



2019 Plan Summary

Covered California for Small Business

Light shading indicates plan benefit change from prior year.

Service Type	(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 6300/75 (PPO) *Blue Shield 6300/75 (PPO) *Sharp 6300/75 (Performance HMO)		*Health Net 6300/75 (OON) *Blue Shield 6300/75 (OON)	*Kaiser 6300/75 (HMO) *CCHP 6300/75 (HMO)	*Kaiser HDHP 6000/40% (HMO) *Sharp HDHP 6000/40% (Premier HMO) *CCHP HDHP 6000/40% (HMO)	*Health Net HDHP 5600/15 Alt (PPO) *Health Net HDHP 5600/15 Alt (EnhancedCare PPO)
Individual Deductible (if any)	\$6,300 Medical/ \$500 Pharmacy	Health Net: \$12,600 Medical Blue Shield: \$6,300 Medical	\$6,300 Medical/ \$500 Pharmacy	\$6,000 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	\$12,000 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 Copay with deductible*	50% Coinsurance after deductible	\$75 Copay with deductible*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Specialist visit	\$105 Copay after deductible*	50% Coinsurance after deductible	\$105 Copay after deductible*	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 Copay after deductible*	50% Coinsurance after deductible	\$75 Copay after deductible*	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	20% Coinsurance after deductible	20% Coinsurance after deductible
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	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	20% Coinsurance after deductible	50% Coinsurance after deductible
Inpatient Physician/Surgeon Fee	100% Coinsurance after deductible	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	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	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% Coinsurance after deductible**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$5 Copay after deductible	100%
Tier 2 (Preferred Brand Drugs)	100% Coinsurance after deductible**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$15 Copay after deductible	100%
Tier 3 (Nonpreferred Brand Drugs)	100% Coinsurance after deductible**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	\$40 Copay after deductible	100%
Tier 4 (Specialty Drugs)	100% Coinsurance after deductible**	100%	100% Coinsurance after deductible**	40% Coinsurance after deductible **	20% Coinsurance after deductible (up to \$500)	100%
Mental/Behavior Health Outpatient office visits	Health Net, Sharp: No Charge Blue Shield: \$75 with deductible*	50% Coinsurance after deductible	\$75 Copay after deductible*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Mental/Behavior Health Inpatient physician fee	100% Coinsurance after deductible	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	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	Health Net, Sharp: No Charge Blue Shield: \$75 with deductible*	50% Coinsurance after deductible	\$75 Copay after deductible*	40% Coinsurance after deductible	\$15 Copay after deductible	50% Coinsurance after deductible
Substance Use Inpatient Physician Fee	100% Coinsurance after deductible	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	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	\$7,550	Health Net: \$15,100 Blue Shield: \$12,550	\$7,550	\$6,650	\$6,550	\$13,100
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$15,100	Health Net: \$30,200 Blue Shield: \$25,100	\$15,100	\$13,300	\$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

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. 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 2019 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.