



COVERED CALIFORNIA
SMALL BUSINESS

2022 Plan Summary
Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Service Type	Health Net 2250/50 (PPO) Blue Shield 2250/50 (PPO) Sharp 2250/50 (Performance HMO)	(OON) = Out of Network Health Net 2250/50 (OON) Blue Shield 2250/50 (OON)	*Kaiser Silver 2250/55 (HMO) *Sharp 2250/55 (Premier HMO) *Blue Shield 2250/55 (Trio HMO)	Kaiser 2600/55 Alt (HMO)	Health Net 2250/55 Alt (PPO)	*Kaiser 1650/55 Alt (HMO)
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	In-Network
Individual Deductible (if any)	\$2,250 Medical/\$300 Pharmacy	\$4,500	\$2,250 Medical/ \$300 Pharmacy	\$2,600/\$300 Pharmacy	\$2,250	\$1,650 Medical/\$350 Pharmacy
Family Deductible (if any)	\$4,500 Medical/\$600 Pharmacy	\$9,000	\$4,500 Medical/ \$600 Pharmacy	\$5,200	\$4,500	\$3,300 Medical/\$700 Pharmacy
Preventive Care/Screening/Immunization	No Charge	Blue Shield: 100% Health Net: 50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge
Primary Care Visit to treat an injury, illness or condition	\$50	50% Coinsurance after deductible	\$55	\$55	\$55	\$55
Other Practitioner Office Visit	\$50	50% Coinsurance after deductible	\$55	\$55	\$55	\$55
Specialist Visit	\$85	50% Coinsurance after deductible	\$90	\$80	\$80	\$80
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge
Urgent Care	\$50	50% Coinsurance after deductible	\$55	\$55	\$80	\$55
Laboratory Tests	\$50	50% Coinsurance after deductible	\$55	\$30 Copay after deductible	\$40	\$30
X-Rays and Diagnostic Imaging	\$85	50% Coinsurance after deductible	\$90	\$75 Copay after deductible	\$65	\$75
Emergency Room Facility Fee (waived if admitted)	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	No Charge	40% Coinsurance after deductible	No Charge
Emergency Medical Transportation	30% Coinsurance after deductible	30% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Outpatient Physician/ Surgeon Fee	30%	50% Coinsurance after deductible	30% Kaiser: 30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Outpatient Visit	30%	50% Coinsurance after deductible	30%	No Charge	40% Coinsurance after deductible	No Charge
Inpatient Physician/Surgeon Fee	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Kaiser: 30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Inpatient Facility Fee (e.g., hospital room)	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Durable Medical Equipment	30%	50% Coinsurance after deductible	30%	45%	40% Coinsurance after deductible	40%
Imaging (CT/PET scans, MRIs)	30% Coinsurance after deductible	50% Coinsurance after deductible	\$300 Copay after deductible	\$350 Copay after deductible	40% Coinsurance after deductible	\$350 Copay after deductible
Tier 1 (Generic Drugs)	\$17 Copay	100%	\$17 Copay Blue Shield: Level A \$17, Level B \$22	\$20	\$19	\$20
Tier 2 (Preferred Brand Drugs)	\$70 Copay after pharmacy deductible	100%	After pharmacy deductible: \$80 Copay after Pharmacy Deductible Blue Shield: Level A \$80, Level B \$105	\$75 Copay after deductible	\$65 Copay after deductible	\$75 Copay after Pharmacy Deductible
Tier 3 (Nonpreferred Brand Drugs)	\$100 Copay after pharmacy deductible	100%	After pharmacy deductible: \$110 Copay Kaiser: \$80 Copay after Pharmacy Deductible Blue Shield: Level A \$110 Level, B \$150	\$75 Copay after deductible	\$85 Copay after deductible	\$75 Copay after Pharmacy Deductible
Tier 4 (Specialty Drugs)	30% Coinsurance (after pharmacy deductible)	100%	30% Coinsurance (after pharmacy deductible up to \$250/ script)	45% Coinsurance after deductible (up to \$250/script)	40% Coinsurance after deductible	20% (up to \$250 /script) after pharmacy deductible
Mental/Behavioral Health Outpatient Office Visits	\$50	50% Coinsurance after deductible	\$55	\$55	\$55	\$55
Mental/Behavior Health Inpatient Physician Fee	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Kaiser: 30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility Fee	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Substance Use Disorder Outpatient Office Visits	\$50	50% Coinsurance after deductible	\$55	\$55	\$55	\$55
Substance Use Disorder Inpatient Physician Fee	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Kaiser: 30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g., hospital room)	30% Coinsurance after deductible	50% Coinsurance after deductible	30% Coinsurance after deductible	45% Coinsurance after deductible	40% Coinsurance after deductible	40% Coinsurance after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Sharp, Blue Shield, Health Net: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Embedded	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	\$8,200	Health Net: \$16,400 Blue Shield: \$13,250	\$8,200	\$8,200	\$8,000	\$8,200
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$16,400	Health Net: \$32,800 Blue Shield: \$26,500	\$16,400	\$16,400	\$16,000	\$16,400

