2027 以患者為本的福利設計與醫療費用分攤

米色標記的福利：不適用自付額 橘色標記的福利：前三次就診後適用自付額

	最低保障 在達到自付上限前保障為0%	銅 BRONZE 承保60%的平均年度費用	銀 SILVER 承保70%的平均年度費用[1]	銀73 SILVER73 承保73%的平均年度費用[1]	銀 87 SILVER87 承保87%的平均年度費用[1]	銀 94 SILVER94 承保94%的平均年度費用[1]	金 GOLD 承保80%的平均年度費用	白金 PLATINUM 承保90%的平均年度費用
費用分攤減免(單一收入範圍)	不適用	不適用	不適用	**$31,921–$39,900** (>200% 到 <250% FPL)	**$23,941–$31,920** (>150% 到 <200% FPL)	**最高$23,940** (>100% 到 <150% FPL)	不適用	不適用
預防性保健就診	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
初級保健就診	前三次非預防性就診後，直到達到自付上限前需支付全額	**$60**	**$50**	**$50**	**$15**	**$5**	**$40**	**$20**
緊急照護就診		**$60**	**$50**	**$50**	**$15**	**$5**	**$40**	**$20**
專科醫師	直到達到自付上限前需支付全額	**$100[1] (前三次就診不適用自付額)**	**$100**	**$100**	**$30**	**$8**	**$80**	**$45**
急診室		達自付額後40%	**$400**	**$400**	**$200**	**$50**	**$350**	**$225**
實驗室檢驗		**$50**	**$50**	**$50**	**$35**	**$10**	**$40**	**$25**
X光與診斷		達自付額後40%	**$95**	**$95**	**$50**	**$10**	**$85**	**$35**
影像檢查			**$325**	**$325**	**$100**	**$50**	**$125 共付或 25%共保[3]**	**$90 共付或 15%共保[3]**
第一級（仿製藥）	直到達到自付上限前需支付全額	**$20**	**$20**	**$20**	**$10**	**$3**	**$19**	**$10**
第二級 (首選藥物)		達藥品自付額後，每張處方按藥價40%收費，每張最高不超過$500	$65[2]	**$55[2]**	**$30[2]**	**$10**	**$60**	**$25**
第三級 (非首選藥物)			$95[2]	**$95[2]**	**$50[2]**	**$15**	**$90**	**$45**
第四級 (專科用藥)			每張處方按藥價20%收費，每張最高不超過$250[2]	**每張處方按藥價20%收費，每張最高不超過$250[2]**	**每張處方按藥價15%收費，每張最高不超過$150[2]**	**每張處方按藥價10%收費，每張最高不超過$150**	**每張處方按藥價20%收費，每張最高不超過$250**	**每張處方按藥價10%收費，每張最高不超過$250**
醫療自付額	不適用	個人: $5,800 家庭: $11,600	個人: $4,700 家庭: $9,400	個人: $4,700 家庭: $9,400	個人: $1,100 家庭: $2,200	個人: $200 家庭: $400	不適用	不適用
藥品自付額	不適用	個人: $450 家庭: $900	個人: $50 家庭: $100	個人: $50 家庭: $100	個人: $50 家庭: $100	不適用	不適用	N/A 不適用
年度自付上限	個人: $12,000 家庭: $24,000	個人: $11,650 家庭: $23,300	個人: $11,650 家庭: $23,300	個人: $9,600 家庭: $19,200	個人: $4,000 家庭: $8,000	個人: $3,000 家庭: $6,000	個人: $9,600 家庭: $19,200	個人: $5,500 家庭: $11,000

藥品價格為30天用量

自付額：指在保險開始給付前，您需先自行支付的金額

1. 共付額（Copay）適用於前三次專科服務；之後須全額支付，直到達到醫療自付額

2. 價格為達到藥品自付額後之費用

3. 影像檢查費用請參閱保險計劃「保障說明文件（Evidence of Coverage）

Covered California在必要時，為執行California Mental Health Parity Act或federal Mental Health Parity and Addiction Equity Act (MHPAEA），可逐案核准，對福利設計進行調整。

TZH-1026 | D-CCA-XXXXXXXX

COVERED CALIFORNIA

守護加州人的健康

2027 Patient-Centered Benefit Designs and Medical Cost Shares

Benefits in beige are **NOT** subject to a deductible. Benefits in orange are subject to a deductible after the first three visits.

