



Platinum (90%)	(OON) = Out of Network		(OON) = Out of Network		(OON) = Out of Network	(OON) = Out of Network
	*Health Net 0/15 (PPO) *Blue Shield 0/15 (PPO) *Sharp 0/15 (Performance HMO)	*Health Net 0/15 (OON) *Blue Shield 0/15 *** (OON)	*Kaiser 0/15 (HMO) *CCHP 0/15 (HMO) *Blue Shield 0/15 (Trio HMO) *Sharp 0/15 (Premier HMO)	*Health Net 250/15 Alt (EnhancedCare PPO)		
Service Type	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network
Individual Deductible (if any)	\$0	Health Net: \$1,000 Blue Shield: \$0	\$0	\$250	\$1,000	\$0
Family Deductible (if any)	\$0	Health Net: \$2,000 Blue Shield: \$0	\$0	\$500	\$2,000	\$0
Preventative Care/ Screening/Immunization	No Charge	100%	No Charge	No Charge	100%	No Charge
Primary Care Visit to treat an injury, illness, or Condition	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$15	50% Coinsurance after deductible	\$10
Specialist Visit	\$30	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$30	\$30	50% Coinsurance after deductible	\$20
Prenatal Care and Preconception Visit	No Charge	Health Net: 50% Coinsurance after deductible Blue Shield 50%	No Charge	No Charge	50% Coinsurance after deductible	No Charge
Urgent Care	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$30	50% Coinsurance after deductible	\$10
Laboratory Tests	\$15	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$15	\$30	50% Coinsurance after deductible	\$20
X-Ray and Diagnostic Imaging	\$30	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$30	\$30	50% Coinsurance after deductible	\$40
Emergency Room Facility Fee (waived if admitted)	\$150	\$150	\$150	10% Coinsurance after deductible	10% Coinsurance after deductible	\$200
Emergency Room Physician Fee (waived if admitted)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Emergency medical transportation	\$150	\$150	\$150	10% Coinsurance after deductible	10% Coinsurance after deductible	\$150
Outpatient Surgery Facility Fee (e.g.,ASC)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$100	10% Coinsurance after deductible	50% Coinsurance after deductible	\$300
Outpatient Physician/Surgeon Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$25	10% Coinsurance after deductible	50% Coinsurance after deductible	No Charge
Inpatient Physician/Surgeon Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	No Charge	10% Coinsurance after deductible	50% Coinsurance after deductible	No Charge
Inpatient Facility Fee (e.g. hospital room)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$250 Copay per day (up to 5 days)	10% Coinsurance after deductible	50% Coinsurance after deductible	\$500 per admission
Durable Medical Equipment	10%	Health Net: 100% Blue Shield: 50%	10%	10% Coinsurance after deductible	100%	10%
Imaging (CT/PET scans, MRIs)	10%	Health Net: 50% Coinsurance after deductible Blue Shield 50%	\$75	10% Coinsurance after deductible	50% Coinsurance after deductible	\$150
Tier 1 (Generic Drugs)	\$5	100%	\$5	\$5	100%	\$5
Tier 2 (Preferred Brand Drugs)	\$15	100%	\$15	\$30	100%	\$15
Tier 3 (Nonpreferred Brand Drugs)	\$25	100%	\$25 Kaiser: \$15	\$50	100%	\$15
Tier 4 (Specialty Drugs)	10% (up to \$250 per script)	100%	10% (up to \$250 per script)	10%	100%	10% (up to \$250 per script)
Mental/Behavior Health Outpatient Office Visits	Health Net, Sharp: No Charge Blue Shield: \$15	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$15 Sharp: No Charge	10% Coinsurance after deductible	50% Coinsurance after deductible	\$10
Mental/Behavior Health Inpatient Physician Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	No Charge	10% Coinsurance after deductible	50% Coinsurance after deductible	No Charge
Mental/Behavior Health Inpatient Facility Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$250 Copay per day (up to 5 days)	10% Coinsurance after deductible	50% Coinsurance after deductible	\$500 Copay per admission
Substance Use Disorder Outpatient Office Visits	Health Net, Sharp: No Charge Blue Shield: \$15	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	\$15 Sharp: No Charge	10% Coinsurance after deductible	50% Coinsurance after deductible	\$10
Substance Use Inpatient Physician Fee	10%	Health Net: 50% Coinsurance after deductible Blue Shield: 50%	No Charge	10% Coinsurance after deductible	50% Coinsurance after deductible	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)	10% Coinsurance after deductible	50% Coinsurance after deductible	\$500 Copay per admission
Embedded Pediatric Dental	Pediatric Dental Embedded	Pediatric Dental Embedded	CCHP, Sharpe, Blue Shield: Pediatric Dental Embedded Kaiser: Not Embedded	Pediatric Dental Embedded	Pediatric Dental Embedded	Not Embedded
MAXIMUM OUT-OF-POCKET FOR ONE	\$3,350	Health Net: \$9,000 Blue Shield: \$6,700	\$3,350	\$3,600	\$9,000	\$3,000
MAXIMUM OUT-OF-POCKET FOR FAMILY	\$6,700	Health Net: \$18,000 Blue Shield: \$13,400	\$6,700	\$7,200	\$18,000	\$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.

- * Deductible applies after 1st three non-preventative visits
- ** Up to \$500 per script after pharmacy deductible
- *** 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. In-network services include services provided by an out-of-network provider but are approved as in-network by the issuer.
- 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.
- 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.
- 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.
- 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.