COVERED CALIFORNIA

May 30, 2014

ADVANCE NOTICE OF READOPTION OF EMERGENCY REGULATIONS

This notice is sent in accordance with Government Code Section 11346.1(a)(2), which requires that State of California agencies give advance notice at least five working days of their intent to file emergency regulations with the Office of Administrative Law (OAL). The California Health Benefit Exchange ("Exchange") intends to file an Emergency Rulemaking package with the Office of Administrative Law (OAL) that establishes the 2014 Standard Benefit Plan Designs for health plan issuers and insurers in the individual and small group market both inside and outside of the Exchange. As required by subdivisions (a)(2) and (b)(2) of Government Code Section 11346.1, this notice appends the following: (1) the specific language of the proposed regulation and (2) the Finding of Emergency, including specific facts demonstrating the need for immediate action, the authority and reference citations, the informative digest and policy statement overview, attached reports, and required determinations.

The Exchange plans to file the Emergency Rulemaking package with OAL at least five working days from the date of this notice. If you would like to make comments on the Finding of Emergency or the proposed regulations (also enclosed), they must be received by both the Exchange and the Office of Administrative Law within five calendar days of the Exchange's filing at OAL. Response to these comments is strictly at the Exchange's discretion.

Comments should be sent simultaneously to:

California Health Benefit Exchange
Attn: Brandon Ross
1601 Exposition Blvd
Sacramento, CA 95815

Office of Administrative Law
300 Capitol Mall, Suite 1250
Sacramento, CA 95815

Please note that this advance notice and comment period is not intended to replace the public's ability to comment once the emergency regulations are approved. There will be a 45-day comment period within the 180-day certification period following the effective date of the emergency regulations.

If you have any questions concerning this Advance Notice, please contact Brandon Ross at (916) 228-8281.

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FINDING OF EMERGENCY

The Director of the California Health Benefit Exchange finds that an emergency exists and that this proposed emergency regulation is necessary to address a situation that calls for immediate action to avoid serious harm to the public peace, health, safety or general welfare.

The Exchange has proceeded with diligence to comply with Government Code § 11346.1(e), and it has made substantial progress in that regard. The Exchange intends to make these emergency regulations permanent and has completed multiple steps in fulfilling the obligations required to seek a permanent rulemaking following this re-adoption. For example, the Exchange has finalized the Initial Statement of Reasons for the permanent rulemaking. The Exchange has been working with the Department of Finance to correctly identify whether this regulation is a "major regulation" and in completing the full fiscal and economic impact statement. The emergency first readoption rulemaking previously approved by OAL on March 17, 2014, will expire on June 17, 2014.

DEEMED EMERGENCY

The Exchange may "Adopt rules and regulations, as necessary. Until January 1, 2016, any necessary rules and regulations may be adopted as emergency regulations in accordance with the Administrative Procedures Act. The adoption of these regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare." (Gov. Code, § 100504(a)(6)).

AUTHORITY AND REFERENCE

Authority: Government Code Section 100504.
Reference: Government Code Sections 100502, 100503, 100504, 100505, and 100507.

INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

Documents to be incorporated by reference:

The California Health Benefit Exchange Standard Benefit Plan Designs - FINAL, dated July 18, 2013, will be incorporated by reference in the proposed regulations.

Summary of Existing Laws

Existing law, the California Patient Protection and Affordable Care Act, established the California Health Benefit Exchange. The Exchange is responsible for arranging and contracting with health insurance issuers to provide affordable, quality health insurance coverage to qualified individuals and qualified employers through the Exchange. (Gov. Code, § 100500 et seq.) In order to provide health care coverage through the Exchange, the Exchange must contract with health insurance issuers through a competitive selection process based on uniform standards and criteria that

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must be developed by the Exchange. (Gov. Code, §§ 100503, 100504). Existing law further allows give the Exchange the authority to standardize products that will be offered through the Exchange. (Gov. Code, § 100504(c)).

The proposed regulations will provide the public with the clear standards for how health insurance issuers must design critical components of their plans in order to be certified as a Qualified Health Plan. The regulations will ensure that all health plan issuers are on a level playing field and have an equal opportunity to be selected for participation in the Exchange. Additionally, these regulations will increase competition among the plans by allowing consumer to compare Qualified Health Plans side by side, which will allow health issuers to compete on price and value. Lastly, the regulations will increase transparency in the Exchange's process for selecting qualified health plans, which will result in greater consumer confidence in the Exchange.

The proposed regulations will provide the standards upon which health issuers will construct their health plans to be certified by the Exchange as Qualified Health Plans and offered through the Exchange to millions of Californians. The proposed regulations will specifically benefit millions of Californians by providing them with the ability to make a side by side comparison of Qualified Health Plans, which will allow them to make informed choices on which plan will provide the most value for themselves and their family members. The Exchange is the sole marketplace where Californians at certain income levels will be able to use federal tax credits to reduce the cost of their health insurance premiums and to purchase coverage that is eligible for federal subsidies that will reduce the cost-sharing requirements in their health plans. Without these proposed regulations, Californians would be unable to use federal tax subsidies for the purchase of Qualified Heath Plans that allow such a side by side comparison of benefits.

