

Service Type	Platinum (90%)			
	In-Network	Out-of-Network	In-Network	In-Network
Individual Deductible (if any)	\$0	Health Net: \$1,000 Blue Shield: \$0	\$0	\$0
Family Deductible (if any)	\$0	Health Net: \$2,000 Blue Shield: \$0	\$0	\$0
Preventative Care/ Screening/Immunization	No Charge	100%	No Charge	No Charge
Primary Care Visit to treat an injury, illness, or Condition	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$10
Specialist Visit	\$30	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$30	\$20
Prenatal Care and Preconception Visit	No Charge	Health Net: 50% Coinsurance after deductible Blue Shield 50%	No Charge	No Charge
Urgent Care	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$10
Laboratory Tests	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$20
X-Ray and Diagnostic Imaging	\$30	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$30	\$40
Emergency Room Facility Fee (waived if admitted)	\$150	\$150	\$150	\$200
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	No Charge
Emergency medical transportation	\$150	\$150	\$150	\$150
Outpatient Surgery Facility Fee (e.g.,ASC)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$100	\$300
Outpatient Physician/Surgeon Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$25	No Charge
Inpatient Physician/Surgeon Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	No Charge	No Charge
Inpatient Facility Fee (e.g. hospital room)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$250 per day (up to 5 days)	\$500 per admission
Durable Medical Equipment	10%	Health Net: 100% Blue Shield: 50%	10%	10%
Imaging (CT/PET scans, MRIs)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$75	\$150
Tier 1 (Generic Drugs)	\$5	100%	\$5	\$5
Tier 2 (Preferred Brand Drugs)	\$15	100%	\$15	\$15
Tier 3 (Nonpreferred Brand Drugs)	\$25	100%	\$25 Kaiser:\$15	\$15
Tier 4 (Specialty Drugs)	10% (up to \$250 per script)	100%	10% (up to \$250 per script)	10% (up to \$250 per script)
Mental/Behavior Health Outpatient Office Visits	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$10
Mental/Behavior Health Inpatient Physician Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	No Charge	No Charge
Mental/Behavior Health Inpatient Facility Fee	10%	50%	\$250 per day (up to 5 days)	\$500 per admission
Substance Use Disorder Outpatient Office Visits	\$15 Health Net: No Charge	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$15	\$10
Substance Use Inpatient Physician Fee	10%	50%	No Charge	No Charge
Substance Use Inpatient Facility Fee (e.g. hospital room)	10%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$250 per day (up to 5 days)	\$500 per admission
Embedded Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	CCHP, Sharpe, Blue Shield: Pediatric Dental Embedded Kaiser: Not Embedded	Not Embedded
MAXIMUM OUT-OF-POCKET FOR ONE	\$3,350	Health Net: \$9,000 Blue Shield : \$8,000	\$3,350	\$3,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$6,700	Health Net: \$18,000 Blue Shield: \$16,000	\$6,700	\$6,000

✓ 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.

¹ Deductible applies after 1st three non-preventative visits

² Up to \$500 per script after pharmacy deductible

³ Blue Card Program available for Out-of-State employee coverage

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 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'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.