COVERED CALIFORNIA
SMALL BUSINESS

# 2025 Plan Summary
# Covered California for Small Business

| Platinum (90%) | Blue Shield 0/15 PCP (PPO) Sharp 0/15 PCP (Performance HMO) | (OON) = Out of Network Blue Shield 0/15 PCP (OON) | Kaiser PCP 0/20 PCP (HMO) Blue Shield 0/20 PCP (Trio HMO, Access +) Sharp 0/20 PCP (Premier HMO) | Kaiser 0/10 PCP Alt (HMO) | Kaiser 250/30 PCP Alt (HMO) |
|---|---|---|---|---|---|
| **Service Type** | **In-Network** | **Out-of- Network** | **In-Network** | **In-Network** | **In-Network** |
| **Individual Deductible (if any)** | Blue Shield: $0<br>Sharp: $0 | $1,000 | Kaiser: $0<br>Sharp: $0<br>Blue Shield: $0 | $0 | $250 |
| **Family Deductible (if any)** | Blue Shield: $0<br>Sharp: $0 | $2,000 | Kaiser: $0<br>Sharp: $0<br>Blue Shield: $0 | $0 | $500 |
| **Preventive Care/Screening/ Immunization** | Blue Shield: No Charge Sharp: No Charge | Not Covered | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |
| **Primary Care Visit to treat an injury, illness or condition** | Blue Shield: $15<br>Sharp: $15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield $20 | $10 | $30 |
| **Other Practitioner Office Visit** | Blue Shield: $15<br>Sharp: $15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield: $20 | $10 | $30 |
| **Specialist Visit** | Blue Shield: $30<br>Sharp: $30 | 50% Coinsurance after deductible | Kaiser: $30<br>Sharp: $30<br>Blue Shield: $30 | $20 | $50 |
| **Prenatal Care and Preconception Visit** | Blue Shield:No Chare Sharp: No Charge | 50% Coinsurance after deductible | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |
| **Urgent Care** | Blue Shield: $15<br>Sharp: $15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield: $20 | $10 | $30 |
| **Laboratory Tests** | Blue Shield: $15<br>Sharp: $15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield: $20 | $20 | $30 |
| **X-Rays and Diagnostic Imaging** | Blue Shield: $30<br>Sharp: $30 | 50% Coinsurance after deductible | Kaiser: $30<br>Sharp: $30<br>Blue Shield: $30 | $40 | $50 |
| **Emergency Room Facility Fee (waived if admitted)** | Blue Shield: $200 Sharp: $200 | $200 | Kaiser: $150<br>Sharp: $150<br>Blue Shield: $150 | $200 | $250 |
| **Emergency Room Physician Fee (waived if admitted)** | Blue Shield: No Charge Sharp: No Charge | No Charge | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |
| **Emergency Medical Transportation** | Blue Shield: $150 Sharp: $150 | $150 | Kaiser: $150<br>Sharp: $150<br>Blue Shield: $150 | $150 | $150 |
| **Outpatient Surgery Facility Fee (e.g., ASC)** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: $125<br>Sharp: $100<br>Blue Shield: $100 | $300 | $300 |
| **Outpatient Physician/ Surgeon Fee** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: No Charge<br>Sharp: $25<br>Blue Shield: $25 | No Charge | No Charge |
| **Outpatient Visit** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: 10%<br>Sharp: 10%<br>Blue Shield: 10% | No Charge | No Charge |
| **Inpatient Physician/ Surgeon Fee** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |
| **Inpatient Facility Fee (e.g. hospital room)** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: $250 Copay per day (up to 5 days)<br>Sharp: $250 Copay per day (up to 5 days)<br>Blue Shield: $250 Copay per day (up to 5 days) | $500 Copay per admission | $500 per admission after deductible |
| **Durable Medical Equipment** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: 10%<br>Sharp: 10%<br>Blue Shield: $10% | 10% | 10% |
| **Imaging (CT/PET scans, MRIs)** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: $100<br>Sharp: $100<br>Blue Shield: $100 | $150 | $150 |
| **Tier 1 (Generic Drugs)** | Blue Shield: $10<br>Sharp: $10 | Not Covered | Sharp $5<br>Kaiser: $5<br>Blue Shield Trio: Level A $5, Level B $7<br>Blue Shield: A+: $5 | $5 | $10 |
| **Tier 2 (Preferred Brand Drugs)** | Blue Shield: $25<br>Sharp: $25 | Not Covered | Sharp:$20<br>Kaiser$20<br>Blue Shield Trio: Level A $20, Level B $35<br>Blue Shield A+: $20 | $15 | $20 |
| **Tier 2 (Nonpreferred Brand Drugs)** | Blue Shield: $40<br>Sharp: $40 | Not Covered | Sharp: $30<br>Kaiser:$20<br>Blue Shield Trio: Level A $30, Level B $50<br>Blue Shield A+: $30 | $15 | $20 |
| **Tier 4 (Specialty Drugs)** | Blue Shield: 10% (up to $250 per script) Sharp: 10% (up to $250 per script) | Not Covered | Kaiser: 10%(up to $250 per script)<br>Sharp: 10%(up to $250 per script)<br>Blue Shield: 10%(up to $250 per script) | 10% (up to $250 per script) | 10% Coinsurance after Deductible (up to $250 per Script) |
| **Mental/Behavior Health Outpatient Office Visits** | Blue Shield: $15<br>Sharp: $15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield: $20 | $10 | $30 |
| **Mental/Behavior Health Inpatient Physician Fee** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |

