



2023 Plan Summary Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Service Line	-Blue Shield 2500/55 (PPO) -Sharp 2500/55 (Performance HMO)		-Blue Shield 2500/55 (OON)		-Kaiser 2500/55 (HMO) -Sharp 2500/55 (Premier HMO) -Blue Shield 2500/55 (HMO) -Blue Shield 2500/55 (Access + HMO) New Plan Q3 2023		-Blue Shield Full Savings 2300/25 (PPO) New Plan Q3 2023		-Blue Shield Full Savings 2300/25 (PPO) (OON) New Plan Q3 2023		-Kaiser HDHP 2700/25% (HMO) -Sharp Premier HDHP 2700/25% (HMO)		-Kaiser 1900/65 Alt (HMO)		-Kaiser 2300/65 Alt (HMO)		-Kaiser 2800/65 Alt (HMO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual Deductible (if any)	\$2,500 Medical/\$300 Pharmacy	\$5,000	\$2,500 Medical/ \$300 Pharmacy Kaiser: \$2,500 Medical/ \$370 Pharmacy	\$3,200 (IND Plan)	\$4,600 (IND Plan)	\$2,700	\$1,900	\$2,300 Medical/\$500 Pharmacy	\$2,800									
Family Deductible (if any)	\$5,000 Medical/\$600 Pharmacy	\$10,000	\$5,000 Medical/ \$600 Pharmacy Kaiser: \$5,000 Medical/ \$740 Pharmacy	\$3,000 (IND on a Family Plan) \$4,600 (FAM on a Family Plan)	\$6,000 (IND on a Family Plan) \$9,200 (FAM on a Family Plan)	\$5,400	\$3,800	\$4,600 Medical/\$1,000 Pharmacy	\$5,600									
Preventive Care/Screening/Immunization	No Charge	Not Covered	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge									
Primary Care Visit to treat an injury, illness or condition	\$65	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	\$65	\$65	\$65									
Other Practitioner Office Visit	\$65	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	\$65	\$65	\$65									
Specialist Visit	\$80	50% Coinsurance after deductible	\$90	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	\$100	\$100	\$100									
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge									
Urgent Care	\$65	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	Not Covered	25% Coinsurance after deductible	\$65	\$65	\$65									
Laboratory Tests	\$65	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	\$30	\$30	\$30 Copy after deductible									
X-Rays and Diagnostic Imaging	\$80	50% Coinsurance after deductible	\$90	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	\$75	\$75	\$75 Copy after deductible									
Emergency Room Facility Fee (waived if admitted)	35% Coinsurance after deductible	35% Coinsurance after deductible	30% Coinsurance after deductible	\$150 copay after deductible and 25% Coinsurance after deductible	\$150 copay after deductible and 25% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	25% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	No Charge	No Charge	No Charge									
Emergency Medical Transportation	35% Coinsurance after deductible	35% Coinsurance after deductible	30% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Outpatient Surgery Facility Fee (e.g., ASC)	35% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	35% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Outpatient Physician/ Surgeon Fee	35%	50% Coinsurance after deductible	30% Kaiser: 35% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Outpatient Visit	35%	50% Coinsurance subject to benefit maximum of \$350/day after deductible	30%	25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	25% Coinsurance after deductible	No Charge	No Charge	No Charge									
Inpatient Physician/Surgeon Fee	35% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Inpatient Facility Fee (e.g., hospital room)	35% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Durable Medical Equipment	35%	50% Coinsurance after deductible	40%	50% Coinsurance after deductible	Not Covered	25% Coinsurance after deductible	45%	45%	45%									
Imaging (CT/PET scans, MRIs)	35% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	\$300 Copay after deductible	\$100 copay after deductible and 25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$350/day after deductible	25% Coinsurance after deductible	\$400 Copay after deductible	\$400 Copay after deductible	\$400 Copay after deductible									
Tier 1 (Generic Drugs)	\$20 Copay	Not Covered	\$19 Blue Shield Trio: Level A \$19, Level B \$24	\$25 Copay after pharmacy deductible	Not Covered	25% Coinsurance after Pharmacy deductible (up to \$250/script)	\$20	\$20	\$20									
Tier 2 (Preferred Brand Drugs)	\$75 Copay after pharmacy deductible	Not Covered	\$85 Copay after Pharmacy deductible Blue Shield Trio: Level A \$85 after deductible, Level B \$110 after deductible	\$70 Copay after pharmacy deductible	Not Covered	25% Coinsurance after Pharmacy deductible (up to \$250/script)	\$100	\$100 Copay after Pharmacy Deductible	\$100 Copay after deductible									
Tier 3 (Nonpreferred Brand Drugs)	\$105 Copay after pharmacy deductible	Not Covered	\$110 Copay After pharmacy deductible Kaiser: \$85 Copay after Pharmacy Deductible Blue Shield Trio: Level A \$110 after deductible, Level, B \$150 after deductible	\$100 Copay after pharmacy deductible	Not Covered	25% Coinsurance after Pharmacy deductible (up to \$250/script)	\$100	\$100 Copay after Pharmacy Deductible	\$100 Copay after deductible									
Tier 4 (Specialty Drugs)	30% Coinsurance (After pharmacy deductible up to \$250 / script)	Not Covered	30% Coinsurance (After pharmacy deductible up to \$250 / script)	30% Coinsurance after pharmacy deductible	Not Covered	25% Coinsurance after Pharmacy deductible (up to \$250/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	\$65	50% Coinsurance after deductible	\$55 Kaiser: No Charge	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible Kaiser: \$0 Copay after deductible	No Charge	No Charge	No Charge									
Mental/Behavior Health Inpatient Physician Fee	35% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Mental/Behavior Health Inpatient Facility Fee	35% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Substance Use Disorder Outpatient Office Visits	\$65	50% Coinsurance after deductible	\$55 Kaiser: No Charge	25% Coinsurance after deductible	50% Coinsurance after deductible	25% Coinsurance after deductible Kaiser: \$0 Copay after deductible	No Charge	No Charge	No Charge									
Substance Use Disorder Inpatient Physician Fee	35% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance after deductible	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)	35% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	50% Coinsurance subject to benefit maximum of \$2000/day after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible									
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Sharp, Blue Shield: Pediatric Dental Embedded Kaiser: Bundled	Blue Shield: Embedded	Blue Shield: Embedded	Sharp: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Bundled	Bundled									
MAXIMUM OUT-OF-POCKET FOR ONE	\$8,600	\$13,250	\$8,750	\$7,500	15,000	\$7,200	\$8,750	\$8,750	\$8,750									
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$17,200	\$26,500	\$17,500	\$15,000	30,000	\$14,400	\$17,500	\$17,500	\$17,500									

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/formalbusiness/plans/ or requested from the Covered California for Small Business Customer Service Center at 855-777-6782.

- Notes
- 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.
 - 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 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.