After an evaluation of current regulations, the Exchange has determined that these proposed regulations are not inconsistent or incompatible with any existing regulations. Further, the proposed regulations are not inconsistent or incompatible with any other regulations that address health plans outside of the Exchange.

MATTERS PRESCRIBED BY STATUTE APPLICABLE TO THE AGENCY OR TO ANY SPECIFIC REGULATION OR CLASS OF REGULATIONS

None.

LOCAL MANDATE

The Executive Director of the California Health Benefit Exchange has determined that this proposed regulatory action does not impose a mandate on local agencies or school districts.

FISCAL IMPACT ESTIMATES

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This proposal does not impose costs on any local agency or school district for which reimbursement would be required pursuant to Part 7 (commencing with Section 17500) of Division 4 of the Government Code. This proposal does not impose other nondiscretionary cost or savings on local agencies.

COSTS OR SAVINGS TO STATE AGENCIES (Attached Form 399)

The proposal does not result in any costs or savings to any state agency.

COSTS OR SAVINGS IN FEDERAL FUNDING TO THE TO STATE (Attached Form 399)

The proposal does not result in any costs or savings in federal funding to the state.

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Readopt Section 6458 to read:

Section 6458: 2014 Standard Benefit Plan Designs

(a) For plan year and calendar year 2014, The California Health Benefit Exchange adopts the Standard Benefit Plan Designs identified as the 2014 Standard Benefit Plan Designs – FINAL, dated July 18, 2013, which is incorporated by reference.

Authority: Government Code Section 100504

Reference: Government Code Sections 100503 and 100504(c); Health and Safety Code Section 1366.6(e) and Insurance Code Section 10112.3(e)

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Platinum Coinsurance Plan	Platinum Copay Plan
Overall deductible	$0	$0
Other deductibles for specific services		
Medical	$0	$0
Brand Drugs	$0	$0
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$4.000	$4.000

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$20		$20	
	Specialist visit		$40		$40	
	Other practitioner office visit		$20		$20	
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		$20		$20	
	X-rays and Diagnostic Imaging		$40		$40	
	Imaging (CT/PET scans. MRIs)		10%		$150	
Drugs to treat illness or condition	Generic drugs		$5		$5	
	Preferred brand drugs		$15		$15	
	Non-preferred brand drugs		$25		$25	
	Specialty drugs		10%		10%	
Outpatient surgery	Facility fee (e.g.. ASC)		10%		$250	
	Physician/surgeon fees		10%			
	Emergency room services (waived if admitted)		$150		$150	
	Emergency medical transportation		$150		$150	
Need immediate attention	Urgent care		$40		$40	
Hospital stay	Facility fee (e.g.. hospital room)		10%		$250 per day up to 5 days	
	Physician/surgeon fee		10%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$20		$20	
	Mental/Behavioral health inpatient services		10%		$250 per day up to 5 days	
	Substance use disorder outpatient services		$20		$20	
	Substance use disorder inpatient services		10%		$250 per day up to 5 days	
Pregnancy	Prenatal care and preconception visits		No cost share		No cost share	
	Delivery and all inpatient services	Hospital	10%		$250 per day up to 5 days	
		Professional	10%			
Help recovering or other special health needs	Home health care		10%		$20	
	Rehabilitation services		$20		$20	
	Habilitation services		$20		$20	
	Skilled nursing care		10%		$150 per day up to 5 days	
	Durable medical equipment		10%		10%	
	Hospice service		No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Gold Coinsurance Plan	Gold Copay Plan
Overall deductible	$0	$0
Other deductibles for specific services		
Medical	$0	$0
Brand Drugs	$0	$0
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$6.350	$6.350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$30		$30	
	Specialist visit	$50		$50	
	Other practitioner office visit	$30		$30	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	$30		$30	
	X-rays and Diagnostic Imaging	$50		$50	
	Imaging (CT/PET scans. MRIs)	20%		$250	
Drugs to treat illness or condition	Generic drugs	$19		$19	
	Preferred brand drugs	$50		$50	
	Non-preferred brand drugs	$70		$70	
	Specialty drugs	20%		20%	
Outpatient surgery	Facility fee (e.g.. ASC)	20%		$600	
	Physician/surgeon fees	20%			
	Emergency room services (waived if admitted)	$250		$250	
	Emergency medical transportation	$250		$250	
Need immediate attention	Urgent care	$60		$60	
Hospital stay	Facility fee (e.g.. hospital room)	20%		$600 per day up to 5 days	
	Physician/surgeon fee	20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$30		$30	
	Mental/Behavioral health inpatient services	20%		$600 per day up to 5 days	
	Substance use disorder outpatient services	$30		$30	
	Substance use disorder inpatient services	20%		$600 per day up to 5 days	
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services — Hospital	20%		$600 per day up to 5 days	
	Delivery and all inpatient services — Professional	20%			
Help recovering or other special health needs	Home health care	20%		$30	
	Rehabilitation services	$30		$30	
	Habilitation services	$30		$30	
	Skilled nursing care	20%		$300 per day up to 5 days	
	Durable medical equipment	20%		20%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
	Dental Restorative and Orthodontia Services				

