



2025 Plan Summary Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Service Type	In-network	Out-of-network	In-network	In-network	In-network	In-network	In-network	In-network
Silver (70%)	Blue Shield 2500/55 PCP (PPO) Sharp 2500/55 PCP (Performance HMO)	(OON) = Out of Network Blue Shield 2500/55 PCP (OON)	BlueShield HDHP PPO 2300/30% PCP Alt	Kaiser 2500/55 PCP (HMO) Sharp 2500/55 PCP (Premier HMO) Blue Shield 2500/55 PCP (Trio HMO Access+)	Kaiser HDHP 2850/25% PCP (HMO) Sharp Premier HDHP 2850/25% PCP (HMO)	Kaiser 1900/65 Alt PCP (HMO)	Kaiser 2300/65 Alt PCP (HMO)	Kaiser 2900/65 Alt PCP (HMO)
Individual Deductible (if any)	Blue Shield: \$2,500 Medical/\$300 Pharmacy Sharp: \$2,500 Medical/\$300 Pharmacy	\$5,000	\$2,300 Medical and Pharmacy Combined	Blue Shield: \$2,500 Medical/\$300 Pharmacy Sharp: \$2,500 Medical/\$300 Pharmacy Kaiser: \$2,500 Medical/\$300 Pharmacy	Sharp: \$2,850 Kaiser: \$2,800	\$1,900	\$2,300 Medical/\$500 Pharmacy	\$2,900
Family Deductible (if any)	Blue Shield: \$5,000 Medical/\$600 Pharmacy Sharp: \$5,000 Medical/\$600 Pharmacy	\$10,000	\$4,600 Medical and Pharmacy Combined	Blue Shield: \$5,000 Medical/\$600 Pharmacy Sharp: \$5,000 Medical/\$600 Pharmacy Kaiser: \$5,000 Medical/\$600 Pharmacy	Sharp: \$5,700 Kaiser: \$5,700	\$3,800	\$4,600 Medical/\$1,000 Pharmacy	\$5,800
Preventive Care/Screening/Immunization	Blue Shield: No Charge Sharp: No Charge	Not Covered	No Charge	Blue Shield: No Charge Sharp: No Charge Kaiser: No Charge	Sharp: No Charge Kaiser: No Charge	No Charge	No Charge	No Charge
Primary Care Visit to treat an injury, illness or condition	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: \$55	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$65	\$65	\$65
Other Practitioner Office Visit	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: \$55	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$65	\$65	\$65
Specialist Visit	Blue Shield: \$90 Sharp: \$90	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$90 Sharp: \$90 Kaiser: \$90	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$100	\$100	\$100
Prenatal Care and Preconception Visit	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	No Charge	Blue Shield: No Charge Sharp: No Charge Kaiser: No Charge	Sharp: No Charge Kaiser: No Charge	No Charge	No Charge	No Charge
Urgent Care	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: \$55	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$65	\$65	\$65
Laboratory Tests	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: \$55	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$30	\$30	\$30 Copy after deductible
X-Rays and Diagnostic Imaging	Blue Shield: \$90 Sharp: \$90	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$90 Sharp: \$90 Kaiser: \$90	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$75	\$75	\$75 Copy after deductible
Emergency Room Facility Fee (waived if admitted)	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	35% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	Blue Shield: No Charge Sharp: No Charge	No Charge	30% Coinsurance after deductible	Blue Shield: No Charge Sharp: No Charge Kaiser: No Charge	Kaiser: 25% Coinsurance after deductible Sharp: No Charge after Deductible	No Charge	No Charge	No Charge
Emergency Medical Transportation	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	35% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Physician/ Surgeon Fee	Blue Shield: 36% Sharp: 36%	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 36% Sharp: 36% Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Visit	Blue Shield: 36% Sharp: 36%	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Sharp: 35% Kaiser: 35%	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	No Charge	No Charge	No Charge
Inpatient Physician/Surgeon Fee	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Durable Medical Equipment	Blue Shield: 36% Sharp: 36%	50% Coinsurance after deductible	50% Coinsurance after deductible	Blue Shield: 36% Sharp: 36% Kaiser: 36%	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	49%	49%	49%
Imaging (CT/PET scans, MRIs)	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$300 Copy after deductible Sharp: \$300 Copy after deductible Kaiser: \$300 Copy after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	\$400 Copy after deductible	\$400 Copy after deductible	\$400 Copy after deductible
