

2023 Patient-Centered Benefit Designs & Medical Cost-Shares

	Min. Coverage		Bronze 60		Silver 70		Gold 80		Platinum 90	
Annual Wellness Exam	✓ \$0		✓ \$0		✓ \$0		✓ \$0		✓ \$0	
Office Visits: Primary Care, Urgent Care, & Mental Health, Behavioral Health	\$0 for first 3 non-preventive combined visits. Deductible applies after. \$0 after Out-of-Pocket Max. is met		\$65*		\$45		\$35		\$15	
MDLIVE Telehealth: Primary, Mental, & Behavioral Care			\$65*		\$45		\$35		\$15	
Specialist Visit	Full Cost per service until Out-of-Pocket Max. is met		\$95*		\$85		\$65		\$30	
Emergency Room (cost-share waived, if admitted)			40%***		\$400		\$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		\$18**		\$16**		\$15		\$5	
Tier 2 - Preferred Drugs			40% up to \$500** per script		\$60**		\$60		\$15	
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		\$6,300	\$12,600	\$4,750	\$9,500	✓ \$0	✓ \$0	✓ \$0	✓ \$0
Pharmacy Deductible	Out-of-Pocket Max.		\$500	\$1,000	\$85	\$170	✓ \$0	✓ \$0	✓ \$0	✓ \$0
Annual Out-of-Pocket Maximum	\$9,100	\$18,200	\$8,200	\$16,400	\$8,750	\$17,500	\$8,550	\$17,100	\$4,500	\$9,000

	Prices (cost-share) in green are the member's per visit cost for their first three visits combined. Members are responsible for full cost of service after their first three visits combined, until their deductible has been met.
*	Copay is for any combination of services (primary care, specialist, etc.) for the first three visits. After three visits, future visits will be at full cost until the medical deductible is met.
**	Price is after pharmacy deductible amount is met.
***	Price is after medical deductible is met.

Santa Clara County

2023 Individual & Family Plan Monthly Premiums

Age	Min. Coverage	Bronze	Silver	Gold	Platinum	Age	Min. Coverage	Bronze	Silver	Gold	Platinum
0-14	\$157.41	\$204.02	\$289.01	\$376.52	\$431.55	41	\$267.90	\$347.23	\$491.89	\$640.82	\$734.48
15	\$171.40	\$222.15	\$314.70	\$409.99	\$469.91	42	\$272.63	\$353.37	\$500.58	\$652.14	\$747.46
16	\$176.75	\$229.09	\$324.52	\$422.78	\$484.58	43	\$279.22	\$361.90	\$512.67	\$667.89	\$765.51
17	\$182.10	\$236.02	\$334.35	\$435.58	\$499.24	44	\$287.45	\$372.57	\$527.78	\$687.58	\$788.07
18	\$187.86	\$243.49	\$344.93	\$449.36	\$515.04	45	\$297.12	\$385.10	\$545.53	\$710.71	\$814.59
19	\$193.62	\$250.96	\$355.50	\$463.14	\$530.83	46	\$308.64	\$400.04	\$566.69	\$738.27	\$846.18
20	\$199.59	\$258.69	\$366.46	\$477.41	\$547.19	47	\$321.60	\$416.84	\$590.49	\$769.28	\$881.71
21	\$205.76	\$266.69	\$377.79	\$492.18	\$564.12	48	\$336.42	\$436.04	\$617.69	\$804.71	\$922.33
22	\$205.76	\$266.69	\$377.79	\$492.18	\$564.12	49	\$351.03	\$454.97	\$644.52	\$839.66	\$962.38
23	\$205.76	\$266.69	\$377.79	\$492.18	\$564.12	50	\$367.49	\$476.31	\$674.74	\$879.03	\$1,007.51
24	\$205.76	\$266.69	\$377.79	\$492.18	\$564.12	51	\$383.74	\$497.38	\$704.59	\$917.92	\$1,052.08
25	\$206.58	\$267.76	\$379.30	\$494.15	\$566.37	52	\$401.64	\$520.58	\$737.45	\$960.74	\$1,101.16
26	\$210.70	\$273.09	\$386.86	\$503.99	\$577.66	53	\$419.75	\$544.05	\$770.70	\$1,004.05	\$1,150.80
27	\$215.64	\$279.49	\$395.93	\$515.80	\$591.19	54	\$439.30	\$569.38	\$806.59	\$1,050.80	\$1,204.39
28	\$223.66	\$289.89	\$410.66	\$535.00	\$613.20	55	\$458.84	\$594.72	\$842.48	\$1,097.56	\$1,257.98
29	\$230.25	\$298.43	\$422.75	\$550.75	\$631.25	56	\$480.04	\$622.19	\$881.39	\$1,148.26	\$1,316.09
30	\$233.54	\$302.69	\$428.80	\$558.62	\$640.27	57	\$501.44	\$649.93	\$920.68	\$1,199.44	\$1,374.75
31	\$238.48	\$309.09	\$437.86	\$570.44	\$653.81	58	\$524.28	\$679.53	\$962.62	\$1,254.07	\$1,437.37
32	\$243.41	\$315.50	\$446.93	\$582.25	\$667.35	59	\$535.59	\$694.20	\$983.40	\$1,281.14	\$1,468.40
33	\$246.50	\$319.50	\$452.60	\$589.63	\$675.81	60	\$558.43	\$723.80	\$1,025.33	\$1,335.78	\$1,531.01
34	\$249.79	\$323.76	\$458.64	\$597.51	\$684.84	61	\$578.19	\$749.40	\$1,061.60	\$1,383.03	\$1,585.17
35	\$251.44	\$325.90	\$461.66	\$601.44	\$689.35	62	\$591.15	\$766.20	\$1,085.40	\$1,414.03	\$1,620.71
36	\$253.08	\$328.03	\$464.69	\$605.38	\$693.86	63	\$607.40	\$787.27	\$1,115.25	\$1,452.92	\$1,665.27
37	\$254.73	\$330.16	\$467.71	\$609.32	\$698.38	64+	\$617.27	\$800.06	\$1,133.37	\$1,476.53	\$1,692.34
38	\$256.38	\$332.30	\$470.73	\$613.26	\$702.89						
39	\$259.67	\$336.56	\$476.78	\$621.13	\$711.92						
40	\$262.96	\$340.83	\$482.82	\$629.01	\$720.94						

*Premiums do not include eligible subsidies