



SANTA CLARA COUNTY

2025 Patient-Centered Benefit Designs & Medical Cost-Shares

	Minimum Coverage		Bronze		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%***		\$400		\$330		\$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 Exam	\$0		\$0		\$0		\$0		\$0	
Tier 1 (Generic Drugs)	Full Cost per prescription until Out-of-Pocket Max. is met		\$19		\$18		\$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			
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Medical Deductible	Integrated Annual Out-of-Pocket Max.		\$5,800	\$11,600	\$5,400	\$10,800	\$0	\$0	\$0	\$0
Pharmacy Deductible			\$450	\$900	\$50	\$100	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Maximum	\$9,200	\$18,400	\$8,850	\$17,700	\$8,700	\$17,400	\$8,700	\$17,400	\$4,500	\$9,000

*	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.
**	Cost-share is after pharmacy deductible amount is met.
***	Cost-share is after medical deductible is met.

2025 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	\$191.41	\$247.52	\$330.02	\$379.52	\$462.03	40	\$319.77	\$413.50	\$551.33	\$634.03	\$771.86
15	\$208.43	\$269.52	\$359.36	\$413.26	\$503.10	41	\$325.78	\$421.26	\$561.68	\$645.94	\$786.36
16	\$214.93	\$277.93	\$370.57	\$426.16	\$518.80	42	\$331.53	\$428.70	\$571.61	\$657.35	\$800.25
17	\$221.44	\$286.34	\$381.79	\$439.06	\$534.51	43	\$339.54	\$439.06	\$585.41	\$673.22	\$819.57
18	\$228.44	\$295.40	\$393.87	\$452.95	\$551.42	44	\$349.55	\$452.00	\$602.67	\$693.07	\$843.73
19	\$235.45	\$304.46	\$405.95	\$466.84	\$568.33	45	\$361.31	\$467.21	\$622.94	\$716.38	\$872.12
20	\$242.71	\$313.84	\$418.46	\$481.23	\$585.84	46	\$375.32	\$485.33	\$647.10	\$744.17	\$905.94
21	\$250.21	\$323.55	\$431.40	\$496.11	\$603.96	47	\$391.08	\$505.71	\$674.28	\$775.42	\$943.99
22	\$250.21	\$323.55	\$431.40	\$496.11	\$603.96	48	\$409.10	\$529.00	\$705.34	\$811.14	\$987.48
23	\$250.21	\$323.55	\$431.40	\$496.11	\$603.96	49	\$426.86	\$551.98	\$735.97	\$846.36	\$1030.36
24	\$250.21	\$323.55	\$431.40	\$496.11	\$603.96	50	\$446.88	\$577.86	\$770.48	\$886.05	\$1078.67
25	\$251.21	\$324.84	\$433.13	\$498.09	\$606.38	51	\$466.65	\$603.42	\$804.56	\$925.25	\$1126.39
26	\$256.22	\$331.32	\$441.75	\$508.02	\$618.46	52	\$488.41	\$631.57	\$842.09	\$968.41	\$1178.93
27	\$262.22	\$339.08	\$452.11	\$519.92	\$632.95	53	\$510.43	\$660.04	\$880.06	\$1,012.07	\$1232.08
28	\$271.98	\$351.70	\$468.93	\$539.27	\$656.51	54	\$534.20	\$690.78	\$921.04	\$1,059.20	\$1289.46
29	\$279.99	\$362.05	\$482.74	\$555.15	\$675.83	55	\$557.97	\$721.52	\$962.02	\$1,106.33	\$1346.83
30	\$283.99	\$367.23	\$489.64	\$563.09	\$685.50	56	\$583.75	\$754.84	\$1006.46	\$1,157.43	\$1409.04
31	\$290.00	\$374.99	\$499.99	\$574.99	\$699.99	57	\$609.77	\$788.49	\$1051.32	\$1,209.02	\$1471.85
32	\$296.00	\$382.76	\$510.35	\$586.90	\$714.49	58	\$637.54	\$824.41	\$1,099.21	\$1,264.09	\$1538.89
33	\$299.75	\$387.61	\$516.82	\$594.34	\$723.54	59	\$651.30	\$842.20	\$1,122.94	\$1,291.38	\$1572.11
34	\$303.76	\$392.79	\$523.72	\$602.28	\$733.21	60	\$679.08	\$878.12	\$1,170.82	\$1,346.44	\$1639.15
35	\$305.76	\$395.38	\$527.17	\$606.25	\$738.04	61	\$703.10	\$909.18	\$1,212.24	\$1,394.07	\$1697.13
36	\$307.76	\$397.97	\$530.62	\$610.22	\$742.87	62	\$718.86	\$929.56	\$1,239.41	\$1,425.33	\$1735.18
37	\$309.76	\$400.56	\$534.07	\$614.18	\$747.70	63	\$738.63	\$955.12	\$1,273.49	\$1,464.52	\$1782.89
38	\$311.76	\$403.14	\$537.52	\$618.15	\$752.53	64+	\$750.63	\$970.64	\$1,294.19	\$1,488.32	\$1811.87
39	\$315.77	\$408.32	\$544.43	\$626.09	\$762.20						