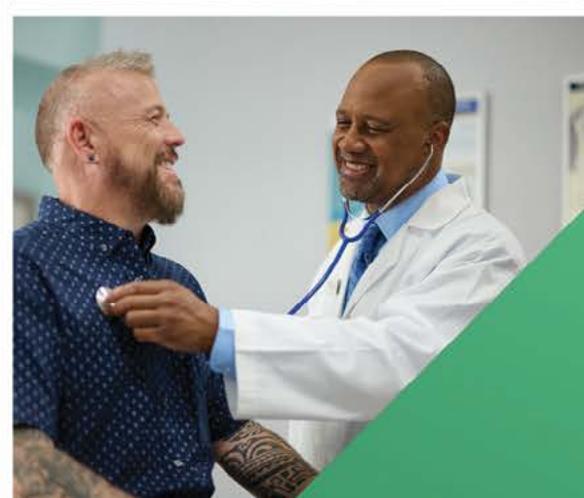


2025
BENEFITS
GUIDE

A health plan that fits *you*



IE  **HP**
Covered



Covered California is a registered trademark of the State of California.

Enroll in a health plan that fits



With IEHP, you'll find a health plan that meets your needs. Get coverage from a name you know at a price that fits your budget.



No longer qualify for Medi-Cal? IEHP is still here for you.

Select plans start at \$0 per month with financial help for those who qualify. Choose your providers, stay insured and on budget.



Quality care near you.

With a network of local providers and hospitals throughout the Inland Empire, we can help you find care close to home.



Support that fits you.

Get healthcare support anytime from our 24/7 nurse advice line. Try free health & wellness classes, access healthcare education and more at our bilingual community wellness centers.



We speak your language.

IEHP serves our local community. Get the answers you need from a care team that speaks your preferred language.

Fit



Copays start at \$0 for select plans

Choose your fit. Bronze, Silver, Gold, and Platinum plans provide the coverage that's right for your healthcare needs and your budget. Access these benefits and more:

\$0

- preventive services
- prenatal care
- pediatric routine dental and vision exams

Match your health plan to your needs. Get zero to low-cost benefits such as primary care, specialty care, urgent care, retail and mail-order pharmacy services and more with select plans.

Plus these benefits and features:

- ♥ Network of quality providers
- ♥ Behavioral health support
- ♥ Access to community wellness centers
- ♥ Financial help that can lower your plan to \$0 per month for those who qualify

2025 Silver Plan Benefits

PLAN NAME	SILVER 70	SILVER 73 CSR 250	SILVER 87 CSR 200	SILVER 94 CSR 150
Deductible – Ind	\$5,400	\$0	\$0	\$0
Deductible – Fam	\$10,800	\$0	\$0	\$0
Rx Deductible – Ind	\$50	\$0	\$0	\$0
Rx Deductible – Fam	\$100	\$0	\$0	\$0
Max OOP – Ind	\$8,700	\$6,100	\$3,000	\$1,150
Max OOP – Fam	\$17,400	\$12,200	\$6,000	\$2,300
Primary Care Office Visit	\$50	\$35	\$15	\$5
Specialist Office Visit	\$90	\$85	\$25	\$8
Preventive Services	\$0	\$0	\$0	\$0
Lab	\$50	\$50	\$20	\$8
X-ray/Diag Imaging	\$95	\$95	\$40	\$8
Adv Imaging (CT/PET, MRI)	\$325	\$325	\$100	\$50
OP Surgery Facility	30%	30%	20%	10%
OP Surgical Physician/ Surgeon	30%	30%	20%	10%
OP Visit	30%	30%	20%	10%
ER Facility (waived if admitted)	\$400	\$350	\$150	\$50
ER Physician (waived if admitted)	\$0	\$0	\$0	\$0
Ambulance	\$250	\$250	\$75	\$30
Non-Emergent Medical Transportation	\$250	\$250	\$75	\$30
Urgent Care Facility	\$50	\$35	\$15	\$5
Hospital Facility	30% after ded	30%	20%	10%
IP Physician/Surgeon	30%	30%	20%	10%
BH/SUD Office Visit	\$50	\$35	\$15	\$5

