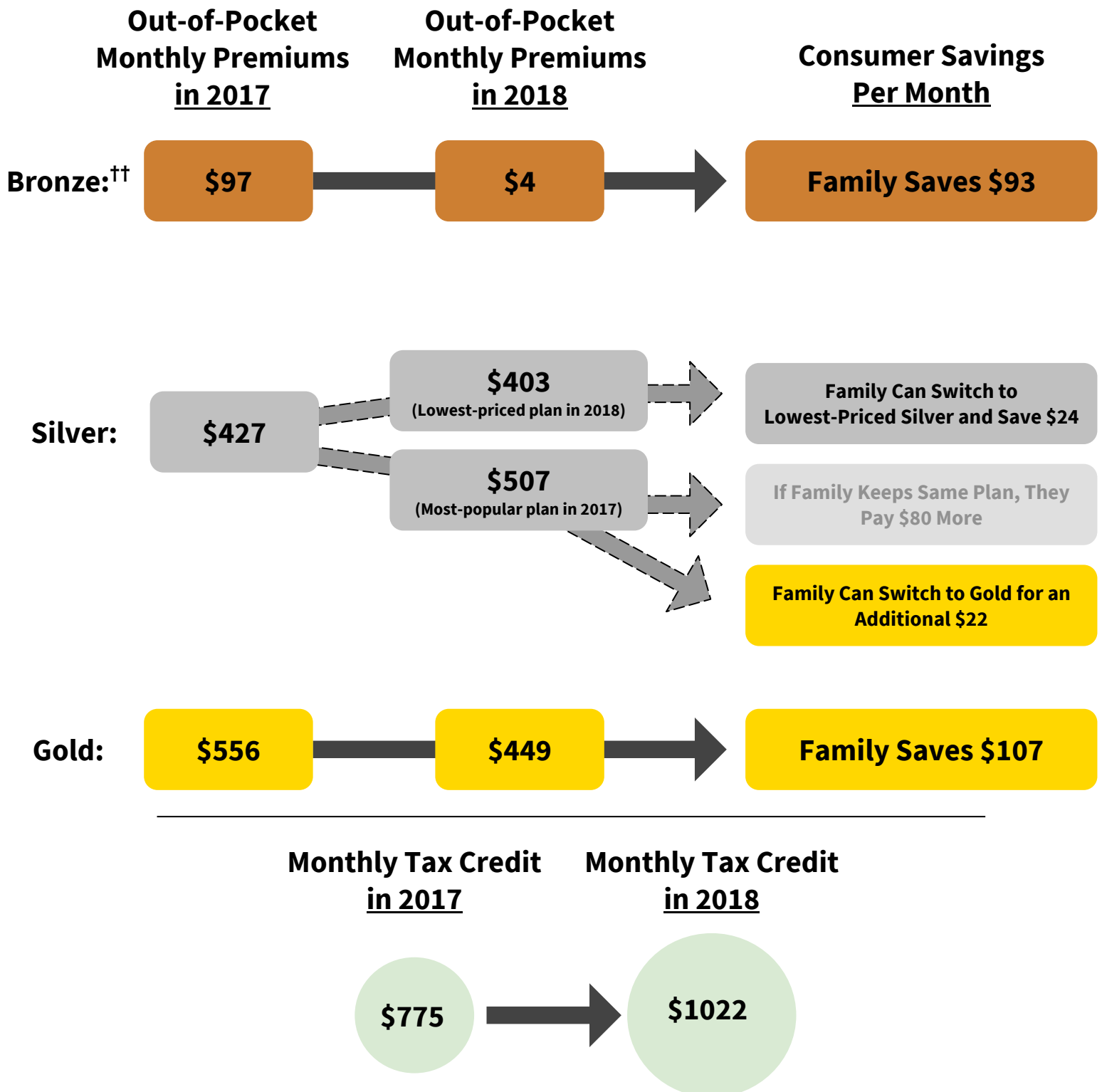


State Regulators Have Improved Health Care Options for Lower-Income Consumers

For a family of four living in Sacramento that earns 275% of the federal poverty level:
(The two adults are 40 years old, and two children are 10 and 8 years old)



