



2023 Plan Summary Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Silver (70%)	•Blue Shield 2500/55 (PPO) •Sharp 2500/55 (Performance HMO)	(ODN) = Out of Network •Blue Shield 2500/55 ODN	•Kaiser Silver 2500/55 (HMO) •Sharp 2500/55 (Premier HMO) •Blue Shield 2500/55 (Trio HMO)	•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)
Service Type	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible (if any)	\$2,500 Medical/\$300 Pharmacy	\$5,000	\$2,500 Medical/ \$300 Pharmacy Kaiser: \$2,500 Medical/ \$370 Pharmacy	\$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	\$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
Primary Care Visit to treat an injury, illness or condition	\$55	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	\$65	\$65	\$65
Other Practitioner Office Visit	\$55	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	\$65	\$65	\$65
Specialist Visit	\$90	50% Coinsurance after deductible	\$90	25% Coinsurance after deductible	\$100	\$100	\$100
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge	No Charge
Urgent Care	\$55	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	\$65	\$65	\$65
Laboratory Tests	\$55	50% Coinsurance after deductible	\$55	25% Coinsurance after deductible	\$30	\$30	\$30 Copay after deductible
X-Rays and Diagnostic Imaging	\$90	50% Coinsurance after deductible	\$90	25% Coinsurance after deductible	\$75	\$75	\$75 Copay after deductible
Emergency Room Facility Fee (waived if admitted)	35% Coinsurance after deductible	35% Coinsurance after deductible	30% 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	Kaiser: 25% Coinsurance after deductible Sharp: No Charge 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	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 after deductible	35% Coinsurance 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	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Visit	35%	50% Coinsurance after deductible	30%	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	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 after deductible	40% Coinsurance 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%	25% Coinsurance after deductible	45%	45%	45%
Imaging (CT/PET scans, MRIs)	35% Coinsurance after deductible	50% Coinsurance after deductible	\$300 Copay 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: Level A \$19, Level B \$24	25% Coinsurance after 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: Level A \$85 after deductible, Level B \$110 after deductible	25% Coinsurance after 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: Level A \$110 after deductible, Level B \$150 after deductible	25% Coinsurance after 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)	25% Coinsurance after deductible (up to \$250/script)	20% (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	\$55	50% Coinsurance after deductible	\$55 Kaiser: No Charge	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	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility Fee	35% Coinsurance after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	25% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible	45% Coinsurance after deductible
Substance Use Disorder Outpatient Office Visits	\$55	50% Coinsurance after deductible	\$55 Kaiser: No Charge	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	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 after deductible	40% Coinsurance 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	Sharp: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Bundled	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	\$8,600	Blue Shield: \$13,250	\$8,750	\$7,200	\$8,750	\$8,750	\$8,750
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$17,200	Blue Shield: \$26,500	\$17,500	\$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/formsmallbusiness/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.