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

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Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Individual Silver Coinsurance Plan	Individual Silver Copay Plan
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	$2.000	$2.000
Brand Drugs	$250	$250
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$6.350	$6.350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$45		$45	
	Specialist visit	$65		$65	
	Other practitioner office visit	$45		$45	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	$45		$45	
	X-rays and Diagnostic Imaging	$65		$65	
	Imaging (CT/PET scans. MRIs)	20%	X	$250	
Drugs to treat illness or condition	Generic drugs	$19		$19	
	Preferred brand drugs	$50	X	$50	X
	Non-preferred brand drugs	$70	X	$70	X
	Specialty drugs	20%	X	20%	X
Outpatient surgery	Facility fee (e.g.. ASC)	20%		20%	
	Physician/surgeon fees	20%		20%	
Need immediate attention	Emergency room services (waived if admitted)	$250	X	$250	X
	Emergency medical transportation	$250	X	$250	X
	Urgent care	$90		$90	
Hospital stay	Facility fee (e.g.. hospital room)	20%	X	20%	X
	Physician/surgeon fee	20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$45		$45	
	Mental/Behavioral health inpatient services	20%	X	20%	X
	Substance use disorder outpatient services	$45		$45	
	Substance use disorder inpatient services	20%	X	20%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services — Hospital	20%	X	20%	X
	Delivery and all inpatient services — Professional	20%			
Help recovering or other special health needs	Home health care	20%		$45	
	Rehabilitation services	$45		$45	
	Habilitation services	$45		$45	
	Skilled nursing care	20%	X	20%	X
	Durable medical equipment	20%		20%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
	Dental Restorative and Orthodontia Services				

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

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Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	SHOP Silver Coinsurance Plan	SHOP Silver Copay Plan
Overall deductible	N/A	N/A
Other deductibles for specific services		
Medical	$1.500	$1.500
Brand Drugs	$500	$500
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$6.350	$6.350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$45		$45	
	Specialist visit	$65		$65	
	Other practitioner office visit	$45		$45	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	$45		$45	
	X-rays and Diagnostic Imaging	$65		$65	
	Imaging (CT/PET scans. MRIs)	20%	X	$250	
Drugs to treat illness or condition	Generic drugs	$19		$19	
	Preferred brand drugs	$50	X	$50	X
	Non-preferred brand drugs	$70	X	$70	X
	Specialty drugs	20%	X	20%	X
Outpatient surgery	Facility fee (e.g.. ASC)	20%		20%	
	Physician/surgeon fees	20%		20%	
	Emergency room services (waived if admitted)	$250	X	$250	X
	Emergency medical transportation	$250	X	$250	X
Need immediate attention	Urgent care	$90		$90	
Hospital stay	Facility fee (e.g.. hospital room)	20%	X	20%	X
	Physician/surgeon fee	20%			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$45		$45	
	Mental/Behavioral health inpatient services	20%	X	20%	X
	Substance use disorder outpatient services	$45		$45	
	Substance use disorder inpatient services	20%	X	20%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services — Hospital	20%	X	20%	X
	Delivery and all inpatient services — Professional	20%			
Help recovering or other special health needs	Home health care	20%		$45	
	Rehabilitation services	$45		$45	
	Habilitation services	$45		$45	
	Skilled nursing care	20%	X	20%	X
	Durable medical equipment	20%		20%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
	Dental Restorative and Orthodontia Services				

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

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Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	SHOP
	Silver HSA Plan
Overall deductible	$1.500 integrated Med/Rx
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out-of-pocket limit on expenses	$6.350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	20%	X
	Specialist visit	20%	X
	Other practitioner office visit	20%	X
	Preventive care/ screening/ immunization	No cost share	
Tests	Laboratory Tests	20%	X
	X-rays and Diagnostic Imaging	20%	X
	Imaging (CT/PET scans. MRIs)	20%	X
Drugs to treat illness or condition	Generic drugs	20%	X
	Preferred brand drugs	20%	X
	Non-preferred brand drugs	20%	X
	Specialty drugs	20%	X
Outpatient surgery	Facility fee (e.g.. ASC)	20%	X
	Physician/surgeon fees	20%	X
Need immediate attention	Emergency room services (waived if admitted)	20%	X
	Emergency medical transportation	20%	X
	Urgent care	20%	X
Hospital stay	Facility fee (e.g.. hospital room)	20%	X
	Physician/surgeon fee	20%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20%	X
	Mental/Behavioral health inpatient services	20%	X
	Substance use disorder outpatient services	20%	X
	Substance use disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services — Hospital	20%	X
	Delivery and all inpatient services — Professional	20%	X
Help recovering or other special health needs	Home health care	20%	X
	Rehabilitation services	20%	X
	Habilitation services	20%	X
	Skilled nursing care	20%	X
	Durable medical equipment	20%	X
	Hospice service	No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)	0%	
	Glasses	1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached	
	Dental Basic Services		
	Dental Restorative and Orthodontia Services		

