



How to get a quick quote on
the Covered California
Website



covered ca



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About 1,040,000,000 results (0.58 seconds)

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Silver Coverage - Bronze Coverage - Gold Coverage - ...

Medi-Cal

Individuals and Families - Children - Pregnancy - ...

Click on the Covered California Link



Covered California

coveredca.com

Covered California is the health insurance marketplace in the U.S. state of California established under the federal Patient Protection and Affordable Care Act. The exchange enables eligible individuals and small businesses to purchase private health insurance coverage at federally subsidized rates. [Wikipedia](#)

Customer service: 1 (800) 300-1506

Founded: October 2013



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Click Shop and Compare for a quick quote without logging into your portal

Need health insurance?

Enrollment is still open.

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Medi-Cal



Hi, this is CiCi. How can I help you today?






Shop and Compare

Tell us a little bit about yourself

The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.

Answer these questions to find out if you qualify for help to lower your health care costs.


Coverage Year:

What is your Zip Code? ⓘ

What is your total household income per year? ⓘ

How many people are in your household? ⓘ

Fill out the 4 boxes with your
beneficiaries information

NOTE: House hold income/ number of people
in house are based off what the
Beneficiary filed on their taxes

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

Age of Head of Household:

66

Age of Person 2:

60

Age of Person 3:

21

Age of Person 4:

19

If one or more individuals don't need coverage you must deselect the "Need Coverage" box.

☐ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

☒ Needs Coverage?

☐ Pregnant? ⓘ

☐ Blind or Disabled? ⓘ

Example: One person is on Medicare and doesn't need individual coverage. You still must indicate the total number of people in the household.

See My Results

Ages must be filled in for all the individuals in the household.

Here is what you told us:

Zip code:
92705

Total household income:
\$125000

Household members:
4

Age of Head of Household:
66 years ☐ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Age of Person 2:
60 years ☒ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Age of Person 3:
21 years ☒ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Age of Person 4:
19 years ☒ Needs Coverage? ☐ Pregnant? ☐ Blind or Disabled?

Verify if all information is correct. If correct, select "Preview Plans"

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

We've grouped your household members based on each person's potential eligibility.

Covered California Programs

Click 'Preview' to view the available health plans through Covered California.

HouseholdMember	Potential Eligibility
Person 2 (60)	Lower Monthly Premium
Person 3 (21)	Lower Monthly Premium
Person 4 (19)	Lower Monthly Premium

[More Information](#)

Preview Plans

Coverage not Requested

HouseholdMember

Person 1 (66)

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

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Apply Now

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Tell us about your health care needs

Your answers are used to find the best plan option for you: (1/3)

Search for a Doctor ▼ that you may want to use in your health plan (Select up to 5)

of

You can add doctor information here. If no doctor is indicated, just select "Next"

The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

Next ▶

[◀ Back to Shop and Compare](#)

Tell us about your health care needs

Your answers are used to find the best plan option for you: (2/3)

Choose the category that best describes the [medical service](#) use you expect for the next year.

For families, choose the category that best fits the person who probably will need the most medical services next year.

- ☐ LOW USE: 1 doctor visit and tests; preventive visits too.
- ☒ MEDIUM USE: 4-5 doctor visits, tests and treatment in doctor's office.
- ☐ HIGH USE: surgery or treatment outpatient; 6 or more doctor visits and tests.
- ☐ VERY HIGH USE: a hospital stay, outpatient treatment; 6 or more doctor visits and tests.

Once the information is correct to the best of your knowledge,
select "Next"

[◀ Back](#)[Next ▶](#)

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Tell us about your health care needs

Your answers are used to find the best plan option for you: (3/3)

Choose the category that best describes the [prescription drug](#) use you expect for the next year.

For families, choose the category that best fits the person who probably will need the most medications next year.

- ☐ LOW USE: 2-3 prescriptions during the year for brief illness.
- ☒ MEDIUM USE: 1-2 prescriptions each month.
- ☐ HIGH USE: 3 prescriptions each month; often higher cost drugs.
- ☐ VERY HIGH USE: 4 or more prescriptions each month OR very high cost drugs.

Once the information is correct to the best of your knowledge,
select "View Plans"

[◀ Back](#)[View Plans](#)

Health Coverage

For 3 Members in zipcode 92705.

Coverage could start as early as 02/16/2021.

Filter options available
to narrow down your selection:

SORT BY

- ☒ Total Expense Estimate
- ☐ Monthly Premium (low to high)
- ☐ Preferred Doctor or Provider

FILTER BY

PLAN TYPE

- ☐ EPO
- ☐ HMO
- ☐ PPO

PLAN FEATURES

- ☐ Health Savings Account (HSA)
Qualified HSA used with a High Deductible
Health Plan

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


Available plans will be listed based on your clients demographics.

< 1 of 3 >

NOTE: If the
beneficiary is offered
for a subsidy, that dollar
amount would be listed in this
area.


