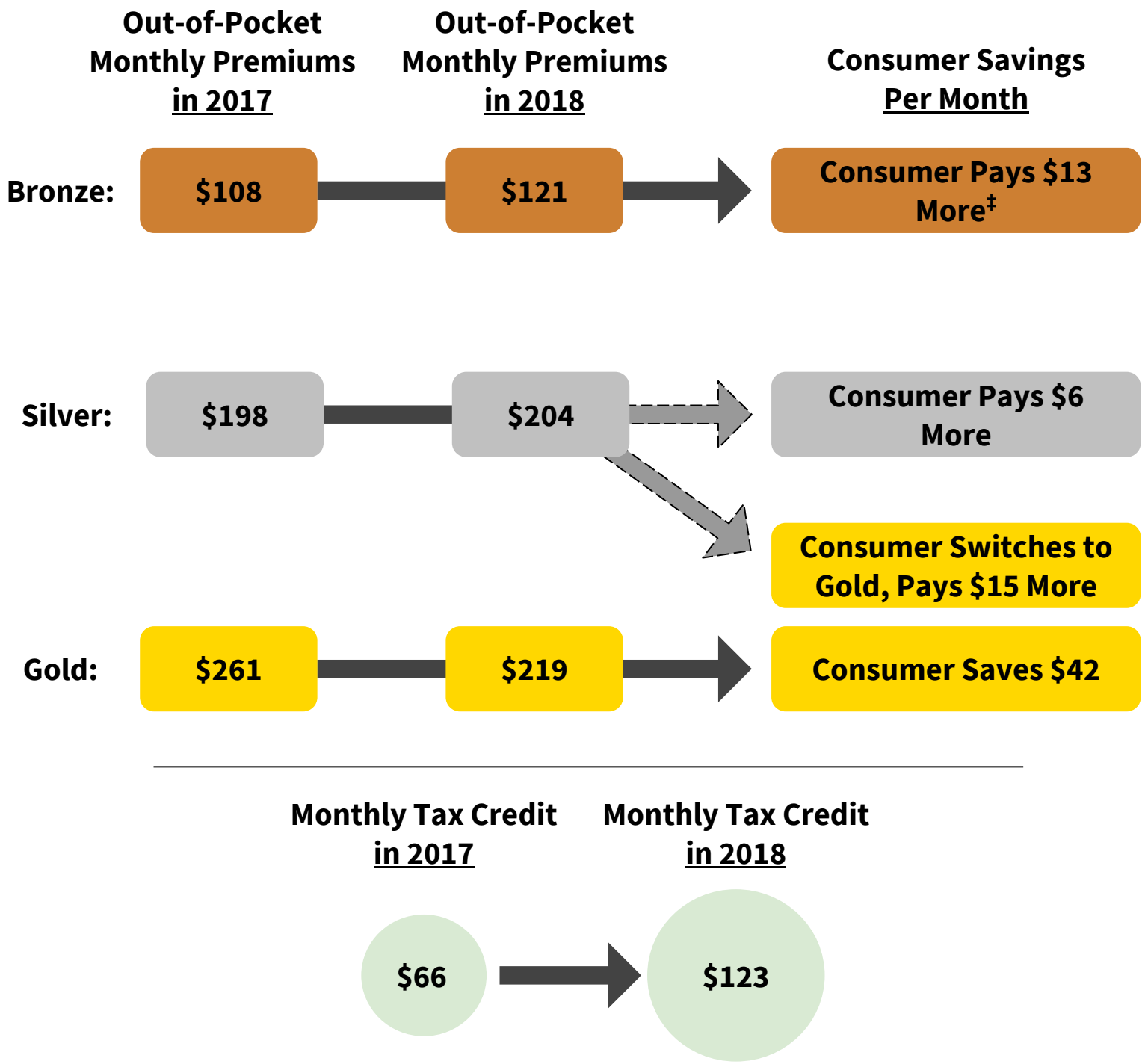
State Regulators Have Improved Health Care Options for Lower-Income Consumers

For a 30 year old living in El Monte who earns 225% of the federal poverty level:



‡ Even though this is an increase, remember that the pre-tax credit price for most plans in California went up between 2017 and 2018. Absent the increased tax credit generated by the regulators' response to the Administration's decision to stop CSR payments, the consumer would have paid even more in 2018 for the bronze plan.