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Silver Coinsurance Plan 100%-150% FPL	Silver Coinsurance Plan 150%-200% FPL
Overall deductible	$0	N/A
Other deductibles for specific services		
Medical	$0	$500
Brand Drugs	$0	$50
Dental	See attachment	See attachment
Out–of–pocket limit on expenses	$2.250	$2.250

Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$3		$15	
	Specialist visit	$5		$20	
	Other practitioner office visit	$3		$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	$3		$15	
	X-rays and Diagnostic Imaging	$5		$20	
	Imaging (CT/PET scans. MRIs)	10%		15%	X
Drugs to treat illness or condition	Generic drugs	$3		$5	
	Preferred brand drugs	$5		$15	X
	Non-preferred brand drugs	$10		$25	X
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g.. ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
Need immediate attention	Emergency room services (waived if admitted)	$25		$75	X
	Emergency medical transportation	$25		$75	X
	Urgent care	$6		$30	
Hospital stay	Facility fee (e.g.. hospital room)	10%		15%	X
	Physician/surgeon fee	10%		15%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$3		$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	$3		$15	
	Substance use disorder inpatient services	10%		15%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services — Hospital	10%		15%	X
	Delivery and all inpatient services — Professional	10%		15%	
Help recovering or other special health needs	Home health care	10%		15%	
	Rehabilitation services	$3		$15	
	Habilitation services	$3		$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
	Dental Restorative and Orthodontia Services				

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Silver Coinsurance Plan 200%-250% FPL
Overall deductible	N/A
Other deductibles for specific services	
Medical	$1.500
Brand Drugs	$250
Dental	See attachment
Out–of–pocket limit on expenses	$5.200

Common Medical Event	Service Type		Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$40	
	Specialist visit		$50	
	Other practitioner office visit		$40	
	Preventive care/ screening/ immunization		No cost share	
Tests	Laboratory Tests		$40	
	X-rays and Diagnostic Imaging		$50	
	Imaging (CT/PET scans. MRIs)		20%	X
Drugs to treat illness or condition	Generic drugs		$19	
	Preferred brand drugs		$30	X
	Non-preferred brand drugs		$50	X
	Specialty drugs		20%	X
Outpatient surgery	Facility fee (e.g.. ASC)		20%	
	Physician/surgeon fees		20%	
Need immediate attention	Emergency room services (waived if admitted)		$250	X
	Emergency medical transportation		$250	X
	Urgent care		$80	
Hospital stay	Facility fee (e.g.. hospital room)		20%	X
	Physician/surgeon fee		20%	
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$40	
	Mental/Behavioral health inpatient services		20%	X
	Substance use disorder outpatient services		$40	
	Substance use disorder inpatient services		20%	X
Pregnancy	Prenatal care and preconception visits		No cost share	
	Delivery and all inpatient services	Hospital	20%	X
		Professional	20%	
Help recovering or other special health needs	Home health care		20%	
	Rehabilitation services		$40	
	Habilitation services		$40	
	Skilled nursing care		20%	X
	Durable medical equipment		20%	
	Hospice service		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)		0%	
	Glasses		1 pair per year	
	Dental check-up - Preventive and Diagnostic		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services			
	Dental Restorative and Orthodontia Services			

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Silver Copay Plan 100%-150% FPL	Silver Copay Plan 150%-200% FPL
Overall deductible	$0	N/A
Other deductibles for specific services		
Medical	$0	$500
Brand Drugs	$0	$50
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$2.250	$2.250

Common Medical Event	Service Type	Silver Copay Plan 100%-150% FPL Member Cost Share	Silver Copay Plan 100%-150% FPL Deductible Applies	Silver Copay Plan 150%-200% FPL Member Cost Share	Silver Copay Plan 150%-200% FPL Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$3		$15	
	Specialist visit	$5		$20	
	Other practitioner office visit	$3		$15	
	Preventive care/ screening/ immunization	No cost share		No cost share	
Tests	Laboratory Tests	$3		$15	
	X-rays and Diagnostic Imaging	$5		$20	
	Imaging (CT/PET scans. MRIs)	$50		$100	
Drugs to treat illness or condition	Generic drugs	$3		$5	
	Preferred brand drugs	$5		$15	X
	Non-preferred brand drugs	$10		$25	X
	Specialty drugs	10%		15%	X
Outpatient surgery	Facility fee (e.g.. ASC)	10%		15%	
	Physician/surgeon fees	10%		15%	
	Emergency room services (waived if admitted)	$25		$75	X
	Emergency medical transportation	$25		$75	X
Need immediate attention	Urgent care	$6		$30	
Hospital stay	Facility fee (e.g.. hospital room) / Physician/surgeon fee	10%		15%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$3		$15	
	Mental/Behavioral health inpatient services	10%		15%	X
	Substance use disorder outpatient services	$3		$15	
	Substance use disorder inpatient services	10%		15%	X
Pregnancy	Prenatal care and preconception visits	No cost share		No cost share	
	Delivery and all inpatient services (Hospital / Professional)	10%		15%	X
Help recovering or other special health needs	Home health care	$3		$15	
	Rehabilitation services	$3		$15	
	Habilitation services	$3		$15	
	Skilled nursing care	10%		15%	X
	Durable medical equipment	10%		15%	
	Hospice service	No cost share		No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%		0%	
	Glasses	1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services				
	Dental Restorative and Orthodontia Services				

