

How to get a quick quote on the Covered California Website





covered ca × 🌷 Q















: More

Settings

Tools

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

Click on the Covered California Link

Ad · www.health-exchange.com/discount/health-plans ▼

California Health Insurance - Rates Low as \$89/Month.

Find Discount Health Insurance from A+ Carriers. Individual & Family Plan Rates.

www.coveredca.com

Covered California™ | The Official Site of California's Health ...

Covered California is a free service from the state of California that connects Californians with brand-name health insurance under the Patient Protection and ...

Covered CA

Log in or Create an Account to Get Covered. UsernameForgot ...

Contact Us

Get help right now from our service center or certified enrollers, or ...

Shop and Compare

Use the Shop & Compare tool to find the best Health Insurance ...

Apply

Apply online, in person or by phone for health insurance ...

Get Started

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

Medi-Cal

Individuals and Families - Children - Pregnancy - ...



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

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

Need health insurance?

Enrollment is still open.

Apply

Get Started











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





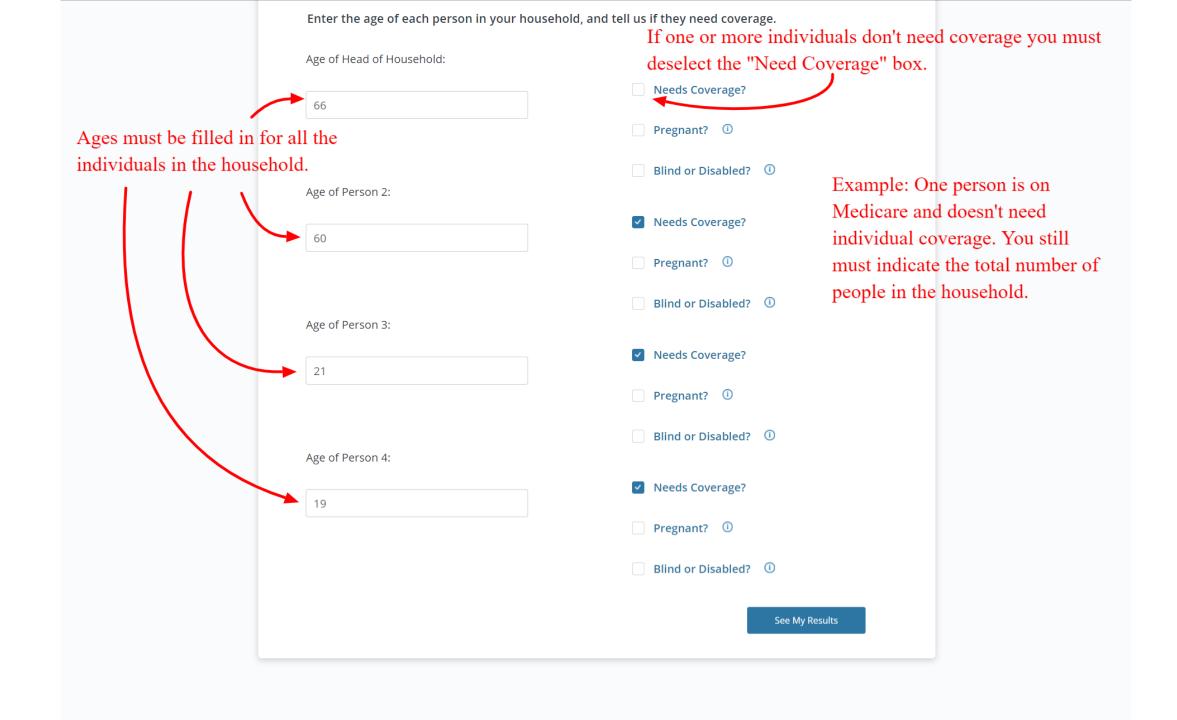


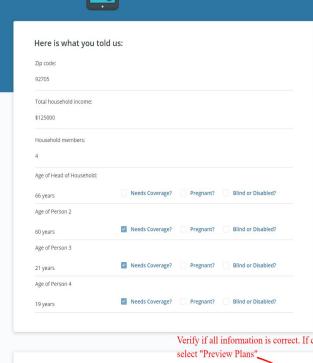
Shop and Compare

Tell us a little bit about yourself

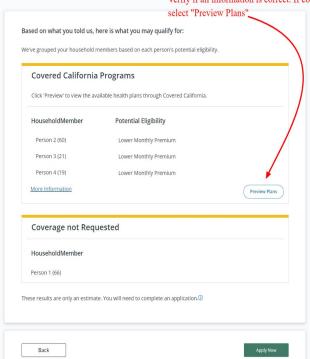
The information below will help us determine your potential health coverage program eligibility. You may qualify for help to lower your health care costs.







