Gold	Platinum	Age	Minimum Coverage **	Bronze	Silver	Gold	Platinum
0-14	\$167.53	\$217.14	\$307.60	\$400.74	\$459.31	40	\$279.88	\$362.76	\$513.88	\$669.47	\$767.32
15	\$182.42	\$236.44	\$334.95	\$436.36	\$500.14	41	\$285.13	\$369.57	\$523.53	\$682.04	\$781.73
16	\$188.12	\$243.82	\$345.40	\$449.98	\$515.75	42	\$290.17	\$376.10	\$532.78	\$694.09	\$795.54
17	\$193.81	\$251.20	\$355.85	\$463.60	\$531.36	43	\$297.18	\$385.18	\$545.64	\$710.85	\$814.75
18	\$199.94	\$259.15	\$367.11	\$478.27	\$548.17	44	\$305.94	\$396.53	\$561.73	\$731.80	\$838.77
19	\$206.07	\$267.10	\$378.37	\$492.93	\$564.98	45	\$316.23	\$409.87	\$580.63	\$756.43	\$866.98
20	\$212.43	\$275.33	\$390.03	\$508.12	\$582.39	46	\$328.49	\$425.77	\$603.14	\$785.76	\$900.61
21	\$219.00	\$283.85	\$402.10	\$523.84	\$600.40	47	\$342.29	\$443.65	\$628.48	\$818.76	\$938.43
22	\$219.00	\$283.85	\$402.10	\$523.84	\$600.40	48	\$358.06	\$464.09	\$657.43	\$856.48	\$981.66
23	\$219.00	\$283.85	\$402.10	\$523.84	\$600.40	49	\$373.61	\$484.24	\$685.98	\$893.67	\$1,024.29
24	\$219.00	\$283.85	\$402.10	\$523.84	\$600.40	50	\$391.13	\$506.95	\$718.14	\$935.58	\$1,072.32
25	\$219.87	\$284.98	\$403.70	\$525.94	\$602.81	51	\$408.43	\$529.37	\$749.91	\$976.96	\$1,119.75
26	\$224.25	\$290.66	\$411.75	\$536.41	\$614.81	52	\$427.48	\$554.07	\$784.89	\$1,022.54	\$1,171.99
27	\$229.51	\$297.47	\$421.40	\$548.98	\$629.22	53	\$446.75	\$579.05	\$820.28	\$1,068.63	\$1,224.83
28	\$238.05	\$308.54	\$437.08	\$569.41	\$652.64	54	\$467.56	\$606.01	\$858.47	\$1,118.40	\$1,281.86
29	\$245.06	\$317.62	\$449.95	\$586.18	\$671.85	55	\$488.36	\$632.98	\$896.67	\$1,168.16	\$1,338.90
30	\$248.56	\$322.17	\$456.38	\$594.56	\$681.46	56	\$510.92	\$662.21	\$938.09	\$1,222.12	\$1,400.74
31	\$253.82	\$328.98	\$466.03	\$607.13	\$695.87	57	\$533.69	\$691.73	\$979.91	\$1,276.60	\$1,463.19
32	\$259.07	\$335.79	\$475.68	\$619.70	\$710.28	58	\$558.00	\$723.24	\$1,024.54	\$1,334.74	\$1,529.83
33	\$262.36	\$340.05	\$481.71	\$627.56	\$719.28	59	\$570.05	\$738.85	\$1,046.66	\$1,363.56	\$1,562.85
34	\$265.86	\$344.59	\$488.14	\$635.94	\$728.89	60	\$594.35	\$770.36	\$1,091.29	\$1,421.70	\$1,629.50
35	\$267.61	\$346.86	\$491.36	\$640.13	\$733.69	61	\$615.38	\$797.61	\$1,129.89	\$1,471.99	\$1,687.14
36	\$269.36	\$349.13	\$494.58	\$644.32	\$738.50	62	\$629.17	\$815.49	\$1,155.22	\$1,504.99	\$1,724.96
37	\$271.12	\$351.40	\$497.79	\$648.51	\$743.30	63	\$646.48	\$837.91	\$1,186.99	\$1,546.38	\$1,772.39
38	\$272.87	\$353.67	\$501.01	\$652.70	\$748.10	64+	\$656.98	\$851.53	\$1,206.28	\$1,571.51	\$1,801.20
39	\$276.37	\$358.21	\$507.44	\$661.09	\$757.71						