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PREVIEW PLANS

TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year: 2017

Questions

What is your Zip Code? * 91735

What is your total income per year? * $26730

How many people are in your household? * 1

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household * 30 ☑ Needs Coverage?

Is anyone in your household pregnant? * ○ Yes ◉ No

Is anyone in your household blind or disabled? * ○ Yes ◉ No

Back | See My Results

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MY OPTIONS

Here is what you told us:

Zip Code:	91735
Total household income:	$26,730
Household members:	1
Age of Head of Household:	30 Years ☑ Needs Coverage?
Household Includes:	☐ Pregnant ☐ Blind or Disabled

Based on what you told us, here is what you may qualify for:

You May Qualify for:

Lower Monthly Premium

It looks like you may qualify for a tax credit to lower your monthly premium.

Lower Out of Pocket Costs

It looks like you may qualify for cost-sharing reductions. These will reduce the cost when you access care. To use cost-sharing reductions you must enroll in a Silver level plan.

More Information

Preview Plans

These results are only an estimate. You will need to complete an application.

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9 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $66.00 .

Filter By

Plan Type

- HMO
- PPO
- EPO

Plan Features

- CSR Eligible Includes cost sharing reductions (lower out-of-pocket costs)
- HSA Compatible Can be used with a Health Savings Account

Metal Tier

- Platinum: highest premiums, lowest out-of-pocket costs
- Gold: higher premiums, lower out-of-pocket costs
- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999

Sort By Total Expense Estimate

ADD TO CART

MOLINA HEALTHCARE — Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$108.38 after $66.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

L.A. Care — Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$138.91 after $66.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

KAISER PERMANENTE — Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$140.30 after $66.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★★

COMPARE VIEW DETAIL

ADD TO CART

KAISER PERMANENTE — Bronze 60 HDHP HMO

BRONZE HSA HMO	
Monthly Premium	$142.00 after $66.00 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	$4800 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★★

COMPARE VIEW DETAIL

ADD TO CART

blue — Bronze 60 PPO

BRONZE PPO	
Monthly Premium	$158.27 after $66.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

blue — Bronze 60 HDHP PPO

BRONZE HSA PPO	
Monthly Premium	$151.21 after $66.00 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	$4800 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

Anthem

ADD TO CART

Anthem

ADD TO CART

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used with a Health Savings Account

Metal Tier

- Platinum: highest premiums, lowest out-of-pocket costs
- Gold: higher premiums, lower out-of-pocket costs
- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999
- $5000 and over

Company

- Anthem Blue Cross
- Blue Shield
- Health Net
- Kaiser
- LA Care
- Molina Health Care

Quality Rating

- ★★★★★
- ★★★★☆
- ★★★☆☆
- ★★☆☆☆
- ★☆☆☆☆

Estimate	Lower	Lower	Lower
Quality Rating	★★☆☆☆	★★☆☆☆	★★★★★
COMPARE / VIEW DETAIL			

	Kaiser Permanente	Blue Shield	Blue Shield
ADD TO CART			
	Bronze 60 HDHP HMO	Bronze 60 PPO	Bronze 60 HDHP PPO
	BRONZE HSA HMO	BRONZE PPO	Bronze 60 HDHP PPO
Monthly Premium	$142.00 after $66.00 tax credit	$158.27 after $66.00 tax credit	after $66.00 tax credit
Primary Care Visits	You pay 40%	You pay $75	You pay 40%
Generic Drugs	You pay 40%	You pay 100%	You pay 40%
Yearly Deductible	$4800 (May Not Apply)	$6300 / $500 (May Not Apply)	$4800 (May Not Apply)
Total Expense Estimate	Lower	Average	Average
Quality Rating	★★★★★	★★☆☆☆	★★☆☆☆
COMPARE / VIEW DETAIL			