^{††} During 2017 open enrollment, about 42 percent of consumers between 250% and 400% of the federal poverty level purchased a bronze plan, about 43 percent purchased a silver plan, and about 8 percent purchased gold plans. Covered California, Covered California Open Enrollment Profile, Statewide Cross Tabulations (2017), <https://perma.cc/8VK8-T2P7>.


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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? * ?

95843

What is your total income per year? * ?

\$66825

How many people are in your household? * ?

4

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

Age of Head of Household *

40

☒ Needs Coverage?

Age of Person 2 *

40

☒ Needs Coverage?

Age of Person 3 *

10

☒ Needs Coverage?

Age of Person 4 *

8

☒ Needs Coverage?

Is anyone in your household pregnant? * ?

☐ Yes ☒ No

Is anyone in your household blind or disabled? * ?

☐ Yes ☒ No

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MY OPTIONS



Here is what you told us:

Zip Code:	95843	
Total household income:	\$66,825	
Household members:	4	
Age of Head of Household:	40 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 2:	40 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 3:	10 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 4:	8 Years	<input checked="" type="checkbox"/> Needs Coverage?
Household Includes:	<input type="checkbox"/> Pregnant <input type="checkbox"/> 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.

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9 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$775.00 .

Filter By

Plan Type

- ☐ HMO
- ☐ EPO
- ☐ PPO

Plan Features

- ☐ **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

Company

☐ Anthem Blue Cross

Sort By

Total Expense Estimate ▼

ADD TO CART		ADD TO CART		ADD TO CART	
 Bronze 60 HMO BRONZE HMO Monthly Premium \$96.92 after \$775.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★		 Bronze 60 HDHP HMO BRONZE HSA HMO Monthly Premium \$104.10 after \$775.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$9600 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★		 Bronze 60 HDHP EPO BRONZE HSA EPO Monthly Premium \$197.38 after \$775.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$9600 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★☆☆☆	
<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL
ADD TO CART		ADD TO CART		ADD TO CART	
 Bronze 60 EPO BRONZE EPO Monthly Premium \$217.72 after \$775.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★☆☆		 Bronze 60 HMO BRONZE HMO Monthly Premium \$220.72 after \$775.00 tax credit Primary Care Visits You pay \$75 Generic Drugs You pay 100% Yearly Deductible \$12600 / \$1000 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★		 Bronze 60 HDHP HMO BRONZE HSA HMO Monthly Premium \$254.86 after \$775.00 tax credit Primary Care Visits You pay 40% Generic Drugs You pay 40% Yearly Deductible \$9600 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★	
<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL	<input type="checkbox"/> COMPARE	VIEW DETAIL
ADD TO CART		ADD TO CART		ADD TO CART	

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7 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$775.00 .

Filter By

Plan Type

- ☐ HMO
- ☐ EPO
- ☐ PPO

Plan Features

- ☐ **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

Company

☐ Anthem Blue Cross

Sort By

Total Expense Estimate ▼

ADD TO CART	
 Silver 70 HMO SILVER HMO Monthly Premium \$427.28 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★	<input type="checkbox"/> COMPARE VIEW DETAIL
 Silver 70 HMO SILVER HMO Monthly Premium \$500.80 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Lower Quality Rating ★★★★★	<input type="checkbox"/> COMPARE VIEW DETAIL
 Silver 70 EPO, an MSP SILVER EPO Monthly Premium \$634.72 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Average Quality Rating ★★★★★	<input type="checkbox"/> COMPARE VIEW DETAIL
ADD TO CART	
 Silver 70 PPO SILVER PPO Monthly Premium \$658.84 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Average Quality Rating ★★★★★	<input type="checkbox"/> COMPARE VIEW DETAIL
 Silver 70 HSP SILVER HMO Monthly Premium \$725.78 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Average Quality Rating ★★★★★	<input type="checkbox"/> COMPARE VIEW DETAIL
 Silver 70 HMO SILVER HMO Monthly Premium \$757.92 after \$775.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$500 (May Not Apply) Total Expense Estimate Average Quality Rating Quality Rating in future	<input type="checkbox"/> COMPARE VIEW DETAIL
ADD TO CART	