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California

Standard Benefit Plan Designs - FINAL

Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Silver Copay Plan 200%-250% FPL
Overall deductible	N/A
Other deductibles for specific services	
Medical	$1.500
Brand Drugs	$250
Dental	See attachment
Out-of-pocket limit on expenses	$5.200

Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	$40	
	Specialist visit	$50	
	Other practitioner office visit	$40	
	Preventive care/ screening/ immunization	No cost share	
Tests	Laboratory Tests	$40	
	X-rays and Diagnostic Imaging	$50	
	Imaging (CT/PET scans. MRIs)	$250	
Drugs to treat illness or condition	Generic drugs	$19	
	Preferred brand drugs	$30	X
	Non-preferred brand drugs	$50	X
	Specialty drugs	20%	X
Outpatient surgery	Facility fee (e.g.. ASC)	20%	
	Physician/surgeon fees	20%	
Need immediate attention	Emergency room services (waived if admitted)	$250	X
	Emergency medical transportation	$250	X
	Urgent care	$80	
Hospital stay	Facility fee (e.g.. hospital room)	20%	X
	Physician/surgeon fee		
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$40	
	Mental/Behavioral health inpatient services	20%	X
	Substance use disorder outpatient services	$40	
	Substance use disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services — Hospital / Professional	20%	X
Help recovering or other special health needs	Home health care	$40	
	Rehabilitation services	$40	
	Habilitation services	$40	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice service	No cost share	
Child needs dental or eye care	Eye exam (*deductible waived*)	0%	
	Glasses	1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached	
	Dental Basic Services		
	Dental Restorative and Orthodontia Services		

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Bronze Plan	Bronze HSA Plan
Overall deductible	$5.000 integrated Med/Rx	$4.500 integrated Med/Rx
Other deductibles for specific services		
Medical	N/A	N/A
Brand Drugs	N/A	N/A
Dental	See attachment	See attachment
Out-of-pocket limit on expenses	$6.350	$6.350

Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)		$60	After 1st 3 non-preventive visits	40%	X
	Specialist visit		$70	X	40%	X
	Other practitioner office visit		$60	X	40%	X
	Preventive care/ screening/ immunization		No cost share		No cost share	
Tests	Laboratory Tests		30%	X	40%	X
	X-rays and Diagnostic Imaging		30%	X	40%	X
	Imaging (CT/PET scans. MRIs)		30%	X	40%	X
Drugs to treat illness or condition	Generic drugs		$19	X	40%	X
	Preferred brand drugs		$50	X	40%	X
	Non-preferred brand drugs		$75	X	40%	X
	Specialty drugs		30%	X	40%	X
Outpatient surgery	Facility fee (e.g.. ASC)		30%	X	40%	X
	Physician/surgeon fees		30%	X	40%	X
Need immediate attention	Emergency room services (waived if admitted)		$300	X	40%	X
	Emergency medical transportation		$300	X	40%	X
	Urgent care		$120	After 1st 3 non-preventive visits	40%	X
Hospital stay	Facility fee (e.g.. hospital room)		30%	X	40%	X
	Physician/surgeon fee		30%	X	40%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services		$60	After 1st 3 non-preventive visits	40%	X
	Mental/Behavioral health inpatient services		30%	X	40%	X
	Substance use disorder outpatient services		$60	After 1st 3 non-preventive visits	40%	X
	Substance use disorder inpatient services		30%	X	40%	X
Pregnancy	Prenatal care and preconception visits		No cost share		No cost share	
	Delivery and all inpatient services	Hospital	30%	X	40%	X
		Professional	30%	X	40%	X
Help recovering or other special health needs	Home health care		30%	X	40%	X
	Rehabilitation services		30%	X	40%	X
	Habilitation services		30%	X	40%	X
	Skilled nursing care		30%	X	40%	X
	Durable medical equipment		30%	X	40%	X
	Hospice service		No cost share	X	No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)		0%		0%	
	Glasses		1 pair per year		1 pair per year	
	Dental check-up - Preventive and Diagnostic		Pediatric Dental Standard Plan Design attached		Pediatric Dental Standard Plan Design attached	
	Dental Basic Services					
	Dental Restorative and Orthodontia Services					

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

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Covered California
Standard Benefit Plan Designs - FINAL
Summary of Benefits and Coverage