	Anthem BlueCross	Anthem BlueCross	Health Net
ADD TO CART			
	Bronze 60 EPO	Bronze 60 HDHP EPO	Bronze 60 HSP
	BRONZE EPO	BRONZE HSA EPO	BRONZE HMO
Monthly Premium	$160.66 after $66.00 tax credit	$156.02 after $66.00 tax credit	$171.87 after $66.00 tax credit
Primary Care Visits	You pay $75	You pay 40%	You pay $75
Generic Drugs	You pay 100%	You pay 40%	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)	$4800 (May Not Apply)	$6300 / $500 (May Not Apply)
Total Expense Estimate	Average	Average	Average
Quality Rating	★★☆☆☆	★★☆☆☆	★★☆☆☆
COMPARE / VIEW DETAIL			

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

Quality Rating Disclaimer: Health plan quality ratings are calculated by Covered California using data the plans provided to the federal government in 2016. The use of star ratings is being tested to help improve the ways this information is communicated to consumers.

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8 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $66.00 .

Filter By

Plan Type

- HMO
- PPO
- EPO

Plan Features

- CSR Eligible Includes cost sharing reductions (lower out-of-pocket costs)
- HSA Compatible Can be used with a Health Savings Account

Metal Tier

- Platinum: highest premiums, lowest out-of-pocket costs
- Gold: higher premiums, lower out-of-pocket costs
- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999

Sort By Total Expense Estimate

ADD TO CART

MOLINA HEALTHCARE — Silver 73 HMO

SILVER HMO	
Monthly Premium	$156.70 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

L.A. Care — Silver 73 HMO

SILVER HMO	
Monthly Premium	$163.37 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

Health Net — Silver 73 HMO

SILVER HMO	
Monthly Premium	$173.04 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

blue — Silver 73 HMO

SILVER HMO	
Monthly Premium	$186.20 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in future

COMPARE VIEW DETAIL

ADD TO CART

Anthem BlueCross — Silver 73 HMO

SILVER HMO	
Monthly Premium	$188.49 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	One Quality Rating Available

COMPARE VIEW DETAIL

ADD TO CART

blue — Silver 73 PPO

SILVER PPO	
Monthly Premium	$197.79 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

ADD TO CART

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Metal Tier

- [ ] **Platinum:** highest premiums, lowest out-of-pocket costs
- [ ] **Gold:** higher premiums, lower out-of-pocket costs
- [x] **Silver:** lower premiums, moderate out-of-pocket costs
- [ ] **Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- [ ] $499 and under
- [ ] $500 to $999
- [ ] $1000 to $2499
- [ ] $2500 to $4999
- [ ] $5000 and over

Company

- [ ] Anthem Blue Cross
- [ ] Blue Shield
- [ ] Health Net
- [ ] Kaiser
- [ ] LA Care
- [ ] Molina Health Care

Quality Rating

- [ ] ★★★★★
- [ ] ★★★★☆
- [ ] ★★★☆☆
- [ ] ★★☆☆☆
- [ ] ★☆☆☆☆

COMPARE VIEW DETAIL | COMPARE VIEW DETAIL | COMPARE VIEW DETAIL

ADD TO CART

blue
Silver 73 HMO

SILVER HMO	
Monthly Premium	$186.20 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in future

COMPARE VIEW DETAIL

ADD TO CART

Anthem. BlueCross
Silver 73 HMO

SILVER HMO	
Monthly Premium	$188.49 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	One Quality Rating Available

COMPARE VIEW DETAIL

ADD TO CART

blue
Silver 73 PPO

SILVER PPO	
Monthly Premium	$197.79 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

KAISER PERMANENTE
Silver 73 HMO

SILVER HMO	
Monthly Premium	$218.46 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★★

COMPARE VIEW DETAIL

ADD TO CART

Anthem. BlueCross
Silver 73 EPO, an MSP

SILVER EPO	
Monthly Premium	$255.87 after $66.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $250 (May Not Apply)
Total Expense Estimate	Higher
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

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9 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2017.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $66.00 .