Tier 1 (Generic Drugs)	Blue Shield: \$20 Copy Sharp: \$20 Copy	Not Covered	\$25/prescription after deductible	Kaiser: \$19 Sharp: \$19 Blue Shield Trio: Level A \$19, Level B \$34 Blue Shield A-: \$19	Sharp: 25% Coinsurance after deductible (up to \$250 per Script) Kaiser: 25% Coinsurance after deductible (up to \$250 per Script)	\$20	\$20	\$20
Tier 2 (Preferred Brand Drugs)	Blue Shield: \$75 Copy after pharmacy deductible Sharp: \$75 Copy after pharmacy deductible	Not Covered	\$75/prescription after deductible	Kaiser: \$85 Copy after Pharmacy Deductible Sharp: \$85 Copy after Pharmacy Deductible Blue Shield Trio: Level A \$85 Copy after Pharmacy Deductible, Level B \$110 Copy after Pharmacy Deductible Blue Shield A-: \$85 Copy after Pharmacy Deductible	Sharp: 25% Coinsurance after deductible (up to \$250 per Script) Kaiser: 25% Coinsurance after deductible (up to \$250 per Script)	\$100	\$100 Copy after Pharmacy Deductible	\$100 Copy after pharmacy deductible
Tier 3 (Nonpreferred Brand Drugs)	Blue Shield: \$105 Copy after pharmacy deductible Sharp: \$105 Copy after pharmacy deductible	Not Covered	\$100/prescription after deductible	Sharp: \$110 Copy after pharmacy deductible Kaiser: \$85 Copy after Pharmacy Deductible Blue Shield Trio: Level A \$110 Copy after Pharmacy Deductible, Level B \$150 Copy after Pharmacy Deductible Blue Shield A-: \$110 Copy after Pharmacy Deductible	Sharp: 25% Coinsurance after deductible (up to \$250 per Script) Kaiser: 25% Coinsurance after deductible (up to \$250 per Script)	\$100	\$100 Copy after Pharmacy Deductible	\$100 Copy after deductible
Tier 4 (Specialty Drugs)	Blue Shield: 30% Coinsurance (after pharmacy deductible up to \$250/script) Sharp: 30% Coinsurance (after pharmacy deductible)	Not Covered	30% Coinsurance after deductible up to \$250/prescription	Blue Shield: 30% Coinsurance (after pharmacy deductible), (up to \$250/script) Sharp: 30% Coinsurance (after pharmacy deductible) Kaiser: 30% Coinsurance (after pharmacy deductible up to \$250/ script)	Sharp: 25% Coinsurance after deductible (up to \$250 per Script) Kaiser: 25% Coinsurance after deductible (up to \$250 per Script)	20% Coinsurance after deductible (up to \$250/script)	20% (up to \$250 /script) after pharmacy deductible	45% Coinsurance after deductible (up to \$250/script)
Mental/Behavioral Health Outpatient Office Visits	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: No Charge	Sharp: 25% Coinsurance after deductible Kaiser: \$0 Copy after deductible	No Charge	No Charge	No Charge
Mental/Behavior Health Inpatient Physician Fee	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance deductible
Mental/Behavior Health Inpatient Facility Fee	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Substance Use Disorder Outpatient Office Visits	Blue Shield: \$55 Sharp: \$55	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: \$55 Sharp: \$55 Kaiser: No Charge	Sharp: 25% Coinsurance after deductible Kaiser: \$0 Copy after deductible	No Charge	No Charge	No Charge

Substance Use Disorder Inpatient Physician Fee	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	Blue Shield: 35% Coinsurance after deductible Sharp: 35% Coinsurance after deductible Kaiser: 35% Coinsurance after deductible	Sharp: 25% Coinsurance after deductible Kaiser: 25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Sharp, Blue Shield: Pediatric Dental Embedded Kaiser: Bundled	Sharp: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Bundled	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	Blue Shield: \$8,600 Sharp: \$8,600	Blue Shield: \$13,250	\$7,900	Blue Shield: \$8,750 Sharp: \$8,750 Kaiser: \$8,750	Sharp: \$7,500 Kaiser: \$7,500	\$8,750	\$8,750	\$9,100
MAXIMUM OUT-OF-POCKET FOR FAMILY	Blue Shield: \$17,200 Sharp: \$17,200	Blue Shield: \$26,500	\$15,800	Blue Shield: \$17,500 Sharp: \$17,500 Kaiser: \$17,500	Sharp: \$15,000 Kaiser: \$15,000	\$17,500	\$17,500	\$18,200

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 or requested from the Covered California for Small

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 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.