

# California 2025 Plans

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Product Design - HMO	Deductible (individual/family)	Out-of-pocket limit (individual/family)	Coinsurance	Primary care office visit	Specialist office visit	Walk-in clinics* (designated walk-in clinics / all other network providers)	MinuteClinic Virtual Care™	Urgent care	Emergency room	Lab / x-ray	Inpatient hospital	Pharmacy deductible**	Pharmacy** preferred generic	Pharmacy** preferred brand / non-preferred generic & brand	Pharmacy** preferred specialty / non-preferred specialty
<b>Silver 94 HMO***</b>	\$0	\$1,150 / \$2,300	10%	\$5	\$8	\$5	Covered in full	\$5	\$50	\$8	10%	None	\$3 DW	\$10 DW / \$15 DW	10% up to \$150 DW
<b>Silver 87 HMO***</b>	\$0	\$3,000 / \$6,000	20%	\$15	\$25	\$15	Covered in full	\$15	\$150	\$20 / \$40	20%	None	\$5 DW	\$25 DW / \$45 DW	15% up to \$150 DW
<b>Silver 73 HMO***</b>	\$0	\$6,100 / \$12,200	30%	\$35	\$85	\$35	Covered in full	\$35	\$350	\$50 / \$95	30%	None	\$15 DW	\$55 DW / \$85 DW	20% up to \$250 DW
<b>Silver 70 HMO***</b>	\$5,400 / \$10,800	\$8,700 / \$17,400	30%	\$50 DW	\$90 DW	\$50 DW	Covered in full DW	\$50 DW	\$400 DW	\$50 DW / \$95 DW	30% AD	\$50 Individual / \$100 Family	\$18 DW	\$60 AD / \$90 AD	20% up to \$250 AD
<b>Bronze 60 HMO***</b>	\$5,800 / \$11,600	\$8,850 / \$17,700	40%	\$60 DW	\$95 ded waiv/visits 1-3, \$95 aft ded/visits 4+	\$60 DW	Covered in full DW	\$60 DW	40% AD	\$40 DW / 40% AD	40% AD	\$450 Individual / \$900 Family	\$19 DW	40% up to \$500 AD	40% up to \$500 AD
<b>Bronze 60 HDHP HMO***</b>	\$6,650 / \$13,300	\$6,650 / \$13,300	0%	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Covered in full AD	Integrated with Medical Deductible	Covered in full AD	Covered in full AD	Covered in full AD
<b>Gold 80 HMO***</b>	\$0	\$8,700 / \$17,400	20%	\$35	\$65	\$35	Covered in full	\$35	\$330	\$40 / \$75	\$350 per day to a maximum of \$1,750 per admission	None	\$15	\$60 / \$85	20% up to \$250
<b>Platinum 90 HMO***</b>	\$0	\$4,500 / \$9,000	10%	\$15	\$30	\$15	Covered in full	\$15	\$150	\$15 / \$30	\$225 per day to a maximum of \$1,125 per admission	None	\$7	\$16 / \$25	10% up to \$250
<b>Minimum Coverage HMO***</b>	\$9,200 / \$18,400	\$9,200 / \$18,400	0%	\$0 ded waived/visits 1-3, 0% after ded/visits 4+	Covered in full AD	\$0 ded waived/visits 1-3, 0% after ded/visits 4+	Covered in full DW	\$0 ded waived/visits 1-3, 0% after ded/visits 4+	Covered in full AD	Covered in full AD	Covered in full AD	Integrated with Medical Deductible	Covered in full AD	Covered in full AD	Covered in full AD

Health benefits plans are offered, underwritten or administered by Aetna Health of California Inc. (Aetna). Aetna is part of the CVS Health family of companies.

## Footnotes

**After deductible (AD)** is the amount the member is responsible for after the deductible is met.

**Deductible waived (DW)** means that the deductible does not have to be met before the plan starts paying for eligible services.

**Bronze, Silver, Gold, Platinum, and Catastrophic plans** all have the same medical services. The key differences among the plans are the deductible amount, out-of-pocket costs for benefits before the yearly limit, cost-share amounts, and monthly premium.

Some benefits are subject to age and frequency schedules, limitations or visit maximums. Members or Providers may be required to precertify or obtain approval for certain services. Deductibles, copays and coinsurance apply to the out-of-pocket limit (OOP). After the out-of-pocket limit is met, members continue to be responsible for any applicable premiums, penalties for failure to precertify (where applicable) and services not covered by Aetna. This illustration shows in-network benefits only for all products. Your plan may have out-of-network coverage as well, please consult the Summary of Benefits and Coverage (SBC) for additional information.

On-Exchange plans include pediatric dental benefits.

- \* **Walk-in clinics** - Walk-in clinics are freestanding health care facilities that (a) may be located in or with a pharmacy, drug store, supermarket or other retail store; and (b) provide limited medical care and services on a scheduled or unscheduled basis. Urgent care centers, emergency rooms, the outpatient department of a hospital, ambulatory surgical centers, and physician offices are not considered to be walk-in clinics. For a complete list of participating walk-in clinic providers, log in to [AetnaCVSHealth.com](https://www.aetna.com) and use our provider search tool.
- \*\* **Pharmacy** - The drug formulary includes precertification, step therapy and quantity limits. Choose Generic: For PPO based plans the cost difference penalty for choose generics does not apply to the members accumulators. For HMO based plans the cost difference penalty does apply to the members accumulators. For specific details, consult the Summary of Benefits and Coverage (SBC).
- \*\*\* **Embedded** – No one family member may contribute more than the individual deductible/out-of-pocket limit amount to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the year.

Product Types	Description
<b>Health maintenance organization (HMO)</b>	A health maintenance organization (HMO) uses a network of participating providers. Each enrolled family member selects a primary care physician (PCP) participating in the network. The PCP provides routine and preventive care and helps coordinate the members total health care. The PCP may refer members to participating specialists and facilities for medically necessary specialty care. Only services rendered by a participating provider are covered, except for emergency or urgently needed care.

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Includes select MinuteClinic® services. Not all MinuteClinic services are covered. Please consult benefit documents to confirm which services are included. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive MinuteClinic services at no cost-share. However, such services are covered at negotiated contract rates. This benefit is not available in all states. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) is part of the CVS Health family of companies.

This material is for information only. Rates and benefits may vary by location. Health benefits plans contain exclusions and limitations. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health and dental services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about your Aetna plans, refer to [AetnaCVSHealth.com](https://www.aetna.com).

**Need more details?** Visit Producer World® to see complete plan information.

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