Filter By

Plan Type

- HMO
- PPO
- EPO

Plan Features

- CSR Eligible Includes cost sharing reductions (lower out-of-pocket costs)
- HSA Compatible Can be used with a Health Savings Account

Metal Tier

- Platinum: highest premiums, lowest out-of-pocket costs
- Gold: higher premiums, lower out-of-pocket costs
- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999

Sort By: Total Expense Estimate

	MOLINA HEALTHCARE	L.A. Care	Health Net
	ADD TO CART	ADD TO CART	ADD TO CART
	Gold 80 HMO	Gold 80 HMO	Gold 80 HMO
	GOLD HMO	GOLD HMO	GOLD HMO
Monthly Premium	$183.64 after $66.00 tax credit	$204.14 after $66.00 tax credit	$235.22 after $66.00 tax credit
Primary Care Visits	You pay $30	You pay $30	You pay $30
Generic Drugs	You pay $15	You pay $15	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower	Average	Average
Quality Rating	★★☆☆☆	★★☆☆☆	★★☆☆☆
	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL

	blue	Anthem BlueCross	KAISER PERMANENTE
	ADD TO CART	ADD TO CART	ADD TO CART
	Gold 80 HMO	Gold 80 HMO	Gold 80 HMO Coinsurance
	GOLD HMO	GOLD HMO	GOLD HMO
Monthly Premium	$239.88 after $66.00 tax credit	$245.42 after $66.00 tax credit	$249.03 after $66.00 tax credit
Primary Care Visits	You pay $30	You pay $30	You pay $30
Generic Drugs	You pay $15	You pay $15	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)
Total Expense Estimate	Average	Average	Average
Quality Rating	Quality Rating in future	One Quality Rating Available	★★★★★
	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL

ADD TO CART | ADD TO CART | ADD TO CART

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Account

Metal Tier

- [ ] Platinum: highest premiums, lowest out-of-pocket costs
- [x] Gold: higher premiums, lower out-of-pocket costs
- [ ] Silver: lower premiums, moderate out-of-pocket costs
- [ ] Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- [ ] $499 and under
- [ ] $500 to $999
- [ ] $1000 to $2499
- [ ] $2500 to $4999
- [ ] $5000 and over

Company

- [ ] Anthem Blue Cross
- [ ] Blue Shield
- [ ] Health Net
- [ ] Kaiser
- [ ] LA Care
- [ ] Molina Health Care

Quality Rating

- [ ] ★★★★★
- [ ] ★★★★☆
- [ ] ★★★☆☆
- [ ] ★★☆☆☆
- [ ] ★☆☆☆☆

	Quality Rating ★★☆☆☆	Quality Rating ★★☆☆☆	Quality Rating ★★☆☆☆
	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL
	ADD TO CART	ADD TO CART	ADD TO CART
	blue — Gold 80 HMO	Anthem BlueCross — Gold 80 HMO	Kaiser Permanente — Gold 80 HMO Coinsurance
GOLD	HMO	HMO	HMO
Monthly Premium	$239.88 after $66.00 tax credit	$245.42 after $66.00 tax credit	$249.03 after $66.00 tax credit
Primary Care Visits	You pay $30	You pay $30	You pay $30
Generic Drugs	You pay $15	You pay $15	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)
Total Expense Estimate	Average	Average	Average
Quality Rating	Quality Rating in future	One Quality Rating Available	★★★★★
	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL
	ADD TO CART	ADD TO CART	ADD TO CART
	blue — Gold 80 PPO	Kaiser Permanente — Gold 80 HMO	Anthem BlueCross — Gold 80 EPO, an MSP
GOLD	PPO	HMO	EPO
Monthly Premium	$261.49 after $66.00 tax credit	$263.69 after $66.00 tax credit	$340.83 after $66.00 tax credit
Primary Care Visits	You pay $30	You pay $30	You pay $30
Generic Drugs	You pay $15	You pay $15	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)	$0 / $0 (May Not Apply)
Total Expense Estimate	Higher	Higher	Higher
Quality Rating	★★☆☆☆	★★★★★	★★☆☆☆
	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL	COMPARE / VIEW DETAIL

Benefits Summary Disclaimer: This is a summary of commonly used benefits and the applicable copayments, coinsurance, and deductibles. Before making a plan selection, please download and review the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) found on the Plan Details page for complete information on benefits and exclusions.