<div><div>oscar</div><div>Bronze 60 Select EPO</div><div>BRONZE EPO</div><div>\$1089.10 monthly premium</div><div>Primary Care Visits You pay \$65</div><div>Generic Drugs You pay \$18</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>	<div><div>Health Net</div><div>Bronze 60 PureCare HSP</div><div>BRONZE HMO</div><div>\$1141.80 monthly premium</div><div>Primary Care Visits You pay \$65</div><div>Generic Drugs You pay \$18</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>	<div><div>oscar</div><div>Bronze 60 HDHP Select EP</div><div>BRONZE HSA EPO</div><div>\$1054.48 monthly premium</div><div>Primary Care Visits You pay 0%</div><div>Generic Drugs You pay 0%</div><div>Yearly Deductible \$14000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>
<div><div>Anthem BlueCross</div><div>Bronze 60 HMO</div><div>BRONZE HMO</div><div>\$1203.22 monthly premium</div><div>Primary Care Visits You pay \$65</div><div>Generic Drugs You pay \$18</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>	<div><div>KAISER PERMANENTE</div><div>Bronze 60 HMO</div><div>BRONZE HMO</div><div>\$1216.18 monthly premium</div><div>Primary Care Visits You pay \$65</div><div>Generic Drugs You pay \$18</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>	<div><div>Health Net</div><div>Bronze 60 EnhancedCare P...</div><div>BRONZE PPO</div><div>\$1249.53 monthly premium</div><div>Primary Care Visits You pay \$65</div><div>Generic Drugs You pay \$18</div><div>Yearly Deductible \$12600 / \$1000 (May Not Apply)</div><div>Total Expense Estimate Lower</div><div>Quality Rating ★★★★★</div><div>Provider Search</div><div><input type="checkbox"/> COMPARE <input type="checkbox"/> DETAILS <input type="button" value="ADD"/></div></div>

Compare Plans 3 of 3




SILVER HMO

\$1426.91



BRONZE HMO

\$1378.94





SILVER HMO


\$1379.69


Compare Now


Once you select the plans to compare, click "Compare Now"


Generic Drugs You pay \$16
Yearly Deductible \$8000 / \$600 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating ★★☆☆☆
Provider Search

☐ COMPARE DETAILS **ADD** 

Generic Drugs You pay 0%
Yearly Deductible \$14000 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating ★★★★★
Provider Search

☐ COMPARE DETAILS **ADD** 

Generic Drugs You pay 0%
Yearly Deductible \$14000 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating ★★☆☆☆
Provider Search


☐ COMPARE DETAILS **ADD** 


Silver 70 HMO
SILVER HMO


\$1379.69
monthly premium


Primary Care Visits You pay \$40
Generic Drugs You pay \$16
Yearly Deductible \$8000 / \$600 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating Quality Rating in Future
Provider Search


☒ COMPARE DETAILS **ADD** 


Bronze 60 HMO
BRONZE HMO


\$1378.94
monthly premium


Primary Care Visits You pay \$65
Generic Drugs You pay \$18
Yearly Deductible \$12600 / \$1000 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating ★★☆☆☆
Provider Search

☒ COMPARE DETAILS **ADD** 


Silver 70 HMO
SILVER HMO

\$1426.91
monthly premium


Primary Care Visits You pay \$40
Generic Drugs You pay \$16
Yearly Deductible \$8000 / \$600 (May Not Apply)
Total Expense Estimate Lower 
Quality Rating ★★☆☆☆
Provider Search

☒ COMPARE DETAILS **ADD** 

You can click up to 3 plans to Compare side by side.

Compare Plans

The plans selected will appear below with all their benefits listed side by side.




Silver 70 HMO

SILVER HMO

\$1426.91
monthly premium

ADD




Bronze 60 HMO

BRONZE HMO

\$1378.94
monthly premium

ADD



Silver 70 HMO

SILVER HMO

\$1379.69
monthly premium

ADD

Summary			
Total Expense Estimate	\$18123.00	\$18024.06	\$17556.36
Doctors & Facilities	View Directory	View Directory	View Directory
Plan Type	HMO	HMO	HMO
Health Savings Account (HSA)	No	No	No
Quality Rating	★★★★☆	★★★★☆	Quality Rating in Future
Doctors and Facilities			
Check for your doctor			
Doctors within	1,013	1,013	2,481
within 10 miles ra of 92705	View Map	View Map	View Map
Yearly Deductible & Out-of-Pocket (In Network)			
Yearly Deductible	\$4000 (Individual)	\$6300 (Individual)	\$4000 (Individual)
	\$8000 (Family)	\$12600 (Family)	\$8000 (Family)
Separate Drug Deductible	\$300 (Individual)	\$500 (Individual)	\$300 (Individual)
	\$600 (Family)	\$1000 (Family)	\$600 (Family)
Out-of-Pocket Max	\$8200 (Individual)	\$8200 (Individual)	\$8200 (Individual)
	\$16400 (Family)	\$16400 (Family)	\$16400 (Family)
Maximum Cost per Prescription	\$250	\$500	\$250
Other Deductibles	Not Available	Not Available	Not Available
Doctor Visit			
Tests			
Drugs			
Outpatient Services			

This section allows you to verify if the doctor selected accepts the plan, or it will list doctors that accept the plan

Click to expand additional Costs and Benefits associated with the plan.

**This is a Tool to get quick
quotes. To enroll a beneficiary,
check out the “How To Enroll” PDF**