

2027

BENEFITS
GUIDE

**I can
afford it.**

Get low or no-cost
health plans.



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

I qualify.

With IEHP Covered, 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 Covered is still here for you.

Select low cost plans 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 health care support anytime from our 24-Hour Nurse Advice Line. Try free health & wellness classes, access health care education and more at our bilingual community wellness centers.



We speak your language.

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



Access preventive services for as low as \$0.

Coverage may be more affordable than you think. Bronze, Silver, Gold, and Platinum plans provide the coverage that's right for your health care 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, prescription delivery services and more.

Plus these benefits and features:

- ♥ Network of quality providers
- ♥ Behavioral health support
- ♥ Access to community wellness centers

2027 Silver Plan Benefits

PLAN NAME	SILVER 70	SILVER 73	SILVER 87	SILVER 94
Deductible – Ind	\$4,700	\$4,700	\$1,100	\$200
Deductible – Fam	\$9,400	\$9,400	\$2,200	\$400
Rx Deductible – Ind	\$50	\$50	\$50	\$0
Rx Deductible – Fam	\$100	\$100	\$100	\$0
Max OOP – Ind	\$11,650	\$9,600	\$4,000	\$3,000
Max OOP – Fam	\$23,300	\$19,200	\$8,000	\$6,000
Primary Care Office Visit	\$50	\$50	\$15	\$5
Specialist Office Visit	\$100	\$100	\$30	\$8
Preventive Services	\$0	\$0	\$0	\$0
Lab	\$50	\$50	\$35	\$10
X-ray/Diag Imaging	\$95	\$95	\$50	\$10
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	\$400	\$200	\$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	\$50	\$15	\$5
Hospital Facility	30% after ded	30% after ded	20% after ded	10% after ded
IP Physician/Surgeon	30%	30%	20%	10%
BH/SUD Office Visit	\$50	\$50	\$15	\$5

PLAN NAME	SILVER 70	SILVER 73	SILVER 87	SILVER 94
BH/SUD Other OP	\$50	\$50	\$15	\$5
BH/SUD Inpatient Facility	30% after ded	30% after ded	20% after ded	10%
Prenatal/Preconception Visit	\$0	\$0	\$0	\$0
Home Health (per visit)	\$45	\$40	\$15	\$3
OP Rehab	\$50	\$50	\$15	\$5
OP Habilitation	\$50	\$50	\$15	\$5
Skilled Nursing Care	30% after ded	30% after ded	20% after ded	10% after ded
DME	20%	20%	15%	10%
Hospice	\$0	\$0	\$0	\$0
Retail (up to 30-day supply)				
Tier 1 – Generic	\$20	\$20	\$10	\$3
Tier 2 – Preferred Brand	\$65 after Rx ded	\$55 after Rx ded	\$30 after Rx ded	\$10
Tier 3 – Non-Pref Brand	\$95 after Rx ded	\$95 after Rx ded	\$50 after Rx ded	\$15
Tier 4 – Specialty	20% up to \$250 per script after Rx ded	20% up to \$250 per script after Rx ded	15% up to \$150 per script after Rx ded	10% up to \$150 per script
Mail Order (2X retail cost share up to 100-day supply)				
Tier 1 – Generic	\$40	\$40	\$20	\$6
Tier 2 – Preferred Brand	\$130 after Rx ded	\$110 after Rx ded	\$60 after Rx ded	\$20
Tier 3 – Non-Pref Brand	\$190 after Rx ded	\$190 after Rx ded	\$100 after Rx ded	\$30
Pediatric Services				
Routine Eye Exam	\$0	\$0	\$0	\$0
Eyewear	\$0	\$0	\$0	\$0
Dental – Preventive	\$0	\$0	\$0	\$0
Dental – Basic	*see 2027 dental copay schedule	*see 2027 dental copay schedule	*see 2027 dental copay schedule	*see 2027 dental copay schedule
Dental – Major	*see 2027 dental copay schedule	*see 2027 dental copay schedule	*see 2027 dental copay schedule	*see 2027 dental copay schedule
Dental – Orthodontics	\$1,000	\$1,000	\$1,000	\$1,000

**I can find a plan
that's right for me.**



2027 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	\$50	\$50	\$40	\$20
Specialist Visit	*\$100	\$8	\$30	\$100	\$100	\$80	\$45
Urgent Care	\$60	\$5	\$15	\$50	\$50	\$40	\$20
Emergency Room (waived if admitted)	40% after ded	\$50	\$200	\$400	\$400	\$350	\$225
Pediatric Dental Preventive	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Eye Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical Deductible	Individual	Individual	Individual	Individual	Individual	Individual	Individual
	**\$5,800	\$200	\$1,100	\$4,700	\$4,700	\$0	\$0
	Family	Family	Family	Family	Family	Family	Family
	\$11,600	\$400	\$2,200	\$9,400	\$9,400	\$0	\$0
Pharmacy Deductible	Individual	Individual	Individual	Individual	Individual	Individual	Individual
	\$450	\$0	\$50	\$50	\$50	\$0	\$0
	Family	Family	Family	Family	Family	Family	Family
	\$900	\$0	\$100	\$100	\$100	\$0	\$0
Max. Out-of-Pocket	Individual	Individual	Individual	Individual	Individual	Individual	Individual
	\$11,650	\$3,000	\$4,000	\$9,600	\$11,650	\$9,600	\$5,500
	Family	Family	Family	Family	Family	Family	Family
	\$23,300	\$6,000	\$8,000	\$19,200	\$23,300	\$19,200	\$11,000

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

*Deductible waived for first three non-preventive office visits, combined with primary care, specialty care, and urgent care. \$100 after deductible for subsequent visits.

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

Have confidence knowing you're covered.



Enroll today!

IEHPCovered.org

1-833-557-6505