COST SHARING AMOUNTS DESCRIBE THE ENROLLEE'S OUT OF POCKET COSTS

7/18/2013

	Catastrophic Plan
Overall deductible	$6.350 integrated Med/Rx
Other deductibles for specific services	
Medical	N/A
Brand Drugs	N/A
Dental	See attachment
Out-of-pocket limit on expenses	$6.350

Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Visit to a health care provider's office or clinic	Primary care visit to treat an injury or illness (*see footnote*)	0%	After 1st 3 non-preventive visits
	Specialist visit	0%	X
	Other practitioner office visit	0%	X
	Preventive care/ screening/ immunization	No cost share	
Tests	Laboratory Tests	0%	X
	X-rays and Diagnostic Imaging	0%	X
	Imaging (CT/PET scans. MRIs)	0%	X
Drugs to treat illness or condition	Generic drugs	0%	X
	Preferred brand drugs	0%	X
	Non-preferred brand drugs	0%	X
	Specialty drugs	0%	X
Outpatient surgery	Facility fee (e.g.. ASC)	0%	X
	Physician/surgeon fees	0%	X
Need immediate attention	Emergency room services (waived if admitted)	0%	X
	Emergency medical transportation	0%	X
	Urgent care	0%	After 1st 3 non-preventive visits
Hospital stay	Facility fee (e.g.. hospital room)	0%	X
	Physician/surgeon fee	0%	X
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0%	After 1st 3 non-preventive visits
	Mental/Behavioral health inpatient services	0%	X
	Substance use disorder outpatient services	0%	After 1st 3 non-preventive visits
	Substance use disorder inpatient services	0%	X
Pregnancy	Prenatal care and preconception visits	No cost share	
	Delivery and all inpatient services — Hospital	0%	X
	Delivery and all inpatient services — Professional	0%	X
Help recovering or other special health needs	Home health care	0%	X
	Rehabilitation services	0%	X
	Habilitation services	0%	X
	Skilled nursing care	0%	X
	Durable medical equipment	0%	X
	Hospice service	No cost share	X
Child needs dental or eye care	Eye exam (*deductible waived*)	0%	
	Glasses	1 pair per year	
	Dental check-up - Preventive and Diagnostic	Pediatric Dental Standard Plan Design attached	
	Dental Basic Services		
	Dental Restorative and Orthodontia Services		

Notes:

1) Family deductibles and out-of-pocket maximums are equal to 2 times the individual values. Except for high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs),in a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out of pocket maximum amount. Deductibles and other cost sharing payments made by each individual in a family contribute to the family deductible or out of pocket maximum. Once the family deductible amount is satisfied by any combination of individual deductible payments, plan copays or coinsurance apply until the family out of pocket maximum is reached, after which the plan pays all costs for covered services for all family members. Under HDHP plans, the family deductible must be satisfied before the plan pays anything for services for any individual in the family, and the family out-of-pocket maximum must be satisfied before any individual's cost sharing responsibility ends.

2) Cost sharing amounts for all in-network services accumulate toward the maximum out-of-pocket expense.

3) Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount.

4) For the Bronze and Catastrophic plans, deductible is waived for three office or urgent care visits, including outpatient Mental Health/Substance Abuse visits.

5) "Other Practitioner Office Visits" includes Therapy Visits, other office visits not provided by either Primary Care or Specialty Physicians or not specified in another

Covered California
Standard Pediatric Dental Essential Health Benefits Plan Design
For the 2014 Plan Year

Procedure Categories	DPPO High	DPPO Low	DHMO High	DHMO Low
	Plan Pays:		Enrollee Pays:	
Diagnostic & Preventive (D&P) X-rays, Exams, Cleanings Sealants	100%	100%	$0	$0
Office Visit	n/a	n/a	$0	$20
Basic Services - Basic Restorative	80%	50%	$40[3]	$95[3]
Major Services - Crowns & Casts, Prosthodontics, Endodontics, Periodontics, Oral Surgery	50%	50%	$365[4]	$365[4]
	Enrollee Pays:			
Orthodontics (Medically Necessary)	50%	50%	$1,000	$1,000
Deductible	$50 (not applied to D&P)	$60 (applied to all services)	None	None
Annual Maximum	None	None	None	None
OOP Maximum	$1,000	$1,000	$1,000	$1,000
Waiting Periods (Major & Ortho)	None	None	None	None
Actuarial Value (AV)	86%	72%	87%	72%

Notes:

1. Actuarial values are based on pediatric claims experience.
2. Orthodontics includes medically-necessary orthodontia only.
3. DHMO Basic Services copayments vary by procedure within this category. Using a statistically significant set of claims data, the plan's average co-pay charged for procedures in this category cannot exceed the stated amount.
4. DHMO Major Services copayments vary by procedure within this category. Using a statistically significant set of claims data, the plan's average co-pay charged for procedures in this category cannot exceed the stated amount.
5. When more than one child is covered by a pediatric dental plan or policy, the policy/plan deductibles and out of pocket maximum amounts are equal to 2 times the individual values, however each individual child is responsible only for the single deductible and out of pocket maximum in a plan year.
6. Dental Exclusive Provider Organization (DEPO) products must conform to the DHMO Benefit Plan Design.