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PREVIEW PLANS

TELL US A LITTLE BIT ABOUT YOURSELF.

Your information will help us find out if you qualify for help paying for health coverage.

Coverage Year: 2018

Questions

What is your Zip Code? * 91735

What is your total income per year? * $27135

How many people are in your household? * 1

Enter the age of each person in your household, and tell us if they need coverage.

Age of Head of Household * 30 ☑ Needs Coverage?

Is anyone in your household pregnant? * ○ Yes ◉ No

Is anyone in your household blind or disabled? * ○ Yes ◉ No

Back | See My Results

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MY OPTIONS

Here is what you told us:

Zip Code:	91735
Total household income:	$27,135
Household members:	1
Age of Head of Household:	30 Years ☑ Needs Coverage?
Household Includes:	☐ Pregnant ☐ Blind or Disabled

Based on what you told us, here is what you may qualify for:

You May Qualify for:

Lower Monthly Premium

It looks like you may qualify for a tax credit to lower your monthly premium.

Lower Out of Pocket Costs

It looks like you may qualify for cost-sharing reductions. These will reduce the cost when you access care. To use cost-sharing reductions you must enroll in a Silver level plan.

More Information

Preview Plans

These results are only an estimate. You will need to complete an application.

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10 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $123.00 .

Filter By

Plan Type

- ☐ PPO
- ☐ HMO
- ☐ EPO

Plan Features

- ☐ CSR Eligible Includes cost sharing reductions (lower out-of-pocket costs)
- ☐ HSA Compatible Can be used with a Health Savings Account

Metal Tier

- ☐ Platinum: highest premiums, lowest out-of-pocket costs
- ☐ Gold: higher premiums, lower out-of-pocket costs
- ☐ Silver: lower premiums, moderate out-of-pocket costs
- ☑ Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- ☐ $499 and under
- ☐ $500 to $999
- ☐ $1000 to $2499
- ☐ $2500 to $4999

Sort By Total Expense Estimate

ADD TO CART

Health Net
Bronze 60 EnhancedCare P...

BRONZE PPO	
Monthly Premium	$79.30 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in future

☐ COMPARE VIEW DETAIL

ADD TO CART

L.A. Care
Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$98.66 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

☐ COMPARE VIEW DETAIL

ADD TO CART

KAISER PERMANENTE
Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$103.02 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★☆

☐ COMPARE VIEW DETAIL

ADD TO CART

oscar
Bronze 60 EPO

BRONZE EPO	
Monthly Premium	$106.39 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in future

☐ COMPARE VIEW DETAIL

ADD TO CART

blue
Bronze 60 PPO

BRONZE PPO	
Monthly Premium	$116.04 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆

☐ COMPARE VIEW DETAIL

ADD TO CART

MOLINA HEALTHCARE
Bronze 60 HMO

BRONZE HMO	
Monthly Premium	$120.72 after $123.00 tax credit
Primary Care Visits	You pay $75
Generic Drugs	You pay 100%
Yearly Deductible	$6300 / $500 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

☐ COMPARE VIEW DETAIL

ADD TO CART ADD TO CART ADD TO CART

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- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999
- $5000 and over

Company

- Blue Shield
- Health Net
- Health Net
- Kaiser
- LA Care
- Molina Health Care
- Oscar Health Plan

Quality Rating

- ★★★★★
- ★★★★☆
- ★★★☆☆
- ★★☆☆☆
- ★☆☆☆☆

Estimate	Lower	Lower	Lower
Quality Rating	Quality Rating in future	★★☆☆☆	★★★☆☆
COMPARE / VIEW DETAIL			

ADD TO CART

	Health Net	Oscar	Kaiser Permanente
	Bronze 60 PureCare HSP	Bronze 60 HDHP EPO	Bronze 60 HDHP HMO
	BRONZE HMO	BRONZE HSA EPO	BRONZE HSA HMO
Monthly Premium	$134.57 after $123.00 tax credit	$101.16 after $123.00 tax credit	$102.43 after $123.00 tax credit
Primary Care Visits	You pay $75	You pay 40%	You pay 40%
Generic Drugs	You pay 100%	You pay 40%	You pay 40%
Yearly Deductible	$6300 / $500 (May Not Apply)	$4800 (May Not Apply)	$4800 (May Not Apply)
Total Expense Estimate	Lower	Lower	Lower
Quality Rating	★★★☆☆	Quality Rating in future	★★★★☆
COMPARE / VIEW DETAIL			

ADD TO CART

	blue
	Bronze 60 HDHP PPO
	BRONZE HSA PPO
Monthly Premium	$112.19 after $123.00 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	$4800 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★☆☆☆
COMPARE / VIEW DETAIL	

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8 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $123.00 .

