

2026 Plan Summary

Covered California for Small Business

Platinum (90%)	Blue Shield 0/15 PCP (PPO) Sharp 0/15 PCP (Performance HMO)	(OON) = Out of Network Blue Shield 0/15 PCP (OON)	Kaiser PCP 0/20 PCP (HMO) Blue Shield 0/20 PCP (Trio HMO, Access +) Sharp 0/20 PCP (Premier HMO)	Kaiser 0/10 PCP Alt (HMO)	Kaiser 250/30 PCP Alt (HMO)
Service Type	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Individual Deductible (if any)	Blue Shield: \$0 Sharp: \$0	\$1,000	Kaiser: \$0 Sharp: \$0 Blue Shield: \$0	\$0	\$250
Family Deductible (if any)	Blue Shield: \$0 Sharp: \$0	\$2,000	Kaiser: \$0 Sharp: \$0 Blue Shield: \$0	\$0	\$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
Primary Care Visit to treat an injury, illness or condition	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$10	\$30
Other Practitioner Office Visit	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$10	\$30
Specialist Visit	Blue Shield: \$30 Sharp: \$30	50% Coinsurance after deductible	Kaiser: \$30 Sharp: \$30 Blue Shield: \$30	\$20	\$50
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
Urgent Care	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$10	\$30
Laboratory Tests	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$20	\$30
X-Rays and Diagnostic Imaging	Blue Shield: \$30 Sharp: \$30	50% Coinsurance after deductible	Kaiser: \$30 Sharp: \$30 Blue Shield: \$30	\$40	\$50
Emergency Room Facility Fee (waived if admitted)	Blue Shield: \$200 Sharp: \$200	\$200	Kaiser: \$150 Sharp: \$150 Blue Shield: \$150	\$200	\$250
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
Emergency Medical Transportation	Blue Shield: \$150 Sharp: \$150	\$150	Kaiser: \$150 Sharp: \$150 Blue Shield: \$150	\$150	\$150
Outpatient Surgery Facility Fee (e.g., ASC)	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: \$125 Sharp: \$100 Blue Shield: \$100	\$300	\$300
Outpatient Physician/ Surgeon Fee	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: No Charge Sharp: \$25 Blue Shield: \$25	No Charge	No Charge
Outpatient Visit	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: 10% Sharp: 10% Blue Shield: 10%	No Charge	No Charge
Inpatient Physician/ Surgeon Fee	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge
Inpatient Facility Fee (e.g. hospital room)	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: \$250 Copay per day (up to 5 days) Sharp: \$250 Copay per day (up to 5 days) Blue Shield: \$250 Copay per day (up to 5 days)	\$500 Copay per admission	\$500 per admission after deductible
Durable Medical Equipment	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: 10% Sharp: 10% Blue Shield: 10%	10%	10%
Imaging (CT/PET scans, MRIs)	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: \$100 Sharp: \$100 Blue Shield: \$100	\$150	\$150
Tier 1 (Generic Drugs)	Blue Shield: \$10 Sharp: \$10	Not Covered	Sharp: \$5 Kaiser: \$5 Blue Shield Trio: Level A \$5, Level B \$7 Blue Shield A+: \$5	\$5	\$10
Tier 2 (Preferred Brand Drugs)	Blue Shield: \$25 Sharp: \$25	Not Covered	Sharp: \$20 Kaiser: \$20 Blue Shield Trio: Level A \$20, Level B \$35 Blue Shield A+: \$20	\$15	\$20
Tier 2 (Nonpreferred Brand Drugs)	Blue Shield: \$40 Sharp: \$40	Not Covered	Sharp: \$30 Kaiser: \$20 Blue Shield Trio: Level A \$30, Level B \$50 Blue Shield A+: \$30	\$15	\$20
Tier 4 (Specialty Drugs)	Blue Shield: 10% (up to \$250 per script) Sharp: 10% (up to \$250 per script)	Not Covered	Kaiser: 10% (up to \$250 per script) Sharp: 10% (up to \$250 per script)	10% (up to \$250 per script)	10% Coinsurance after Deductible (up to \$250 per Script)
Mental/Behavior Health Outpatient Office Visits	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$10	\$30
Mental/Behavior Health Inpatient Physician Fee	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge

Mental/Behavior Health Inpatient Facility Fee	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: \$250 Copay per day (up to 5 days) Sharp: \$250 Copay per day (up to 5 days) Blue Shield: \$250 Copay per day (up to 5 days)	\$500 Copay per admission	\$500 per admission after deductible
Substance Use Disorder Outpatient Office Visits	Blue Shield: \$15 Sharp: \$15	50% Coinsurance after deductible	Kaiser: \$20 Sharp: \$20 Blue Shield: \$20	\$10	\$30
Substance Use Inpatient Physician Fee	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: No Charge Sharp: No Charge Blue Shield: No Charge	No Charge	No Charge
Substance Use Inpatient Facility Fee (e.g., hospital room)	Blue Shield: 10% Sharp: 10%	50% Coinsurance after deductible	Kaiser: \$250 Copay per day (up to 5 days) Sharp: \$250 Copay per day (up to 5 days) Blue Shield: \$250 Copay per day (up to 5 days)	\$500 Copay per admission	\$500 per admission after deductible
Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Sharp, Blue Shield: Pediatric Dental Embedded Kaiser: Bundled	Bundled	Bundled
MAXIMUM OUT-OF-POCKET FOR ONE	Blue Shield: \$4,500 Sharp: \$4,500	Blue Shield: \$9,000	Kaiser: \$4,500 Sharp: \$4,500 Blue Shield: \$4,500	\$3,000	\$3,250
MAXIMUM OUT-OF-POCKET FOR FAMILY	Blue Shield: \$9,000 Sharp: \$9,000	Blue Shield: \$18,000	Kaiser: \$9,000 Sharp: \$9,000 Blue Shield: \$9,000	\$6,000	\$6,500

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 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 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