Verify if all information is correct. If correct,





◆Back to Shop and Compare

Tell us about your health care needs

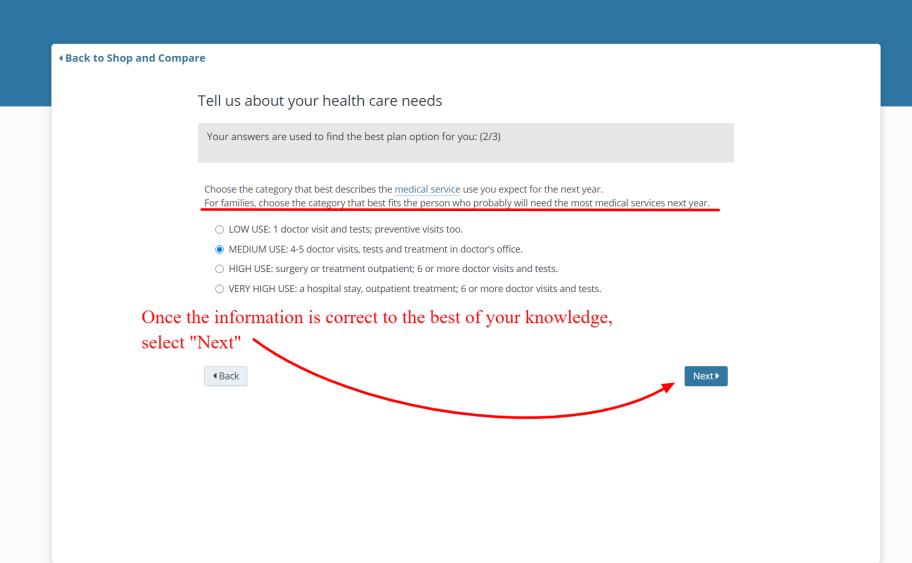
Your answers are used to find the be	est plan option for you: (1/3)			
Search for a Doctor ▼ that you may	want to use in your health plan (Select up t	:0 5)	
Search by doctor last or first name	within 20 miles radius	v of	f 92705	

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

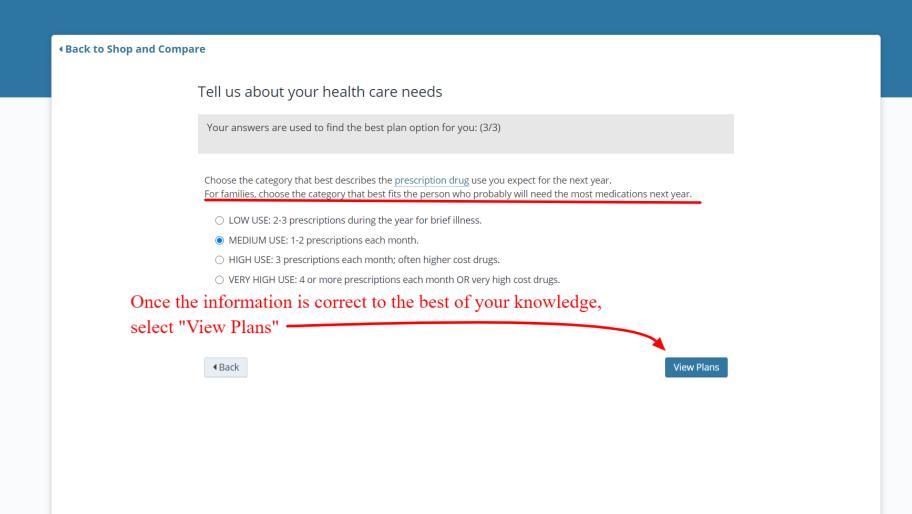
The Covered California provider directory can help you select a health plan. The directory is updated monthly and may not be a current or complete list of the health plan's providers.

