



## 2025 Plan Summary Covered California for Small Business

Service Type	Blue Shield 5800/60 PCP (PPO) *Sharp \$800/60 PCP Performance RAC		(OON) = Out of Network Blue Shield 5800/60 PCP (OON)	Blue Shield Trio 7000/70 PCP Alt (HMO)	Blue Shield HDHP PPO 7500/0% PCP Alt	(OON) = Out of Network Blue Shield HDHP PPO PCP 7500/0% PCP Alt	Kaiser 5800/60 PCP (HMO)	Kaiser HDHP 6650/0% PCP (HMO) Sharp HDHP 6650/0% PCP (Premier HMO)
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network	
<b>Individual Deductible (if any)</b>	Blue Shield: \$5,800 Medical/ \$450 Pharmacy Sharp: \$5,800 Medical/ \$450 Pharmacy	Blue Shield: \$11,600 Medical	\$7,000 Medical and Pharmacy Combined	\$7,500 Medical and Pharmacy Combined	\$10,500 Medical and Pharmacy Combined	\$5,800 Medical/ \$450 Pharmacy	Kaiser: \$6,650 Sharp: \$6,650	
<b>Family Deductible (if any)</b>	Blue Shield: \$11,600 Medical/ \$900 Pharmacy Sharp: \$11,600 Medical/ \$900 Pharmacy	Blue Shield: \$23,200 Medical	\$14,000 Medical and Pharmacy Combined	\$15,000 Medical and Pharmacy Combined	\$21,000 Medical and Pharmacy Combined	\$11,600 Medical/ \$900 Pharmacy	Kaiser: \$13,300 Sharp: \$13,300	
<b>Preventive Care/Screening/ Immunization</b>	Blue Shield: No Charge Sharp: No Charge	Not Covered	No Charge	No Charge	Not Covered	No Charge	Kaiser: No Charge Sharp: No Charge	
<b>Primary care visit to treat an injury, illness or condition</b>	Blue Shield: \$60 Copy after deductible Sharp: \$60 Copy after deductible*	50% Coinsurance after deductible	\$70	No Charge after deductible	50% Coinsurance after deductible	\$60 copy	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Other Practitioner Office Visit</b>	Blue Shield: \$60 Copy after deductible Sharp: \$60 Copy after deductible*	50% Coinsurance after deductible	\$70	No Charge after deductible	50% Coinsurance after deductible	\$60 copy	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Specialist visit</b>	Blue Shield: \$95 Copy after deductible Sharp: \$95 Copy after deductible*	50% Coinsurance after deductible	\$80	No Charge after deductible	50% Coinsurance after deductible	\$95 Copy after deductible*	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Prenatal Care and Preconception Visit</b>	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge	Kaiser: No Charge Sharp: No Charge	
<b>Urgent Care</b>	Blue Shield: \$60 Copy after deductible Sharp: \$60 Copy after deductible*	50% Coinsurance after deductible	\$70	No Charge after deductible	50% Coinsurance after deductible	\$60 Copy	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Laboratory Tests</b>	Blue Shield: \$40 Sharp: \$40	50% Coinsurance after deductible	\$65	No Charge after deductible	50% Coinsurance after deductible	\$40	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>X-Rays and Diagnostic Imaging</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$115	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Emergency Room Facility Fee (waived if admitted)</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Emergency Room Physician Fee (waived if admitted)</b>	Blue Shield: No Charge Sharp: No Charge	No Charge	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Emergency Medical Transportation</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Outpatient Surgery Facility Fee (e.g., ASC)</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to a benefit Max of \$30/Day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Outpatient Physician/Surgeon Fee</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$150	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Outpatient Visit</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Inpatient Physician/Surgeon Fee</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Inpatient Facility Fee (e.g. hospital room)</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Durable Medical Equipment</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	Not Covered deductible does not apply	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Imaging (CT/PET scans, MRIs)</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$400 Copayment after deductible	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Tier 1 (Generic Drugs)</b>	Blue Shield: \$19 Sharp: \$19	Not Covered	Level A: \$25/prescription Level B: \$30/prescription	No Charge after deductible	Not Covered	\$19	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Tier 2 (Preferred Brand Drugs)</b>	Blue Shield: 40% up to \$500 after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	Level A: \$115/prescription after deductible Level B: \$145/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Tier 3 (Nonpreferred Brand Drugs)</b>	Blue Shield: 40% up to \$500 per after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	Level A: \$160/prescription after deductible Level B: \$210/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Tier 4 (Specialty Drugs)</b>	Blue Shield: 40% up to \$500 per script after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	50% coinsurance up to \$500/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Mental/Behavior Health Outpatient office visits</b>	Blue Shield: \$60 Sharp: \$60	50% Coinsurance after deductible	\$70	No Charge after deductible	50% Coinsurance after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: No charge after deductible	
<b>Mental/Behavior Health Inpatient physician fee</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Mental/Behavior Health Inpatient Facility Fee</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Substance Use Disorder Outpatient office visits</b>	Blue Shield: \$60 Sharp: \$60	50% Coinsurance after deductible	\$70	No Charge after deductible	50% Coinsurance after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: No charge after deductible	
<b>Substance Use Inpatient Physician Fee</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Substance Use Inpatient Facility Fee (e.g. hospital room)</b>	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible	
<b>Pediatric Dental</b>	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Bundled	Sharp: Embedded Kaiser: Bundled	
<b>MAXIMUM OUT-OF-POCKET FOR ONE</b>	Blue Shield: \$8,850 Sharp: \$8,850	Blue Shield: \$17,700	\$8,850	\$7,500	\$15,000	\$8,850	Kaiser: \$6,650 Sharp: \$6,650	
<b>MAXIMUM OUT-OF-POCKET FOR FAMILY</b>	Blue Shield: \$17,700 Sharp: \$17,700	Blue Shield: \$35,400	\$17,700	\$15,000	\$30,000	\$17,700	Kaiser: \$13,300 Sharp: \$13,300	

**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 at [www.coveredca.com](http://www.coveredca.com) or requested from the Covered California for Small Business Customer Service Center at 855-777-6782.  
\* Deductible waived first three non-preventive visits

- Notes**
- Any and all cost-sharing payments for in-network covered services apply to the in-network out-of-pocket maximum. If a deductible applies to the in-network service, cost sharing payments for all in-network services accumulate toward the in-network deductible. In network services include services provided by an out-of-network provider but are approved as in-network by the issuer.
  - 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.
  - 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.
  - 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's 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.
  - 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 2025 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.