PLAN NAME	SILVER 70	SILVER 73 CSR 250	SILVER 87 CSR 200	SILVER 94 CSR 150
BH/SUD Other OP	\$50	\$35	\$15	\$5
BH/SUD Inpatient Facility	30% after ded	30%	20%	10%
Prenatal/Preconception Visit	\$0	\$0	\$0	\$0
Home Health (per visit)	\$45	\$40	\$15	\$3
OP Rehab	\$50	\$35	\$15	\$5
OP Habilitation	\$50	\$35	\$15	\$5
Skilled Nursing Care	30% after ded	30%	20%	10%
DME	20%	20%	15%	10%
Hospice	\$0	\$0	\$0	\$0
Retail (up to 30-day supply)				
Tier 1 – Generic	\$18	\$15	\$5	\$3
Tier 2 – Preferred Brand	\$60 after Rx ded	\$55	\$25	\$10
Tier 3 – Non-Pref Brand	\$90 after Rx ded	\$85	\$45	\$15
Tier 4 – Specialty	20% up to \$250 per script after Rx ded	20% up to \$250 per script	15% up to \$150 per script	10% up to \$150 per script
Mail Order (2X retail cost share up to 100-day supply)				
Tier 1 – Generic	\$36	\$30	\$10	\$6
Tier 2 – Preferred Brand	\$120 after Rx ded	\$110	\$50	\$20
Tier 3 – Non-Pref Brand	\$180 after Rx ded	\$170	\$90	\$30
Pediatric Services				
Routine Eye Exam	\$0	\$0	\$0	\$0
Eyewear	\$0	\$0	\$0	\$0
Dental – Preventive	\$0	\$0	\$0	\$0
Dental – Basic	*see 2025 dental copay schedule	*see 2025 dental copay schedule	*see 2025 dental copay schedule	*see 2025 dental copay schedule
Dental – Major	*see 2025 dental copay schedule	*see 2025 dental copay schedule	*see 2025 dental copay schedule	*see 2025 dental copay schedule
Dental – Orthodontics	\$1,000	\$1,000	\$1,000	\$1,000



**A health
plan that fits
your
Family**

2025 Plan Benefits Preview

	Bronze	Silver 94	Silver 87	Silver 73	Silver 70	Gold	Platinum
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$60	\$5	\$15	\$35	\$50	\$35	\$15
Specialist Visit	\$95	\$8	\$25	\$85	\$90	\$65	\$30
Urgent Care	\$60	\$5	\$15	\$35	\$50	\$35	\$15
Emergency Room (waived if admitted)	40% after ded	\$50	\$150	\$350	\$400	\$330	\$150
Pediatric Dental Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Eye Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical Deductible	Individual *\$5,800	Individual \$0	Individual \$0	Individual \$0	Individual \$5,400	Individual \$0	Individual \$0
	Family \$11,600	Family \$0	Family \$0	Family \$0	Family \$10,800	Family \$0	Family \$0
Pharmacy Deductible	Individual \$450	Individual \$0	Individual \$0	Individual \$0	Individual \$50	Individual \$0	Individual \$0
	Family \$900	Family \$0	Family \$0	Family \$0	Family \$100	Family \$0	Family \$0
Max. Out-of-Pocket	Individual \$8,850	Individual \$1,150	Individual \$3,000	Individual \$6,100	Individual \$8,700	Individual \$8,700	Individual \$4,500
	Family \$17,700	Family \$2,300	Family \$6,000	Family \$12,200	Family \$17,400	Family \$17,400	Family \$9,000

Not a full list of benefits. To view all plan benefits, please contact IEHP or visit IEHPCovered.org.

* \$5,800 deductible does not apply for the first three non-preventive visits, combined with primary care, specialty care, and urgent care. \$95 after deductible for subsequent visits.

Get the care you need with a plan that fits.

Enroll today!

IEHPCovered.org | 1-833-447-0414



Covered California is a registered trademark of the State of California.