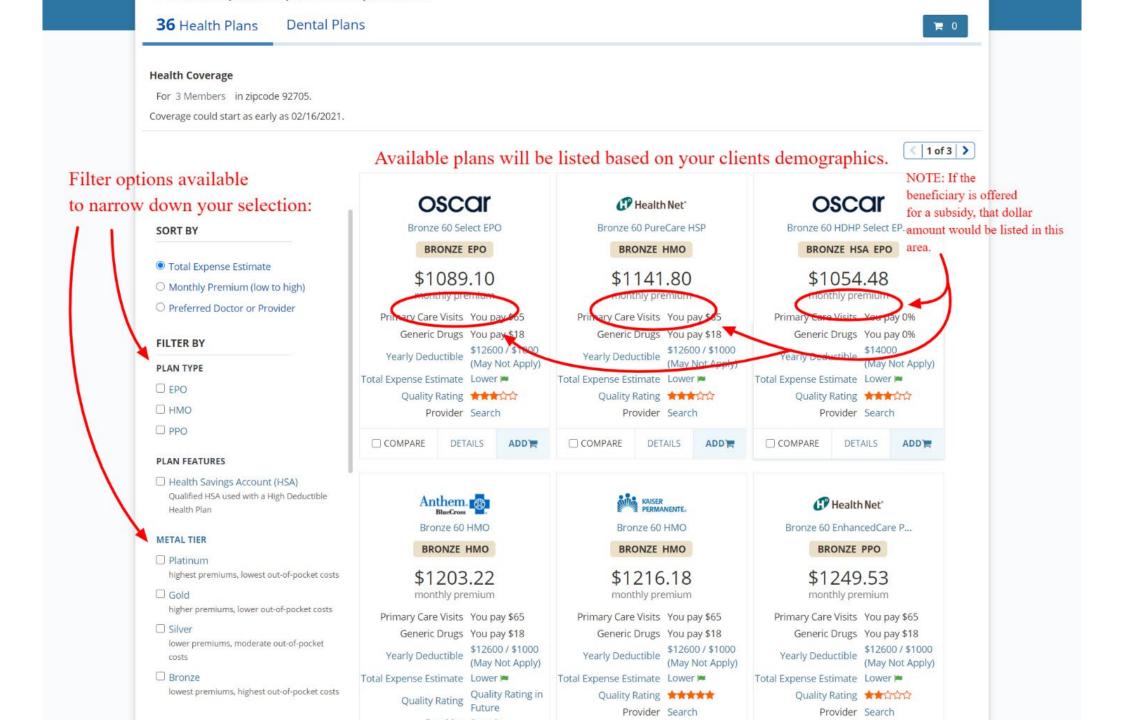
The health plan you select will have the most current provider directory. You may not have coverage or may have higher costs if you visit a provider who is not in your plan's network. To avoid this, you must verify with your health plan if the provider is in-network before you seek care.

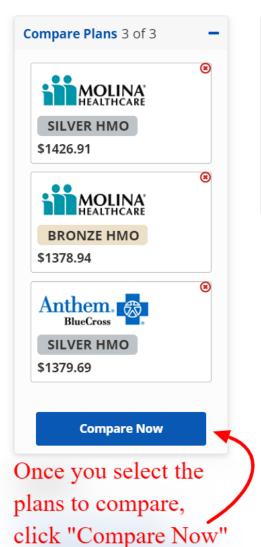
Next▶

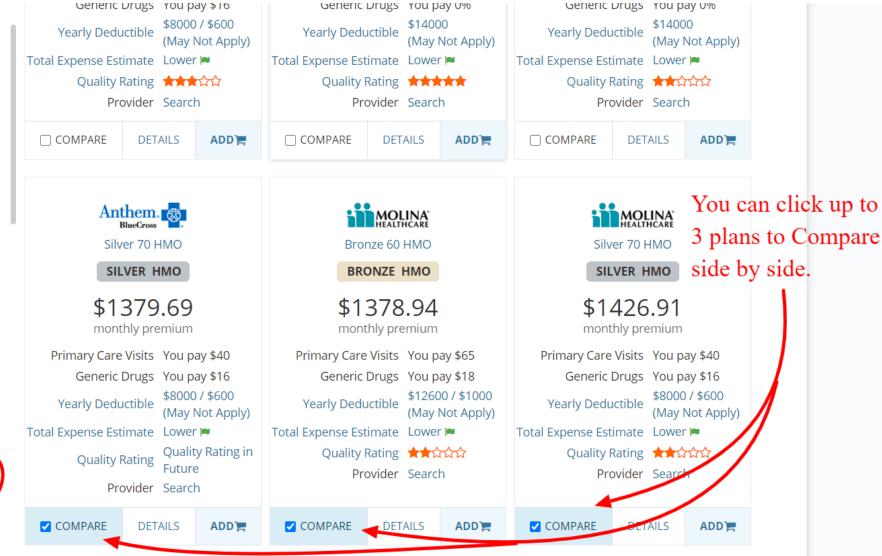












◆ Back to Shop and Compare ◆ Back to Plans The plans selected will appear below with all their benefits listed side by side. Compare Plans MOLINA' HEALTHCARE Anthem. BlueCross MOLINA' HEALTHCARE Silver 70 HMO Bronze 60 HMO Silver 70 HMO SILVER HMO BRONZE HMO SILVER HMO \$1426.91 \$1378.94 \$1379.69 monthly premium monthly premium monthly premium ADD 📜 ADD 📜 ADD 📜 ✓ Summary \$18123.00 \$18024.06 \$17556.36 Total Expense Estimate View Directory View Directory View Directory **Doctors & Facilities** HMO HMO HMO Plan Type No No No Health Savings Account (HSA) ★★☆☆☆ *** Quality Rating in Future Quality Rating ▼ Doctors and Facilities This section allows Check for your doctor you to verify if the doctor Doctors within 1,013 1,013 selected accepts the plan, within 10 miles ra v of 92705 View Map or it will list doctors View Map View Map that accept the plan ▼ 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 Click to expand additional Costs and Benefits associated with the plan. > Tests > Drugs

> Outpatient Services

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