STATE OF CALIFORNIA — DEPARTMENT OF FINANCE

ECONOMIC AND FISCAL IMPACT STATEMENT

(REGULATIONS AND ORDERS)

STD. 399 (REV. 12/2008)

See SAM Section 6601 - 6616 for Instructions and Code Citations

DEPARTMENT NAME	CONTACT PERSON	TELEPHONE NUMBER
California Health Benefit Exchange	Brandon Ross	916-228-8281
DESCRIPTIVE TITLE FROM NOTICE REGISTER OR FORM 400		NOTICE FILE NUMBER
2014 Standard Benefit Plan Designs		Z

ECONOMIC IMPACT STATEMENT

A. ESTIMATED PRIVATE SECTOR COST IMPACTS (Include calculations and assumptions in the rulemaking record.)

1. Check the appropriate box(es) below to indicate whether this regulation:

- ☐ a. Impacts businesses and/or employees
- ☐ b. Impacts small businesses
- ☐ c. Impacts jobs or occupations
- ☐ d. Impacts California competitiveness
- ☐ e. Imposes reporting requirements
- ☐ f. Imposes prescriptive instead of performance
- ☐ g. Impacts individuals
- ☐ h. None of the above (Explain below. Complete the Fiscal Impact Statement as appropriate.)

h. (cont.) _____

(If any box in Items 1 a through g is checked, complete this Economic Impact Statement.)

2. Enter the total number of businesses impacted: _____ Describe the types of businesses (Include nonprofits.): _____

Enter the number or percentage of total businesses impacted that are small businesses: _____

3. Enter the number of businesses that will be created: _____ eliminated: _____

Explain: _____

4. Indicate the geographic extent of impacts: ☐ Statewide ☐ Local or regional (List areas.): _____

5. Enter the number of jobs created: _____ or eliminated: _____ Describe the types of jobs or occupations impacted: _____

6. Will the regulation affect the ability of California businesses to compete with other states by making it more costly to produce goods or services here?

☐ Yes ☐ No If yes, explain briefly: _____

B. ESTIMATED COSTS (Include calculations and assumptions in the rulemaking record.)

1. What are the total statewide dollar costs that businesses and individuals may incur to comply with this regulation over its lifetime? $ _____

a. Initial costs for a small business: $ _____ Annual ongoing costs: $ _____ Years: _____

b. Initial costs for a typical business: $ _____ Annual ongoing costs: $ _____ Years: _____

c. Initial costs for an individual: $ _____ Annual ongoing costs: $ _____ Years: _____

d. Describe other economic costs that may occur: _____

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

2. If multiple industries are impacted, enter the share of total costs for each industry: _____

3. If the regulation imposes reporting requirements, enter the annual costs a typical business may incur to comply with these requirements. (Include the dollar costs to do programming, record keeping, reporting, and other paperwork, whether or not the paperwork must be submitted.): $ _____

4. Will this regulation directly impact housing costs? ☐ Yes ☐ No If yes, enter the annual dollar cost per housing unit: _____ and the number of units: _____

5. Are there comparable Federal regulations? ☐ Yes ☐ No Explain the need for State regulation given the existence or absence of Federal regulations: _____

Enter any additional costs to businesses and/or individuals that may be due to State - Federal differences: $ _____

C. ESTIMATED BENEFITS (Estimation of the dollar value of benefits is not specifically required by rulemaking law, but encouraged.)

1. Briefly summarize the benefits that may result from this regulation and who will benefit: _____

2. Are the benefits the result of : ☐ specific statutory requirements, or ☐ goals developed by the agency based on broad statutory authority?

Explain: _____

3. What are the total statewide benefits from this regulation over its lifetime? $ _____

D. ALTERNATIVES TO THE REGULATION (Include calculations and assumptions in the rulemaking record. Estimation of the dollar value of benefits is not specifically required by rulemaking law, but encouraged.)

1. List alternatives considered and describe them below. If no alternatives were considered, explain why not: _____

2. Summarize the total statewide costs and benefits from this regulation and each alternative considered:

Regulation:	Benefit: $_____	Cost: $_____
Alternative 1:	Benefit: $_____	Cost: $_____
Alternative 2:	Benefit: $_____	Cost: $_____

3. Briefly discuss any quantification issues that are relevant to a comparison of estimated costs and benefits for this regulation or alternatives: _____

4. Rulemaking law requires agencies to consider performance standards as an alternative, if a regulation mandates the use of specific technologies or equipment, or prescribes specific actions or procedures. Were performance standards considered to lower compliance costs? ☐ Yes ☐ No

Explain: _____

E. MAJOR REGULATIONS (Include calculations and assumptions in the rulemaking record.) Cal/EPA boards, offices, and departments are subject to the following additional requirements per Health and Safety Code section 57005.

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

1. Will the estimated costs of this regulation to California business enterprises exceed $10 million ? ☐ Yes ☐ No (If No, skip the rest of this section.)

