



2024 Plan Summary Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Gold (80%)	(OON) = Out of Network					
	Blue Shield 350/25 (PPO) Sharp 350/25 (Performance HMO)	Blue Shield 350/25 (OON)	Kaiser 250/35 (HMO) Blue Shield 250/35 (Trio HMO, Access) Sharp 250/35 (Premier HMO)	Kaiser 0/35 Alt (HMO)	Kaiser Gold 1000/40 Alt (HMO)	Kaiser Gold HDHP 1750/15% ALT (HMO)
Service Type	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible (if any)	Blue Shield: \$350 Sharp: \$350	\$1,000	Kaiser: \$250 Sharp: \$250 Blue Shield: \$240	\$0	\$1,000/\$250 Pharmacy	\$1,750
Family Deductible (if any)	Blue Shield: \$700 Sharp: \$700	\$2,000	Kaiser: \$500 Sharp: \$500 Blue Shield: \$500	\$0	\$2,000/\$500 Pharmacy	\$3,500
Preventive Care/Screening/ Immunization	Blue Shield: No Charge Sharp: No Charge	Not Covered	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge
Primary Care Visit to treat an injury, illness or condition	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible
Other Practitioner Office Visit	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible
Specialist Visit	Blue Shield: \$50 Sharp: \$50	50% Coinsurance after deductible	Kaiser: \$55 Sharp: \$55 Blue Shield: \$55	\$60	\$60	15% Coinsurance after deductible
Prenatal Care and Preconception Visit	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	No Charge
Urgent Care	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$35	\$40	15% Coinsurance after deductible
Laboratory Tests	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Kaiser: \$35 Sharp: \$35 Blue Shield: \$35	\$30	\$30	15% Coinsurance after deductible
X-Rays and Diagnostic Imaging	Blue Shield: \$65 Sharp: \$65	50% Coinsurance after deductible	Kaiser: \$55 Sharp: \$55 Blue Shield: \$55	\$40	\$60	15% Coinsurance after deductible
Emergency Room Facility Fee (waived if admitted)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	20% Coinsurance after deductible	Kaiser: \$250 Copy after deductible Sharp: \$250 Copy after deductible Blue Shield: \$250 Copy after deductible	\$350	\$350	15% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	Blue Shield: No Charge Sharp: No Charge	No Charge	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible
Emergency Medical Transportation	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	20% Coinsurance after deductible	Kaiser: \$250 Copy after deductible Sharp: \$250 Copy after deductible Blue Shield: \$250 Copy after deductible	\$250	\$350	15% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	Blue Shield: 20% Sharp: 20%	50% Coinsurance after deductible	Blue Shield and Sharp \$300 Copy after deductible Kaiser: \$335 Copy after deductible	\$320	\$350	15% Coinsurance after deductible
Outpatient Physician/ Surgeon Fee	Blue Shield: 20% Sharp: 20%	50% Coinsurance after deductible	Blue Shield: \$35 Copy Sharp: \$35 Copy Kaiser: No Charge	No Charge	No Charge	15% Coinsurance after deductible
Outpatient Visit	Blue Shield: 20% Sharp: 20%	50% Coinsurance after deductible	Blue Shield: 20% Sharp: 20% Kaiser: 20%	No Charge	No Charge	15% Coinsurance after deductible
Inpatient Physician/ Surgeon Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible
Inpatient Facility Fee (e.g. hospital room)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 Day (up to 5 days) Sharp: \$600 Day (up to 5 days) Blue Shield: \$600 Day (up to 5 days)	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible
Durable Medical Equipment	Blue Shield: 20% Sharp: 20%	50% Coinsurance after deductible	Blue Shield: 20% Sharp: 20% Kaiser: 20%	20%	20%	15% Coinsurance after deductible
Imaging (CT/PET scans, MRIs)	Blue Shield: 20% Sharp: 20%	50% Coinsurance after deductible	Kaiser: \$250 Copy after deductible Sharp: \$250 Copy after deductible Blue Shield: \$250 Copy after deductible	\$250	\$350 Copy after deductible	15% Coinsurance after deductible
Tier 1 (Generic Drugs)	Blue Shield: \$15 Sharp: \$15	Not Covered	Kaiser: \$15 Sharp: \$15 Blue Shield Trio: Level A \$15, Level B \$20 Blue Shield A+ \$15	\$15	\$20	\$15 Copy after pharmacy deductible
Tier 2 (Preferred Brand Drugs)	Blue Shield: \$50 Sharp: \$50	Not Covered	Kaiser: \$40 Sharp: \$40 Blue Shield Trio: Level A \$40, Level B \$60 Blue Shield A+ \$40	\$50	\$50 after pharmacy deductible	\$45 Copy after pharmacy deductible
Tier 3 (Nonpreferred Brand Drugs)	Blue Shield: \$80 Sharp: \$80	Not Covered	Kaiser: \$40 Sharp: \$40 Blue Shield Trio: Level A \$70, Level B \$100 Blue Shield A+ \$70	\$50	\$50 after pharmacy deductible	\$45 Copy after pharmacy deductible
Tier 4 (Specialty Drugs)	Blue Shield: 20% (up to \$250/ script) Sharp: 20% (up to \$250/ script)	Not Covered	Blue Shield: 20% (up to \$250/ script) Sharp: 20% (up to \$250/ script) Kaiser: 20% (up to \$250/ script)	20% (up to \$250/script)	20% Coinsurance after pharmacy deductible (up to \$250 / script)	15% Coinsurance after pharmacy deductible (Up to \$250/script)
Mental/Behavior Health Outpatient Office Visits	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Blue Shield: \$35 Sharp: \$35 Kaiser: \$35	\$35	\$40	15% Coinsurance after deductible
Mental/Behavior Health Inpatient Physician Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 Day (up to 5 days) after deductible Sharp: \$600 Day (up to 5 days) after deductible Blue Shield: \$600 Day (up to 5 days) after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible
Substance Use Disorder Outpatient Office Visits	Blue Shield: \$25 Sharp: \$25	50% Coinsurance after deductible	Blue Shield: \$35 Sharp: \$35 Kaiser: \$35	\$35	\$40	15% Coinsurance after deductible
Substance Use Inpatient Physician Fee	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge	15% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 20% Coinsurance after deductible Sharp: 20% Coinsurance after deductible	50% Coinsurance after deductible	Kaiser: \$600 Day (up to 5 days) after deductible Sharp: \$600 Day (up to 5 days) after deductible Blue Shield: \$600 Day (up to 5 days) after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible	15% Coinsurance after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Bundled	Bundled	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	Blue Shield: \$7,800 Sharp: \$7,800	Blue Shield: \$12,850	Kaiser: \$7,800 Sharp: \$7,800 Blue Shield: \$7,800	\$7,700	\$7,800	\$3,700
MAXIMUM OUT-OF-POCKET FOR FAMILY	Blue Shield: \$15,600 Sharp: \$15,600	Blue Shield: \$25,700	Kaiser: \$15,600 Sharp: \$15,600 Blue Shield: \$15,600	\$15,400	\$15,600	\$7,400

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 Business Customer Service Center at 855-777-6782.

Notes

- 1) 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.
- 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 2024 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.