Filter By

Plan Type

- PPO
- HMO
- EPO

Plan Features

- CSR Eligible Includes cost sharing reductions (lower out-of-pocket costs)
- HSA Compatible Can be used with a Health Savings Account

Metal Tier

- Platinum: highest premiums, lowest out-of-pocket costs
- Gold: higher premiums, lower out-of-pocket costs
- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999
- $5000 and over

Sort By: Total Expense Estimate

	L.A. Care	Health Net	blue	Health Net	blue	Kaiser Permanente
	Silver 73 HMO	Silver 73 CommunityCare ...	Silver 73 HMO Trio	Silver 73 EnhancedCare P...	Silver 73 PPO	Silver 73 HMO
	SILVER HMO	SILVER HMO	SILVER HMO	SILVER PPO	SILVER PPO	SILVER HMO
Monthly Premium	$158.04 after $123.00 tax credit	$165.72 after $123.00 tax credit	$166.06 after $123.00 tax credit	$199.51 after $123.00 tax credit	$204.20 after $123.00 tax credit	$224.31 after $123.00 tax credit
Primary Care Visits	You pay $30	You pay $30	You pay $30	You pay $30	You pay $30	You pay $30
Generic Drugs	You pay $15	You pay $15	You pay $15	You pay $15	You pay $15	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)	$2200 / $130 (May Not Apply)	$2200 / $130 (May Not Apply)	$2200 / $130 (May Not Apply)	$2200 / $130 (May Not Apply)	$2200 / $130 (May Not Apply)
Total Expense Estimate	Lower	Average	Average	Average	Average	Average
Quality Rating	★★★☆☆	★★★☆☆	Quality Rating in future	Quality Rating in future	★★☆☆☆	★★★★☆
	ADD TO CART	ADD TO CART	ADD TO CART	ADD TO CART	ADD TO CART	ADD TO CART
	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL	COMPARE VIEW DETAIL

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- [ ] **Platinum:** highest premiums, lowest out-of-pocket costs
- [ ] **Gold:** higher premiums, lower out-of-pocket costs
- [x] **Silver:** lower premiums, moderate out-of-pocket costs
- [ ] **Bronze:** lowest premiums, highest out-of-pocket costs

Yearly Deductible

- [ ] $499 and under
- [ ] $500 to $999
- [ ] $1000 to $2499
- [ ] $2500 to $4999
- [ ] $5000 and over

Company

- [ ] Blue Shield
- [ ] Health Net
- [ ] Health Net
- [ ] Kaiser
- [ ] LA Care
- [ ] Molina Health Care
- [ ] Oscar Health Plan

Quality Rating

- [ ] ★★★★★
- [ ] ★★★★☆
- [ ] ★★★☆☆
- [ ] ★★☆☆☆
- [ ] ★☆☆☆☆

COMPARE | VIEW DETAIL | COMPARE | VIEW DETAIL | COMPARE | VIEW DETAIL

ADD TO CART

Health Net
Silver 73 EnhancedCare P...

