

2026 Plan Summary

Covered California for Small Business

Bronze (60%)		(OON) = Out of Network Blue Shield 5800/60 PCP (HMO)	Blue Shield Trio 7000/65 PCP Alt (HMO)	Blue Shield HDHP PPO 7500/0% PCP Alt	(OON) = Out of Network Blue Shield HDHP PPO PCP 7500/0% PCP Alt	Kaiser 5800/60 PCP (HMO)	Kaiser HDHP 7200/0% PCP (HMO) Sharp HDHP 7200/0% PCP (Premier HMO)
Service Type	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	In-Network
Individual Deductible (if any)	Blue Shield: \$5,800 Medical/ \$450 Pharmacy Sharp: \$5,800 Medical/ \$450 Pharmacy	Blue Shield: \$11,600 Medical	\$7,000 Medical and Pharmacy Combined	\$7,500 Medical and Pharmacy Combined	\$10,500 Medical and Pharmacy Combined	\$5,800 Medical/ \$450 Pharmacy	Kaiser: \$7,200 Sharp: \$7,200
Family Deductible (if any)	Blue Shield: \$11,600 Medical/ \$900 Pharmacy Sharp: \$11,600 Medical/ \$900 Pharmacy	Blue Shield: \$23,200 Medical	\$14,000 Medical and Pharmacy Combined	\$15,000 Medical and Pharmacy Combined	\$21,000 Medical and Pharmacy Combined	\$11,600 Medical/ \$900 Pharmacy	Kaiser: \$14,400 Sharp: \$14,400
Preventive Care/Screening/ Immunization	Blue Shield: No Charge Sharp: No Charge	Not Covered	No Charge	No Charge	Not Covered	No Charge	Kaiser: No Charge Sharp: No Charge
Primary care visit to treat an injury, illness or condition	Blue Shield: \$60 Copay after deductible* Sharp: \$60 Copay after deductible*	50% Coinsurance after deductible	\$65	No Charge after deductible	50% Coinsurance after deductible	\$60 copay	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Other Practitioner Office Visit	Blue Shield: \$60 Copay after deductible* Sharp: \$60 Copay after deductible*	50% Coinsurance after deductible		No Charge after deductible	50% Coinsurance after deductible	\$60 copay	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Specialist visit	Blue Shield: \$95 Copay after deductible* Sharp: \$95 Copay after deductible*	50% Coinsurance after deductible		No Charge after deductible	50% Coinsurance after deductible	\$95 Copay after deductible*	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Prenatal Care and Preconception Visit	Blue Shield: No Charge Sharp: No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	No Charge	Kaiser: No Charge Sharp: No Charge
Urgent Care	Blue Shield: \$60 Copay after deductible Sharp: \$60 Copay after deductible*	50% Coinsurance after deductible	\$65	No Charge after deductible	50% Coinsurance after deductible	\$60 Copay	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Laboratory Tests	Blue Shield: \$50 Sharp: \$50	50% Coinsurance after deductible	\$65	No Charge after deductible	50% Coinsurance after deductible	\$50	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
X-Rays and Diagnostic Imaging	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$115 after deductible	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Emergency Room Facility Fee (waived if admitted)	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	Blue Shield: No Charge Sharp: No Charge	No Charge	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Emergency Medical Transportation	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	40% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	No Charge after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to a benefit Max of \$350/Day after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Outpatient Physician/Surgeon Fee	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$150	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Outpatient Visit	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Inpatient Physician/Surgeon Fee	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Inpatient Facility Fee (e.g. hospital room)	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Durable Medical Equipment	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	Not Covered	50% Coinsurance	No Charge after deductible	Not Covered deductible does not apply	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Imaging (CT/PET scans, MRIs)	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	\$400 Copayment	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Tier 1 (Generic Drugs)	Blue Shield: \$20 Copay Sharp: \$20 copay	Not Covered	\$25/prescription	No Charge after deductible	Not Covered	\$20	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Tier 2 (Preferred Brand Drugs)	Blue Shield: 40% up to \$500 after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	\$115/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Tier 3 (Nonpreferred Brand Drugs)	Blue Shield: 40% up to \$500 per script after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	\$160/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Tier 4 (Specialty Drugs)	Blue Shield: 40% up to \$500 per script after pharmacy deductible Sharp: 40% up to \$500 per script after pharmacy deductible	Not Covered	50% coinsurance up to \$500/prescription after deductible	No Charge after deductible	Not Covered	40% up to \$500 per script after pharmacy deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Mental/Behavior Health Outpatient office visits	Blue Shield: \$60 Sharp: \$60	50% Coinsurance after deductible	\$65 Copay	No Charge after deductible	50% Coinsurance after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Mental/Behavior Health Inpatient physician fee	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility fee	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Substance Use Disorder Outpatient office visits	Blue Shield: \$60 Sharp: \$60	50% Coinsurance after deductible	\$65 Copay	No Charge after deductible	50% Coinsurance after deductible	No Charge	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Substance Use Inpatient Physician Fee	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance	No Charge after deductible	50% Coinsurance after deductible	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g. hospital room)	Blue Shield: 40% Coinsurance after deductible Sharp: 40% Coinsurance after deductible	50% Coinsurance after deductible	50% Coinsurance after deductible	No Charge after deductible	50% Coinsurance subject to benefit maximum of \$2000 per day	40% Coinsurance after deductible	Kaiser: 0% Coinsurance after deductible Sharp: 0% Coinsurance after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Bundled	Sharp: Embedded Kaiser: Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	Blue Shield: \$9,800 Sharp: \$9,800	Blue Shield: \$19,600	\$9,800	\$7,500	\$15,000	\$9,800	Kaiser: \$1,200 Sharp: \$7,200
MAXIMUM OUT-OF-POCKET FOR FAMILY	Blue Shield: \$19,600 Sharp: \$19,600	Blue Shield: \$39,200	\$19,600	\$15,000	\$30,000	\$19,600	Kaiser: \$14,400 Sharp: \$14,400

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 855-777-6762.
 * Deductible waived first three non-preventive visits

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 2026 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.