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

- 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 2022 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.



2022 Plan Summary
Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Silver (70%)	(OON) = Out of Network		*Kaiser HDHP 2500/20% (HMO)	*Kaiser 2100/55 Alt (HMO)
	+Health Net HDHP 1400/40% Alt (PPO)		*Sharp Premier HDHP 2500/20% (HMO)	
Service Type	In-Network	Out-of-Network	In-Network	In-Network
Individual Deductible (if any)	\$1,400	\$2,800	\$2,500 Self, \$2,800 if enrolled as Family	\$2,100 Medical/\$500 Pharmacy
Family Deductible (if any)	\$2,800	\$5,600	\$5,000	\$4,200 Medical/\$1,000 Pharmacy
Preventative Care/Screening/Immunization	No Charge	50% Coinsurance after deductible	No Charge	No Charge
Primary Care Visit to treat an injury, illness or condition	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$55
Other Practitioner Visit	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$55
Specialist Visit	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$80
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge
Urgent Care	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$55
Laboratory Tests	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$30
X-Rays and Diagnostic Imaging	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$75
Emergency Room Facility Fee (waived if admitted)	40% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	40% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 20% Coinsurance after deductible Sharp: No Charge after Deductible	No Charge
Emergency Medical Transportation	40% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Physician/ Surgeon Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Outpatient Visit	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	No Charge
Inpatient Physician/Surgeon Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Inpatient Facility Fee (e.g., hospital room)	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Durable Medical Equipment	40% Coinsurance after deductible	50% Coinsurance after deductible Enhanced: 100%	20% Coinsurance after deductible	45%
Imaging (CT/PET scans, MRIs)	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$350 Copay after deductible
Tier 1 (Generic Drugs)	\$19 Copay after deductible	100%	20% Coinsurance after deductible (up to \$250/script)	\$20
Tier 2 (Preferred Brand Drugs)	\$80 Copay after deductible	100%	20% Coinsurance after deductible (up to \$250/script)	\$75 Copay after pharmacy deductible
Tier 3 (Nonpreferred Brand Drugs)	\$100 Copay after deductible	100%	20% Coinsurance after deductible (up to \$250/script)	\$75 Copay after pharmacy deductible
Tier 4 (Specialty Drugs)	40% Coinsurance after deductible (up to \$250/script)	100%	20% Coinsurance after deductible (up to \$250/script)	20% Coinsurance after pharmacy deductible (up to \$250/script)
Mental/Behavioral Health Outpatient Office Visits	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$55
Mental/Behavior Health Inpatient Physician Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Substance Use Disorder Outpatient Office Visits	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	\$55
Substance Use Disorder Inpatient Physician Fee	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g., hospital room)	40% Coinsurance after deductible	50% Coinsurance after deductible	20% Coinsurance after deductible	45% Coinsurance after deductible
Embedded Pediatric Dental	Embedded	Embedded	Sharp: Pediatric Dental Embedded Kaiser: Bundled	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	\$7,000	\$14,000	\$6,850	\$8,200
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$14,000	\$28,000	\$13,700	\$16,400

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 - 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 2022 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.