



Light shading indicates plan benefit change from prior year.

Service Type	(OON) = Out of Network		(OON) = Out of Network		(OON) = Out of Network	
	In-Network	Out-of-Network	In-Network	In-Network	In-Network	Out-of-Network
Bronze (60%)	*Health Net 60 6300/75 (PPO) *Blue Shield 60 6300/75 (PPO) *Sharp 60 6300/75 (Performance HMO)		*Health Net 60 6300/75 (OON) *Blue Shield 60 6300/75 (OON)		*Kaiser 60 6300/75 (HMO) *CCHP 60 6300/75 (HMO)	
	*Kaiser 60 HDHP 4800/40% (HMO) *Sharp 60 HDHP 4800/40% (Premier HMO) *CCHP 60 HDHP 4800/40% (HMO)		*Health Net 60 HDHP 5600/15 Alt (PPO) - NEW 2018 *Health Net 60 HDHP 5600/15 Alt (EnhancedCare PPO) - NEW 2018			
Individual Deductible (if any)	\$6,300 Medical/ \$500 Pharmacy	Health Net: \$12,600 Medical Blue Shield: \$6,300 Medical	\$6,300 Medical/ \$500 Pharmacy	\$4,800 Integrated	\$5,600	\$11,200
Family Deductible (if any)	\$12,600 Medical/ \$1,000 Pharmacy	Health Net: \$25,200 Medical Blue Shield: \$12,600 Medical	\$12,600 Medical/ \$1,000 Pharmacy	\$9,600 Integrated	\$11,200	\$22,400
Preventative Care/Screening/Immunization	No Charge	100%	No Charge	No Charge	No Charge	100%
Primary care visit to treat an injury, illness or condition	\$75*	50% Coinsurance after deductible	\$75*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Specialist visit	\$105*	50% Coinsurance after deductible	\$105*	40% Coinsurance after deductible	\$30 Copay after deductible	50% Coinsurance after deductible
Prenatal Care and Preconception Visit	No Charge	50% Coinsurance after deductible	No Charge	No Charge	No Charge	50% Coinsurance after deductible
Urgent Care	\$75*	Health Net: 50% Coinsurance after deductible Blue Shield: 100% after deductible	\$75*	40% Coinsurance after deductible	\$30 Copay after deductible	50% Coinsurance after deductible
Laboratory Tests	\$40	50% Coinsurance after deductible	\$40	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
X-Rays and Diagnostic Imaging	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Emergency Room Facility Fee (waived if admitted)	100% Coinsurance after deductible	100% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	No Charge after deductible	No Charge	No Charge
Emergency Medical Transportation	100% Coinsurance after deductible	100% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	20% Coinsurance after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Outpatient Physician/Surgeon Fee	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	10% Coinsurance after deductible	50% Coinsurance after deductible
Inpatient Physician/Surgeon Fee	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Inpatient Facility Fee (e.g. hospital room)	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Durable Medical Equipment	100% Coinsurance after deductible	100%	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	100%
Imaging (CT/PET scans, MRIs)	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Tier 1 (Generic Drugs)	100%**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$5 Copay after deductible	100%
Tier 2 (Preferred Brand Drugs)	100%**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$15 Copay after deductible	100%
Tier 3 (Nonpreferred Brand Drugs)	100%**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$40 Copay after deductible	100%
Tier 4 (Specialty Drugs)	100%**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	20% Coinsurance after deductible (up to \$500)	100%
Mental/Behavior Health Outpatient office visits	\$75 after deductible* Health Net: No Charge	50% Coinsurance after deductible	\$75*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Mental/Behavior Health Inpatient physician fee	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Mental/Behavior Health Inpatient Facility fee	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Substance Use Disorder Outpatient office visits	\$75 after deductible* Health Net: No Charge	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	\$75*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Substance Use Inpatient Physician Fee	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Substance Use Inpatient Facility Fee (e.g. hospital room)	100% Coinsurance after deductible	Health Net: 100% Coinsurance after deductible Blue Shield: 50% Coinsurance after deductible	100% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible	50% Coinsurance after deductible
Embedded Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Kaiser: Not Embedded Sharp: Embedded	Kaiser: Not Embedded Sharp: Embedded	Embedded	Embedded
MAXIMUM OUT-OF-POCKET FOR ONE	\$7,000	Health Net: \$12,600 Blue Shield: \$10,000	\$7,000	\$6,550	\$6,550	\$13,100
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$14,000	Health Net: \$25,200 Blue Shield: \$20,000	\$14,000	\$13,100	\$13,100	\$26,200

✓ 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.

* Deductible waived first three visits
 ** Up to \$500 per script after pharmacy deductible
 *** Physician referred

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. Services provided by an out-of-network provider but are approved as in-network by the carrier are considered in-network.
- For covered out of network services in a PPO plan, the Patient Centered Plan Designs do not determine cost sharing, deductible, or maximum out-of-pocket amounts. See the applicable carrier's 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 carrier's in-network out-of-pocket maximum.
- For plans except HDHPs linked to HSA plans, 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 carrier pays all costs for covered services for all family members.
- For HDHPs linked to HSAs, in other than self-only coverage, an individual's payment toward a deductible, if required, must be the higher of the specified deductible amount for individual coverage or \$2,700 for Plan Year 2018. 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.