

**PROPOSED 2022 PATIENT-CENTERED BENEFIT PLAN DESIGNS**

Benefit	Individual-only Platinum Coinsurance		Individual-only Platinum Copay		Individual-only Gold Coinsurance		Individual-only Gold Copay		Individual-only Silver		Silver 73		Silver 87		Silver 94		Bronze		Bronze HDHP				
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount			
Deductible																					\$7,000		
Medical Deductible									\$4,000		\$3,700		\$800		\$75		\$6,300						
Drug Deductible									\$50		\$50		\$0		\$0		\$500						
Coinsurance (Member)		10%		10%		20%		20%		20%		20%		15%		10%		40%			100%		
MOOP		\$4,500		\$4,500		\$8,200		\$8,200		\$8,200		\$6,500		\$2,850		\$800		\$8,200			\$7,000		
ED Facility Fee		\$150		\$150		\$350		\$350		\$400		\$400		\$150		\$50	X	40%	X		100%		
Inpatient Facility Fee		10%		\$250		20%		\$600	X	20%	X	20%	X	15%	X	10%	X	40%	X		100%		
Inpatient Physician Fee		10%		---		20%		---		20%		20%		15%		10%	X	40%	X		100%		
Primary Care Visit		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$5	X	\$65	X		100%		
Specialist Visit		\$30		\$30		\$65		\$65		\$80		\$75		\$25		\$8	X	\$95	X		100%		
MH/SU Outpatient Services		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$5	X	\$65	X		100%		
Imaging (CT/PET Scans, MRIs)		10%		\$75		20%		\$150		\$325		\$325		\$100		\$50	X	40%	X		100%		
Speech Therapy		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$5		\$65	X		100%		
Occupational and Physical Therapy		\$15		\$15		\$35		\$35		\$35		\$35		\$15		\$5		\$65	X		100%		
Laboratory Services		\$15		\$15		\$40		\$40		\$40		\$40		\$20		\$8		\$40	X		100%		
X-rays and Diagnostic Imaging		\$30		\$30		\$75		\$75		\$85		\$85		\$40		\$8	X	40%	X		100%		
Skilled Nursing Facility		10%		\$150		20%		\$300	X	20%	X	20%	X	15%	X	10%	X	40%	X		100%		
Outpatient Facility Fee		10%		\$100		20%		\$300		20%		20%		15%		10%	X	40%	X		100%		
Outpatient Physician Fee		10%		\$25		20%		\$40		20%		20%		15%		10%	X	40%	X		100%		
Tier 1 (Generics)		\$5		\$5		\$15		\$15	X	\$15	X	\$15		\$5		\$3	X	\$18	X		100%		
Tier 2 (Preferred Brand)		\$15		\$15		\$55		\$55	X	\$60	X	\$55		\$25		\$10	X	40%	X		100%		
Tier 3 (Nonpreferred Brand)		\$25		\$25		\$80		\$80	X	\$90	X	\$85		\$45		\$15	X	40%	X		100%		
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%		15%		10%	X	40%	X		100%		
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$150		\$150		\$500*					
Maximum Days for charging IP copay				5				5															
Begin PCP deductible after # of copays																					3 visits		
<b>Actuarial Value</b>																							
2022 AV (Draft 2022 AVC)		91.59		89.25		81.90		78.01		71.37†		73.59†		87.90†		94.66		64.83†			64.60		
2021 AV (Final 2021 AVC)		91.59		89.25		81.90		78.01		70.51†		73.29†		87.78†		94.09		64.83†			64.60		
Enrollment as of June 2020				52,640				146,610						206,600				316,180			208,340	341,720	114,170
Percent of Total enrollment				3%				10%						8%				21%			14%	22%	7%

<b>KEY:</b>	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2021
		Decreased member cost from 2021
		Does not meet AV
		Within .5 of de minimis

**PROPOSED 2022 PATIENT-CENTERED BENEFIT PLAN DESIGNS  
COVERED CALIFORNIA FOR SMALL BUSINESS ONLY**

Benefit	CCSB-only Platinum Coinsurance‡		CCSB-only Platinum Copay‡		CCSB-only Gold Coinsurance		CCSB-only Gold Copay		CCSB-only Silver Coinsurance		CCSB-only Silver Copay		CCSB-only Silver HDHP	
	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount	Ded	Amount
Deductible														\$2,500
Medical Deductible						\$350		\$250		\$2,250		\$2,250		
Drug Deductible						\$0		\$0		\$300		\$300		
Coinsurance (Member)		10%		10%		20%		20%		30%		30%		20%
MOOP		\$4,500		\$4,500		\$7,800		\$7,800		\$8,200		\$8,200		\$6,850
ED Facility Fee		\$200		\$150	X	20%	X	\$250	X	30%	X	30%	X	20%
Inpatient Facility Fee		10%		\$250	X	20%	X	\$600	X	30%	X	30%	X	20%
Inpatient Physician Fee		10%		---	X	20%		--	X	30%		30%	X	20%
Primary Care Visit		\$15		\$20		\$25		\$35		\$50		\$55	X	20%
Specialist Visit		\$30		\$30		\$50		\$55		\$85		\$90	X	20%
MH/SU Outpatient Services		\$15		\$20		\$25		\$35		\$50		\$55	X	20%
Imaging (CT/PET Scans, MRIs)		10%		\$100		20%	X	\$250	X	30%	X	\$300	X	20%
Speech Therapy		\$15		\$20		\$25		\$35		\$50		\$55	X	20%
Occupational and Physical Therapy		\$15		\$20		\$25		\$35		\$50		\$55	X	20%
Laboratory Services		\$15		\$20		\$25		\$35		\$50		\$55	X	20%
X-rays and Diagnostic Imaging		\$30		\$30		\$65		\$55		\$85		\$90	X	20%
Skilled Nursing Facility		10%		\$150	X	20%	X	\$300	X	30%	X	30%	X	20%
Outpatient Facility Fee		10%		\$100		20%	X	\$300	X	30%	X	30%	X	20%
Outpatient Physician Fee		10%		\$25		20%		\$35		30%		30%	X	20%
Tier 1 (Generics)		\$10		\$5		\$15		\$15		\$17		\$17	X	20%
Tier 2 (Preferred Brand)		\$25		\$20		\$50		\$40	X	\$70	X	\$80	X	20%
Tier 3 (Nonpreferred Brand)		\$40		\$30		\$80		\$70	X	\$100	X	\$110	X	20%
Tier 4 (Specialty)		10%		10%		20%		20%	X	30%	X	30%	X	20%
Tier 4 Maximum Coinsurance		\$250		\$250		\$250		\$250		\$250		\$250		\$250*
Maximum Days for charging IP copay				5				5						
Begin PCP deductible after # of copays														
<b>Actuarial Value</b>														
2022 AV (Draft 2022 AVC)		90.47		88.29		78.08†		79.43		71.55†		70.92†		71.75
2021 AV (Final 2021 AVC)		90.47		88.29		78.19†		79.43		71.59†		70.94†		71.78

<b>KEY:</b>	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
	‡	2020 Platinum is basis for changes
		Increased member cost from 2021
		Decreased member cost from 2021
		Does not meet AV
	Within .5 of de minimis	
	Securely within AV	