2026
BENEFITS
GUIDE

# A health plan that fits *you*

IEHP Covered

COVERED CALIFORNIA

# Enroll in a health plan that fits *you*

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 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 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.

Choose your fit. 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

# 2026 Silver Plan Benefits

| PLAN NAME | SILVER 70 | SILVER 73 | SILVER 87 | SILVER 94 |
|---|---|---|---|---|
| Deductible – Ind | $5,200 | $5,200 | $1,400 | $0 |
| Deductible – Fam | $10,400 | $10,400 | $2,800 | $0 |
| Rx Deductible – Ind | $50 | $50 | $50 | $0 |
| Rx Deductible – Fam | $100 | $100 | $100 | $0 |
| Max OOP – Ind | $9,800 | $8,100 | $3,350 | $1,400 |
| Max OOP – Fam | $19,600 | $16,200 | $6,700 | $2,800 |
| Primary Care Office Visit | $50 | $50 | $15 | $5 |
| Specialist Office Visit | $90 | $90 | $25 | $8 |
| Preventive Services | $0 | $0 | $0 | $0 |
| Lab | $50 | $50 | $30 | $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% |
| 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% |
| DME | 20% | 20% | 15% | 10% |
| Hospice | $0 | $0 | $0 | $0 |
| Retail (up to 30-day supply) | | | | |
| Tier 1 – Generic | $19 | $19 | $8 | $3 |
| Tier 2 – Preferred Brand | $60 after Rx ded | $55 after Rx ded | $25 after Rx ded | $10 |
| Tier 3 – Non-Pref Brand | $90 after Rx ded | $85 after Rx ded | $45 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 | $38 | $38 | $16 | $6 |
| Tier 2 – Preferred Brand | $120 after Rx ded | $110 after Rx ded | $50 after Rx ded | $20 |
| Tier 3 – Non-Pref Brand | $180 after Rx ded | $170 after Rx ded | $90 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 2026 dental copay schedule | *see 2026 dental copay schedule | *see 2026 dental copay schedule | *see 2026 dental copay schedule |
| Dental – Major | *see 2026 dental copay schedule | *see 2026 dental copay schedule | *see 2026 dental copay schedule | *see 2026 dental copay schedule |
| Dental – Orthodontics | $1,000 | $1,000 | $1,000 | $1,000 |

# A health plan that fits your *Family*

# 2026 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 | $15 |
| Specialist Visit | $95 | $8 | $25 | $90 | $90 | $70 | $30 |
| Urgent Care | $60 | $5 | $15 | $50 | $50 | $40 | $15 |
| Emergency Room (waived if admitted) | 40% after ded | $50 | $200 | $400 | $400 | $350 | $175 |
| 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 $1,400 | Individual $5,200 | Individual $5,200 | Individual $0 | Individual $0 |
| | Family $11,600 | Family $0 | Family $2,800 | Family $10,400 | Family $10,400 | Family $0 | Family $0 |
| Pharmacy Deductible | Individual $450 | Individual $0 | Individual $50 | Individual $50 | Individual $50 | Individual $0 | Individual $0 |
| | Family $900 | Family $0 | Family $100 | Family $100 | Family $100 | Family $0 | Family $0 |
| Max. Out-of-Pocket | Individual $9,800 | Individual $1,400 | Individual $3,350 | Individual $8,100 | Individual $9,800 | Individual $9,200 | Individual $5,000 |
| | Family $19,600 | Family $2,800 | Family $6,700 | Family $16,200 | Family $19,600 | Family $18,400 | Family $10,000 |

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.

# Get the care you need with a plan that fits.

## Enroll today!

IEHPCovered.org | 1-833-447-0414

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