

Welcome to Plan Picker 2018

Plan Picker 2018 makes choosing a health insurance plan simple.

We are here to help you make a choice that is right for you based on your needs and preferences.

We are also here to help you use your insurance once you're enrolled!



Continue

Are you eligible for free coverage?

Before we get started, you might want to apply for free coverage. Information entered here will not be shared with your employer.

What is your income?

How many people are in your family?



Skip this step to explore employer plans



Helpful Videos

Health Insurance 101

- What is a...
- Premium
- Copay
- Coinsurance
- Deductible

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FAQs

Are you eligible for free coverage?

Before we get started, you might want to apply for free coverage. Information entered here will not be shared with your employer.

- Check here if ANY of the following apply to you:
 - Your age is over 65 or under 21
 - Pregnant
 - Blind
 - Disabled
 - You are enrolled in one or more of the following programs:
 - CalFresh
 - CalWorks (AFDC)
 - Refugee Assistance
 - Foster Care or Adoption Assistance Program

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You may be eligible for MediCal

You may be eligible for free health insurance through MediCal.

Click below to apply online or to contact your local County office for more information



Apply online



Back



Skip this step to explore employer plans



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Your plan preferences

To find out which plan options best fit your needs, answer the following questions. Information provided will be used solely for plan selection and will not be shared with your employer or health plan.

Which doctors do you or your family see that you would like to keep seeing?

+ Add provider

Which hospitals or clinics do you want in your plan network?

+ Add facility



Skip ahead to view plans



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Which medications do you currently take or predict you may take over the next 12 months?

+ Add medication

Which health conditions are you under treatment for or expect to need treatment for over the next 12 months?

+ Add health condition



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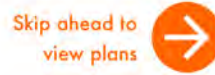
Your plan preferences

To find out which plan options best fit your needs, answer the following questions. Information provided will be used solely for plan selection and will not be shared with your employer or health plan.

Have any of your immediate family members ever had any of the following health conditions?

+ Add health condition

About how many times a year do you and your family members see the doctor?



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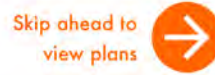
What is your family's total pre-tax income this year?

Which of the following would you prefer?

- High premiums (monthly payments) and low cost sharing (fees when you use health care), or
- Low premiums (monthly payments) and high cost sharing (fees when you use health care)

If you got an unanticipated medical bill for \$5000, which would you do:

- Pay in cash (from savings)
- Pay it off eventually
- Not be able to pay it



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Plan Selection

Below are the plans available to you, ordered based on how much they align with your plan preferences.

Health Plan A HMO

\$150 monthly premium	Primary care visit: \$20 Specialty visit: \$40	<p>Your preferences</p> <input checked="" type="checkbox"/> Jane Smith MD covered <input checked="" type="checkbox"/> Low deductible <input checked="" type="checkbox"/> Most affordable specialty	<p>See more information </p> <p>Enroll now </p>
\$700 deductible	ER visit: \$100 Generic Rx: \$5		

Health Plan B HDHP/HSA

\$80 monthly premium	Primary care visit: \$30 Specialty visit: \$60	<p>Your preferences</p> <input checked="" type="checkbox"/> Your Rx covered <input checked="" type="checkbox"/> Low premium <input checked="" type="checkbox"/> ABC Hospital in network	<p>See more information </p> <p>Enroll now </p>
\$1800 deductible	ER visit: \$150 Generic Rx: \$10		

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Tools for using your health insurance

Rx Price Check
Co-pay Assistance
Cost Estimator
Deductible Tracker

Enter your medication below to find out about more affordable medications, pharmacies and/or fill sizes

Prescribed medication:

Alternative Medications

Alternative medication 1: XXXXXXXX [More info](#) 

Zip code for Rx pickup:

Radius (miles):

Pharmacy Option 1: XXXXXXXX

- Co-pay: \$x, Fill size:
- Co-pay: \$y, Fill size:

Pharmacy Option 2: XXXXXXXX

- Co-pay: \$x, Fill size:
- Co-pay: \$y, Fill size:

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