



2023 Plan Summary Covered California for Small Business

Light shading indicates plan benefit changes from prior year.

Bronze (60%)	•Blue Shield 6300/65 (PPO) •Sharp 6300/65 (Performance HMO)	(OON) = Out of Network •Blue Shield 6300/65 (OON)	•Kaiser 6300/65 (HMO)	•Blue Shield Trio 7000 (HMO) New Plan Q3 2023	•Kaiser HDHP 7000/0% (HMO) •Sharp HDHP 7000/0% (Premier HMO) •Blue Shield Savings 7000 (PPO) New Plan Q3 2023	(OON) = Out of Network •Blue Shield Savings 7000 (PPO) New Plan Q3 2023	•Kaiser 5400/60 Alt (HMO)
Service Type	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network	In-Network
Individual Deductible (if any)	\$6,300 Medical/ \$500 Pharmacy	\$12,600 Medical	\$6,300 Medical/ \$500 Pharmacy	\$7,000	\$7,000	\$10,000	\$5,400
Family Deductible (if any)	\$12,600 Medical/ \$1,000 Pharmacy	\$25,200 Medical	\$12,600 Medical/ \$1,000 Pharmacy	\$14,000	\$14,000	\$20,000	\$10,800
Preventive Care/Screening/ Immunization	No Charge	Not Covered	No Charge	No Charge	No Charge	Not Covered	No Charge
Primary care visit to treat an injury, illness, or condition	\$65 Copay with deductible*	50% Coinsurance after deductible	\$65 Copay with deductible*	\$70	0% Coinsurance after deductible	50% Coinsurance after deductible	\$60 Copay with deductible*
Other Practitioner Office Visit	\$65 Copay after deductible*	50% Coinsurance after deductible	\$65 Copay after deductible*	\$70	0% Coinsurance after deductible	50% Coinsurance after deductible	\$60 Copay after deductible*
Specialist visit	\$95 Copay after deductible*	50% Coinsurance after deductible	\$95 Copay after deductible*	\$80	0% Coinsurance after deductible	50% Coinsurance after deductible	\$80 Copay after deductible*
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	50% Coinsurance after deductible	No Charge
Urgent Care	\$65 Copay after deductible*	50% Coinsurance after deductible	\$65 Copay after deductible*	\$70	0% Coinsurance after deductible	Not Covered 50% Coinsurance after deductible	\$60 Copay after deductible
Laboratory Tests	\$40	50% Coinsurance after deductible	\$40	\$65	0% Coinsurance after deductible	50% Coinsurance after deductible	\$30 Copay after deductible
X-Rays and Diagnostic Imaging	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	\$115	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Emergency Room Facility Fee (waived if admitted)	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	No Charge after deductible	50% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	50% Coinsurance after deductible	0% Coinsurance after deductible	No Charge after deductible	No Charge
Emergency Medical Transportation	40% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	No Charge after deductible	50% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	40% Coinsurance after deductible	50% Coinsurance after deductible, subject to a benefit maximum of \$350/day	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	50% Coinsurance after deductible
Outpatient Physician/Surgeon Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	\$150	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Outpatient Visit	40% Coinsurance after deductible	50% Coinsurance after deductible subject to a benefit maximum of \$350/day	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	50% Coinsurance after deductible
Inpatient Physician/Surgeon Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50%	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Inpatient Facility Fee (e.g. hospital room)	40% Coinsurance after deductible	50% Coinsurance subject to a benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	50% Coinsurance after deductible
Durable Medical Equipment	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50%	0% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible
Imaging (CT/PET scans, MRIs)	40% Coinsurance after deductible	50% Coinsurance after deductible subject to a benefit maximum of \$350/day	40% Coinsurance after deductible	\$400 Copay after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	50% Coinsurance after deductible
Tier 1 (Generic Drugs)	\$18 after pharmacy deductible	Not Covered	\$18 after pharmacy deductible	Level A: \$25 Level B: \$30	0% Coinsurance after pharmacy deductible Sharp: 0% Coinsurance after deductible up to \$500 0% Coinsurance after deductible	Not Covered	\$20
Tier 2 (Preferred Brand Drugs)	40% up to \$500 per script after pharmacy deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Level A: \$115 Copay after deductible Level B: \$145 Copay after deductible	0% Coinsurance after pharmacy deductible Sharp: 0% Coinsurance after deductible up to \$500 Blue Shield 0% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible up to \$500
Tier 3 (Nonpreferred Brand Drugs)	40% up to \$500 per script after pharmacy deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Level A: \$160 Copay after deductible Level B: \$210 Copay after deductible	0% Coinsurance after pharmacy deductible Sharp: 0% Coinsurance after deductible up to \$500 Blue Shield 0% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible up to \$500
Tier 4 (Specialty Drugs)	40% up to \$500 per script after pharmacy deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	50% Coinsurance \$500 per script after deductible	0% Coinsurance after pharmacy deductible Sharp: 0% Coinsurance after deductible up to \$500 Blue Shield 0% Coinsurance after deductible	Not Covered	50% Coinsurance after deductible up to \$500
Mental/Behavior Health Outpatient office visits	\$65 Copay with deductible*	50% Coinsurance after deductible	No Charge	\$70	0% Coinsurance after deductible Sharp: No charge after deductible	50% Coinsurance after deductible	No Charge after deductible*
Mental/Behavior Health Inpatient physician fee	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50%	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility fee	40% Coinsurance after deductible	50% Coinsurance subject to a benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	50% Coinsurance after deductible
Substance Use Disorder Outpatient office visits	\$65 Copay with deductible*	50% Coinsurance after deductible	No Charge	\$70	0% Coinsurance after deductible Sharp: No charge after deductible	50% Coinsurance after deductible	No Charge after deductible*
Substance Use Inpatient Physician Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	50%	0% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible

Substance Use Inpatient Facility Fee (e.g., hospital room)	40% Coinsurance after deductible	50% Coinsurance subject to a benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	0% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	50% Coinsurance after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Bundled	Pediatric Dental Embedded	Sharp/BlueShield: Embedded Kaiser: Bundled	Pediatric Dental Embedded	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	\$8,200	\$13,250	\$8,600	\$8,750	\$7,000	\$10,000	\$8,300
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$16,400	\$26,500	\$17,200	\$17,500	\$14,000	\$20,000	\$16,600

Please Note: This document is a high level benefit overview and is not intended as a substitution for the Evidence of Coverage (EOC) which can be viewed online by selecting the applicable carrier at www.coveredca.com/forsmallbusiness/plans/ or requested from the Covered California for Small Business Customer Service Center at 855-777-6782.

* Deductible waived first three non-preventive visits

Notes

- 1) Any and all cost-sharing payments for in-network covered services apply to the out-of-pocket maximum. If a deductible applies to the service, cost sharing payments for all in-network services accumulate toward the deductible. In network services include services provided by an out-of-network provider but are approved as in-network by the issuer.
 - 2) For covered out of network services in a PPO plan, these Patient-Centered Benefit Plan Designs do not determine cost sharing, deductible, or maximum out-of-pocket amounts. See the applicable PPO's Evidence of Coverage or Policy.
 - 3) Cost-sharing payments for drugs that are not on-formulary but are approved as exceptions accumulate toward the Plan's in-network out-of-pocket maximum.
 - 4) For plans except HDHPs, in coverage other than self-only coverage, an individual's payment toward a deductible, if required, is limited to the individual annual deductible amount. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.
- After a family satisfies the family out-of-pocket maximum, the issuer pays all costs for covered services for all family members.
- 5) For HDHPs, in other than self-only coverage, an individual's payment toward a deductible, if required, must be the higher of (1) the specified deductible amount for individual coverage or (2) the minimum deductible amount for family coverage specified by the IRS in its revenue procedure for the 2023 calendar year for inflation adjusted amounts for Health Savings Accounts (HSAs), issued pursuant to section 223 of the Internal Revenue Code. In coverage other than self-only coverage, an individual's out of pocket contribution is limited to the individual's annual out of pocket maximum.