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8 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$775.00 .**Filter By****Plan Type**☐ HMO☐ EPO☐ PPO**Plan Features**☐ **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](#)

Gold 80 HMO Coinsurance

	GOLD	HMO
Monthly Premium	\$556.50	\$618.46
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	★★★★★	

☐ COMPARE[VIEW DETAIL](#)[ADD TO CART](#)

Gold 80 HMO

	GOLD	HMO
Monthly Premium	\$556.50	\$618.46
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	★★★★★	

☐ COMPARE[VIEW DETAIL](#)[ADD TO CART](#)

Gold 80 HMO

	GOLD	HMO
Monthly Premium	\$757.20	\$757.20
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	★★★★☆	

☐ COMPARE[VIEW DETAIL](#)[ADD TO CART](#)

Gold 80 PPO

	GOLD	PPO
Monthly Premium	\$1005.04	\$1005.04
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	★★★☆☆	

☐ COMPARE[VIEW DETAIL](#)[ADD TO CART](#)

Gold 80 EPO, an MSP

	GOLD	EPO
Monthly Premium	\$1006.84	\$1006.84
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	★★★☆☆	

☐ COMPARE[VIEW DETAIL](#)[ADD TO CART](#)

Gold 80 HMO

	GOLD	HMO
Monthly Premium	\$1084.24	\$1084.24
	after \$775.00 tax credit	
Primary Care Visits	You pay \$30	
Generic Drugs	You pay \$15	
Yearly Deductible	\$0 / \$0 (May Not Apply)	
Total Expense Estimate	Average 🏆	
Quality Rating	Quality Rating in future	

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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? * ?

95843

What is your total income per year? * ?

\$67650

How many people are in your household? * ?

4

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

Age of Head of Household *

40

☒ Needs Coverage?

Age of Person 2 *

40

☒ Needs Coverage?

Age of Person 3 *

10

☒ Needs Coverage?

Age of Person 4 *

8

☒ Needs Coverage?

Is anyone in your household pregnant? * ?

☐ Yes ☒ No

Is anyone in your household blind or disabled? * ?

☐ Yes ☒ No

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MY OPTIONS



Here is what you told us:

Zip Code:	95843	
Total household income:	\$67,650	
Household members:	4	
Age of Head of Household:	40 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 2:	40 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 3:	10 Years	<input checked="" type="checkbox"/> Needs Coverage?
Age of Person 4:	8 Years	<input checked="" type="checkbox"/> Needs Coverage?
Household Includes:	<input type="checkbox"/> Pregnant <input type="checkbox"/> 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.

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7 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$1,022.00 .

Filter By

Plan Type

☐ HMO☐ PPO

Plan Features

☐ **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

Monthly Premium (low to high) ▼

ADD TO CART	
 Bronze 60 HDHP HMO	
BRONZE	HSA HMO
Monthly Premium	\$4.00 after \$988.34 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	\$9600 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Bronze 60 HMO	
BRONZE	HMO
Monthly Premium	\$4.00 after \$990.94 tax credit
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$12600 / \$1000 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Bronze 60 EnhancedCare P...	
BRONZE	PPO
Monthly Premium	\$149.52 after \$1022.00 tax credit
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$12600 / \$1000 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	Quality Rating in future
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
Bronze 60 HMO	
BRONZE	HMO
Monthly Premium	\$158.86 after \$1022.00 tax credit
Primary Care Visits	You pay \$75
Generic Drugs	You pay 100%
Yearly Deductible	\$12600 / \$1000 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★☆
☐ COMPARE	[VIEW DETAIL](#)