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| **Mental/Behavior Health Inpatient Facility Fee** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: $250 Copay per day (up to 5 days)<br>Sharp: $250 Copay per day (up to 5 days)<br>Blue Shield: $250 Copay per day (up to 5 days) | $500 Copay per admission | $500 per admission after deductible |
| **Substance Use Disorder Outpatient Office Visits** | Blue Shield:<br>$15<br>Sharp:<br>$15 | 50% Coinsurance after deductible | Kaiser: $20<br>Sharp: $20<br>Blue Shield: $20 | $10 | $30 |
| **Substance Use Inpatient Physician Fee** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: No Charge<br>Sharp: No Charge<br>Blue Shield: No Charge | No Charge | No Charge |
| **Substance Use Inpatient Facility Fee (e.g., hospital room)** | Blue Shield: 10%<br>Sharp: 10% | 50% Coinsurance after deductible | Kaiser: $250 Copay per day (up to 5 days)<br>Sharp: $250 Copay per day (up to 5 days)<br>Blue Shield: $250 Copay per day (up to 5 days) | $500 Copay per admission | $500 per admission after deductible |
| **Pediatric Dental** | Pediatric Dental Embedded | Pediatric Dental Embedded | Sharp, Blue Shield: Pediatric Dental Embedded<br>Kaiser: Bundled | Bundled | Bundled |
| **MAXIMUM OUT-OF-POCKET FOR ONE** | Blue Shield:<br>$4,500<br>Sharp:<br>$4,500 | Blue Shield: $9,000 | Kaiser: $4,500<br>Sharp: $4,500<br>Blue Shield: $4,500 | **$3,000** | **$3000** |
| **MAXIMUM OUT-OF-POCKET FOR FAMILY** | Blue Shield:<br>$9,000<br>Sharp: $9,000 | Blue Shield: $18,000 | Kaiser: $9,000<br>Sharp: $9,000<br>Blue Shield: $9,000 | **$6,000** | **$6000** |

***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.**

**Notes**

**1) Any and all cost-sharing payments for in-network covered services apply to the in-network out-of-pocket maximum. If a deductible applies to the in-network service, cost sharing payments for all in-network services accumulate toward the in-network 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 2025 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**