SILVER	PPO
Monthly Premium	$199.51 after $123.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	Quality Rating in future

COMPARE | VIEW DETAIL

ADD TO CART

blue
Silver 73 PPO

SILVER	PPO
Monthly Premium	$204.20 after $123.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★☆☆☆

COMPARE | VIEW DETAIL

ADD TO CART

KAISER PERMANENTE
Silver 73 HMO

SILVER	HMO
Monthly Premium	$224.31 after $123.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★☆

COMPARE | VIEW DETAIL

ADD TO CART

MOLINA HEALTHCARE
Silver 73 HMO

SILVER	HMO
Monthly Premium	$237.95 after $123.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★☆☆

COMPARE | VIEW DETAIL

ADD TO CART

oscar
Silver 73 EPO

SILVER	EPO
Monthly Premium	$239.62 after $123.00 tax credit
Primary Care Visits	You pay $30
Generic Drugs	You pay $15
Yearly Deductible	$2200 / $130 (May Not Apply)
Total Expense Estimate	Higher
Quality Rating	Quality Rating in future

COMPARE | VIEW DETAIL

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HEALTH PLANS | DENTAL PLANS | CART 0

9 plans for 1 adult in ZIP code 91735.

Coverage could start as early as 01/01/2018.

Monthly premiums displayed have been reduced by your estimated monthly tax credit of $123.00 .

Filter By

Plan Type

- PPO
- HMO
- EPO

Plan Features

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Metal Tier

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- Silver: lower premiums, moderate out-of-pocket costs
- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499

Sort By Total Expense Estimate

ADD TO CART

L.A. Care — Gold 80 HMO

GOLD HMO	
Monthly Premium	$169.10 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★☆☆

COMPARE | VIEW DETAIL

ADD TO CART

Health Net — Gold 80 CommunityCare HM...

GOLD HMO	
Monthly Premium	$200.47 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★☆☆

COMPARE | VIEW DETAIL

ADD TO CART

Kaiser Permanente — Gold 80 HMO Coinsurance

GOLD HMO	
Monthly Premium	$211.23 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★☆

COMPARE | VIEW DETAIL

ADD TO CART

blue — Gold 80 HMO Trio

GOLD HMO	
Monthly Premium	$218.64 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	Quality Rating in future

COMPARE | VIEW DETAIL

ADD TO CART

Kaiser Permanente — Gold 80 HMO

GOLD HMO	
Monthly Premium	$228.78 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★☆

COMPARE | VIEW DETAIL

ADD TO CART

Health Net — Gold 80 EnhancedCare PPO

GOLD PPO	
Monthly Premium	$248.54 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	Quality Rating in future

COMPARE | VIEW DETAIL

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- Bronze: lowest premiums, highest out-of-pocket costs

Yearly Deductible

- $499 and under
- $500 to $999
- $1000 to $2499
- $2500 to $4999
- $5000 and over

Company

- Blue Shield
- Health Net
- Health Net
- Kaiser
- LA Care
- Molina Health Care
- Oscar Health Plan

Quality Rating

- ★★★★★
- ★★★★☆
- ★★★☆☆
- ★★☆☆☆
- ★☆☆☆☆

COMPARE VIEW DETAIL | COMPARE VIEW DETAIL | COMPARE VIEW DETAIL

ADD TO CART

blue — Gold 80 HMO Trio

GOLD HMO	
Monthly Premium	$218.64 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	Quality Rating in future

COMPARE VIEW DETAIL

ADD TO CART

KAISER PERMANENTE — Gold 80 HMO

GOLD HMO	
Monthly Premium	$228.78 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★★☆

COMPARE VIEW DETAIL

ADD TO CART

Health Net — Gold 80 EnhancedCare PPO

GOLD PPO	
Monthly Premium	$248.54 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	Quality Rating in future

COMPARE VIEW DETAIL

ADD TO CART

MOLINA HEALTHCARE — Gold 80 HMO

GOLD HMO	
Monthly Premium	$252.33 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Higher
Quality Rating	★★★☆☆

COMPARE VIEW DETAIL

ADD TO CART

blue — Gold 80 PPO

GOLD PPO	
Monthly Premium	$252.72 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Higher
Quality Rating	★★☆☆☆

COMPARE VIEW DETAIL

ADD TO CART

oscar — Gold 80 EPO

GOLD EPO	
Monthly Premium	$276.82 after $123.00 tax credit
Primary Care Visits	You pay $25
Generic Drugs	You pay $15
Yearly Deductible	$0 / $0 (May Not Apply)
Total Expense Estimate	Higher
Quality Rating	Quality Rating in future

COMPARE VIEW DETAIL

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