ADD TO CART	
 Bronze 60 HDHP HMO	
BRONZE	HSA HMO
Monthly Premium	\$198.32 after \$1022.00 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	\$9600 (May Not Apply)
Total Expense Estimate	Lower
Quality Rating	★★★★☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Bronze 60 HDHP PPO	
BRONZE	HSA PPO
Monthly Premium	\$390.74 after \$1022.00 tax credit
Primary Care Visits	You pay 40%
Generic Drugs	You pay 40%
Yearly Deductible	\$9600 (May Not Apply)
Total Expense Estimate	Average
Quality Rating	★★★☆☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

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5 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$1,022.00 .

Filter By

Plan Type

☐ HMO☐ PPO

Plan Features

☐ **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

Monthly Premium (low to high) ▼

ADD TO CART	
Silver 70 HMO Trio <div> <div>SILVER HMO</div> <div> Monthly Premium \$403.28 after \$1022.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$260 (May Not Apply) Total Expense Estimate Lower Quality Rating Quality Rating in future </div> </div>	
<input type="checkbox"/> COMPARE	VIEW DETAIL
Silver 70 HMO <div> <div>SILVER HMO</div> <div> Monthly Premium \$506.86 after \$1022.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$260 (May Not Apply) Total Expense Estimate Average Quality Rating ★★☆☆☆ </div> </div>	
<input type="checkbox"/> COMPARE	VIEW DETAIL
Silver 70 HMO <div> <div>SILVER HMO</div> <div> Monthly Premium \$758.74 after \$1022.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$260 (May Not Apply) Total Expense Estimate Average Quality Rating ★★☆☆☆ </div> </div>	
<input type="checkbox"/> COMPARE	VIEW DETAIL
Silver 70 EnhancedCare P... <div> <div>SILVER PPO</div> <div> Monthly Premium \$845.66 after \$1022.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$260 (May Not Apply) Total Expense Estimate Average Quality Rating Quality Rating in future </div> </div>	
<input type="checkbox"/> COMPARE	VIEW DETAIL
Silver 70 PPO <div> <div>SILVER PPO</div> <div> Monthly Premium \$943.40 after \$1022.00 tax credit Primary Care Visits You pay \$35 Generic Drugs You pay \$15 Yearly Deductible \$5000 / \$260 (May Not Apply) Total Expense Estimate Higher Quality Rating ★★☆☆☆ </div> </div>	
<input type="checkbox"/> COMPARE	VIEW DETAIL

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6 plans for 2 adults and 2 children in ZIP code 95843.

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

Monthly premiums displayed have been reduced by your estimated [monthly tax credit](#) of \$1,022.00 .**Filter By****Plan Type**☐ HMO☐ PPO**Plan Features**☐ **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**

Monthly Premium (low to high) ▼

ADD TO CART	
 Gold 80 HMO Coinsurance	
GOLD HMO	
Monthly Premium	\$449.28 after \$1022.00 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	★★★★☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Gold 80 HMO	
GOLD HMO	
Monthly Premium	\$526.52 after \$1022.00 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	★★★★☆
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Gold 80 HMO Trio	
GOLD HMO	
Monthly Premium	\$662.56 after \$1022.00 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
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
Gold 80 HMO	
GOLD HMO	
Monthly Premium	\$794.48 after \$1022.00 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	
 Gold 80 EnhancedCare PPO	
GOLD PPO	
Monthly Premium	\$1129.62 after \$1022.00 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
<input type="checkbox"/> COMPARE	VIEW DETAIL

ADD TO CART	
 Gold 80 PPO	
GOLD PPO	
Monthly Premium	\$1234.86 after \$1022.00 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	★★★☆☆
<input type="checkbox"/> COMPARE	VIEW DETAIL