



Gold (80%)	(OON) = Out of Network		(OON) = Out of Network		*Kaiser Gold 80 500/30 Alt (HMO)	
	+Health Net 80 0/25 (PPO) +Blue Shield 80 0/25 (PPO) +Sharp 80 0/25 (Performance HMO)	+Health Net 0/25 (OON) +Blue Shield 0/25 (OON)	+Health Net 750/10 Alt (Value PPO) - NEW 2018	*Kaiser 80 0/25 (HMO) *CCHP 80 0/25 (HMO) +Blue Shield 80 0/25 (Trio HMO) +Sharp 80 0/25 (Premier HMO)		
Service Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Individual Deductible (if any)	\$0	Health Net: \$2000 Blue Shield: \$0	\$750	\$2,250	\$0	\$500
Family Deductible (if any)	\$0	Health Net: \$4,000 Blue Shield: \$0	\$1,500	\$4,500	\$0	\$1,000
Preventative Care/Screening/ Immunization	No Charge	100%	No Charge	100%	No Charge	No Charge
Primary Care Visit to treat an injury, illness or condition	\$25	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$10	50% coinsurance after deductible	\$25	\$30
Specialist Visit	\$55	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$30 after deductible	50% coinsurance after deductible	\$55	\$35
Prenatal Care and Preconception Visit	No Charge	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	No Charge	50% coinsurance after deductible	No Charge	No Charge
Urgent Care	\$25	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$30 after deductible	50% coinsurance after deductible	\$25	\$30
Laboratory Tests	\$35	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$20 after deductible	50% coinsurance after deductible	\$35	\$20
X-Rays and Diagnostic Imaging	\$55	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$20 after deductible	50% coinsurance after deductible	\$55	\$40
Emergency Room Facility Fee (waived if admitted)	\$325	\$325	\$250 after deductible	\$250 after deductible	\$325	\$250 Copay after deductible
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	100%	No Charge	No Charge
Emergency Medical Transportation	\$250	\$250	\$250 after deductible	\$250 after deductible	\$250	\$250 Copay after deductible
Outpatient Surgery Facility Fee (e.g., ASC)	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30% after deductible	50% coinsurance after deductible	\$300	\$600 Copay after deductible
Outpatient Physician/ Surgeon Fee	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	20% after deductible	50% coinsurance after deductible	\$40	No Charge
Inpatient Physician/ Surgeon Fee	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30%	50% coinsurance after deductible	No Charge	No Charge
Inpatient Facility Fee (e.g. hospital room)	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30%	50% coinsurance after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible
Durable Medical Equipment	20%	Health Net: 100% Blue Shield: 50%	30%	100%	20%	20%
Imaging (CT/PET scans, MRIs)	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$150 after deductible	50% coinsurance after deductible	\$275	\$300 after deductible
Tier 1 (Generic Drugs)	\$15	100%	\$10	100%	\$15	\$15
Tier 2 (Preferred Brand Drugs)	\$55	100%	\$25 after deductible	100%	\$55	\$50
Tier 3 (Nonpreferred Brand Drugs)	\$75	100%	\$50 after deductible	100%	\$75 Kaiser: \$55	\$50
Tier 4 (Specialty Drugs)	20% (up to \$250 / script)	100%	30% (up to \$250 / script)	100%	20% (up to \$250 / script)	20% (up to \$250 / script)
Mental/Behavior Health Outpatient Office Visits	\$25	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$10	50% Coinsurance after deductible	\$25	\$30
Mental/Behavior Health Inpatient Physician Fee	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30% after deductible	50% Coinsurance after deductible	No Charge	No Charge
Mental/Behavior Health Inpatient Facility Fee	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30%	50% Coinsurance after deductible	\$600 / day (up to 5 days)	\$600 / day (up to \$3,000 / admission)
Substance Use Disorder Outpatient Office Visits	\$25	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$10	50% Coinsurance after deductible	\$25	\$30
Substance Use Inpatient Physician Fee	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30%	50% Coinsurance after deductible	No Charge	No Charge
Substance Use Inpatient Facility Fee (e.g., hospital room)	20%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	30% after deductible	50% Coinsurance after deductible	\$600 / day (up to 5 days)	\$600 / day (up to 5 days) after deductible
Embedded Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	CCHP, Blue Shield: Pediatric Dental Embedded Kaiser: Not Embedded	Not Embedded
MAXIMUM OUT-OF-POCKET FOR ONE	\$6,000	Health Net: \$13, 500 Blue Shield: \$10,000	\$7,150	\$14,300	\$6,000	\$7,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$12,000	Health Net: \$27,000 Blue Shield: \$20,000	\$14,300	\$28,600	\$12,000	\$14,000

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 applies after 1st three non-preventative visits
 **Up to \$500 per script after pharmacy deductible
 ***Physician referred

Notes

- 1) 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.
- 2) For covered out of network services in a PPO plan, the Patient Centered Benefit 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.
- 3) 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.
- 4) 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.
- 5) 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.