	MINIMUM COVERAGE Covers 0% until out-of-pocket max is met	BRONZE Covers 60% of average annual cost	SILVER Covers 70% of average annual cost[1]	SILVER 73 Covers 73% of average annual cost[1]	SILVER 87 Covers 87% of average annual cost[1]	SILVER 94 Covers 94% of average annual cost[1]	GOLD Covers 80% of average annual cost	PLATINUM Covers 90% of average annual cost
Cost-Sharing Reduction Single-Income Range	N/A	N/A	N/A	**$31,921–$39,900** (>200% to <250% FPL)	**$23,941–$31,920** (>150% to <200% FPL)	**up to $23,940** (>100% to <150% FPL)	N/A	N/A
Free Preventive Care Visit	$0	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Primary Care Visit	Full cost per instance until out-of-pocket maximum is met (after first three non-preventive visits)	**$60**	**$50**	**$50**	**$15**	**$5**	**$40**	**$20**
Urgent Care Visit		**$60**	**$50**	**$50**	**$15**	**$5**	**$40**	**$20**
Specialist Visit	Full cost per service until out-of-pocket maximum is met	**$100[1]**	**$100**	**$100**	**$30**	**$8**	**$80**	**$45**
Emergency Room Facility		40% after deductible is met	**$400**	**$400**	**$200**	**$50**	**$350**	**$225**
Laboratory Tests		**$50**	**$50**	**$50**	**$35**	**$10**	**$40**	**$25**
X-Rays and Diagnostics		40% after deductible is met	**$95**	**$95**	**$50**	**$10**	**$85**	**$35**
Imaging			**$325**	**$325**	**$100**	**$50**	**$125 copay or 25% coinsurance[3]**	**$90 copay or 15% coinsurance[3]**
Tier 1 (Generic Drugs)	Full cost per script until out-of-pocket maximum is met	**$20**	**$20**	**$20**	**$10**	**$3**	**$19**	**$10**
Tier 2 (Preferred Drugs)		40% up to $500 per script after drug deductible is met	$65[2]	**$55[2]**	**$30[2]**	**$10**	**$60**	**$25**
Tier 3 (Non-Preferred Drugs)			$95[2]	**$95[2]**	**$50[2]**	**$15**	**$90**	**$45**
Tier 4 (Specialty Drugs)			20% up to $250[2] per script	**20% up to $250[2] per script**	**15% up to $150[2] per script**	**10% up to $150 per script**	**20% up to $250 per script**	**10% up to $250 per script**
Medical Deductible	N/A	Individual: $5,800 Family: $11,600	Individual: $4,700 Family: $9,400	Individual: $4,700 Family: $9,400	Individual: $1,100 Family: $2,200	Individual: $200 Family: $400	N/A	N/A
Pharmacy Deductible	N/A	Individual: $450 Family: $900	Individual: $50 Family: $100	Individual: $50 Family: $100	Individual: $50 Family: $100	N/A	N/A	N/A
Annual Out-of-Pocket Max	Individual: $12,000 Family: $24,000	Individual: $11,650 Family: $23,300	Individual: $11,650 Family: $23,300	Individual: $9,600 Family: $19,200	Individual: $4,000 Family: $8,000	Individual: $3,000 Family: $6,000	Individual: $9,600 Family: $19,200	Individual: $5,500 Family: $11,000

Drug prices are for a 30-day supply.

Deductible = The amount you pay before the plan pays.

1. 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.

2. Price is after pharmacy deductible amount is met.

3. See plan Evidence of Coverage for imaging cost share.

Covered California may approve deviations from the benefit plan designs for certain services on a case-by-case basis if necessary to comply with the California Mental Health Parity Act or federal Mental Health Parity and Addiction Equity Act (MHPAEA).

ENG-0926 | D-CCA-XXXXXXXX

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