2. Briefly describe each equally as an effective alternative, or combination of alternatives, for which a cost-effectiveness analysis was performed:

   Alternative 1: _____

   Alternative 2: _____

3. For the regulation, and each alternative just described, enter the estimated total cost and overall cost-effectiveness ratio:

Regulation:	$ _____	Cost-effectiveness ratio: $ _____
Alternative 1:	$ _____	Cost-effectiveness ratio: $ _____
Alternative 2:	$ _____	Cost-effectiveness ratio: $ _____

FISCAL IMPACT STATEMENT

A. FISCAL EFFECT ON LOCAL GOVERNMENT **(Indicate appropriate boxes1 through 6 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.)**

☐ 1. Additional expenditures of approximately $ _____ in the current State Fiscal Year which are reimbursable by the State pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code. Funding for this reimbursement:

☐ a. is provided in _____, Budget Act of _____ or Chapter _____, Statutes of _____

☐ b. will be requested in the _____ (FISCAL YEAR) Governor's Budget for appropriation in Budget Act of _____

☐ 2. Additional expenditures of approximately $ _____ in the current State Fiscal Year which are not reimbursable by the State pursuant to Section 6 of Article XIII B of the California Constitution and Sections 17500 et seq. of the Government Code because this regulation:

☐ a. implements the Federal mandate contained in _____

☐ b. implements the court mandate set forth by the _____

court in the case of _____ vs. _____

☐ c. implements a mandate of the people of this State expressed in their approval of Proposition No. _____ at the _____ (DATE) election;

☐ d. is issued only in response to a specific request from the _____

_____, which is/are the only local entity(s) affected;

☐ e. will be fully financed from the _____ (FEES, REVENUE, ETC.) authorized by Section

_____ of the _____ Code;

☐ f. provides for savings to each affected unit of local government which will, at a minimum, offset any additional costs to each such unit;

☐ g. creates, eliminates, or changes the penalty for a new crime or infraction contained in _____

☐ 3. Savings of approximately $ _____ annually.

☐ 4. No additional costs or savings because this regulation makes only technical, non-substantive or clarifying changes to current law regulations.

ECONOMIC AND FISCAL IMPACT STATEMENT cont. (STD. 399, Rev. 12/2008)

☑ 5. No fiscal impact exists because this regulation does not affect any local entity or program.

☐ 6. Other.

B. FISCAL EFFECT ON STATE GOVERNMENT (Indicate appropriate boxes 1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.)

☐ 1. Additional expenditures of approximately $ _____ in the current State Fiscal Year. It is anticipated that State agencies will:

☐ a. be able to absorb these additional costs within their existing budgets and resources.

☐ b. request an increase in the currently authorized budget level for the _____ fiscal year.

☐ 2. Savings of approximately $ _____ in the current State Fiscal Year.

☑ 3. No fiscal impact exists because this regulation does not affect any State agency or program.

☐ 4. Other.

C. FISCAL EFFECT ON FEDERAL FUNDING OF STATE PROGRAMS (Indicate appropriate boxes1 through 4 and attach calculations and assumptions of fiscal impact for the current year and two subsequent Fiscal Years.)

☐ 1. Additional expenditures of approximately $ _____ in the current State Fiscal Year.

☐ 2. Savings of of approximately $ _____ in the current State Fiscal Year.

☑ 3. No fiscal impact exists because this regulation does not affect any federally funded State agency or program.

☐ 4. Other.

FISCAL OFFICER SIGNATURE		DATE 2/23/2013
AGENCY SECRETARY[1] APPROVAL/CONCURRENCE		DATE 2/3/13
DEPARTMENT OF FINANCE[2] APPROVAL/CONCURRENCE	PROGRAM BUDGET MANAGER	DATE

1. *The signature attests that the agency has completed the STD.399 according to the instructions in SAM sections 6601-6616, and understands the impacts of the proposed rulemaking. State boards, offices, or department not under an Agency Secretary must have the form signed by the highest ranking official in the organization.*

2. *Finance approval and signature is required when SAM sections 6601-6616 require completion of Fiscal Impact Statement in the STD.399.*

CALIFORNIA HEALTH BENEFIT EXCHANGE
BOARD RESOLUTION NO. 2013-38

In the matter of the readoption of the 2014 Standard Benefit Plan Design Regulations.

The Board hereby resolves that, in accordance with Sections 100500(i), 100504(a)(6), and 100504(c) of the Government Code, the Executive Director or his authorized designee be authorized to finalize and submit to the Office of Administrative Law an emergency regulations package concerning the 2014 Standard Benefit Plan Designs. This emergency regulations package shall include the draft regulations and standard plan designs reviewed and approved by the Board on this date.

* * * * * * * * * * * * *

CERTIFICATION

I, Peter V. Lee, Executive Director of the California Health Benefit Exchange, do hereby certify that the foregoing action was duly passed and adopted by the California Health Benefit Exchange Board at an official meeting thereof on May 22, 2014.

Peter V. Lee
Executive Director
California Health Benefit Exchange