

PROPOSED 2023 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									\$4,750	\$4,750		\$800		\$75		\$6,300																	
Drug Deductible									\$85	\$85		\$25		\$0		\$500																	
Coinsurance (Member)		10%		10%		20%		20%		20%		20%		15%		10%		40%		0%													
MOOP		\$4,500		\$4,500		\$8,550		\$8,550		\$8,750		\$7,250		\$3,000		\$900		\$8,200			\$7,000												
ED Facility Fee		\$150		\$150		\$350		\$350		\$400		\$400		\$150		\$50	X	40%	X	0%													
Inpatient Facility Fee		10%		\$250		30%		\$350	X	30%	X	30%	X	25%	X	10%	X	40%	X	0%													
Inpatient Physician Fee		10%		---		30%		---		30%		30%		25%		10%	X	40%	X	0%													
Primary Care Visit		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5	X	\$65	X	0%													
Specialist Visit		\$30		\$30		\$65		\$65		\$85		\$85		\$25		\$8	X	\$95	X	0%													
MH/SU Outpatient Services		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5	X	\$65	X	0%													
Imaging (CT/PET Scans, MRIs)		10%		\$75		25%		\$75		\$325		\$325		\$100		\$50	X	40%	X	0%													
Speech Therapy		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5		\$65	X	0%													
Occupational and Physical Therapy		\$15		\$15		\$35		\$35		\$45		\$45		\$15		\$5		\$65	X	0%													
Laboratory Services		\$15		\$15		\$40		\$40		\$50		\$50		\$20		\$8		\$40	X	0%													
X-rays and Diagnostic Imaging		\$30		\$30		\$75		\$75		\$95		\$90		\$40		\$8	X	40%	X	0%													
Skilled Nursing Facility		10%		\$150		30%		\$150	X	30%	X	30%	X	25%	X	10%	X	40%	X	0%													
Outpatient Facility Fee		10%		\$100		20%		\$150		20%		20%		15%		10%	X	40%	X	0%													
Outpatient Physician Fee		10%		\$25		20%		\$40		20%		20%		15%		10%	X	40%	X	0%													
Tier 1 (Generics)		\$5		\$5		\$15		\$15	X	\$16	X	\$16	X	\$5		\$3	X	\$18	X	0%													
Tier 2 (Preferred Brand)		\$15		\$15		\$60		\$60	X	\$60	X	\$55	X	\$25		\$10	X	40%	X	0%													
Tier 3 (Nonpreferred Brand)		\$25		\$25		\$85		\$85	X	\$90	X	\$85	X	\$45		\$15	X	40%	X	0%													
Tier 4 (Specialty)		10%		10%		20%		20%	X	20%	X	20%	X	15%		10%	X	40%	X	0%													
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															
Actuarial Value																																	
2023 AV (Draft 2023 AVC)		91.76		89.75		81.92		80.11		71.57†		73.53†		87.86†		94.88		64.54†		64.17													
2022 AV (Final 2022 AVC)		91.59		89.25		81.90		78.01		71.07†		73.42†		87.75†		94.66		64.78†		64.60													
Enrollment as of June 2021		61,090				151,430				227,540				328,850				205,510				352,860				108,220							
Percent of Total enrollment		4%				10%				15%				8%				21%				13%				23%				7%			
Enrollment as of June 2021		17,373		43,717		84,815		66,615																									
Percent of Total enrollment		28%		72%		56%		44%																									

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2022
		Decreased member cost from 2022
		Does not meet AV
	Within .5 of upper de minimis	
	Securely within AV	

**PROPOSED 2023 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														\$2,700
Medical Deductible						\$350		\$250		\$2,500		\$2,500		
Drug Deductible						\$0		\$0		\$300		\$300		
Coinsurance (Member)		10%		10%		20%		20%		35%		30%		25%
MOOP		\$4,500		\$4,500		\$7,800		\$7,800		\$8,600		\$8,750		\$7,200
ED Facility Fee		\$200		\$150	X	20%	X	\$250	X	35%	X	30%	X	25%
Inpatient Facility Fee		10%		\$250	X	20%	X	\$600	X	35%	X	40%	X	25%
Inpatient Physician Fee		10%		---	X	20%		--	X	35%		40%	X	25%
Primary Care Visit		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Specialist Visit		\$30		\$30		\$50		\$55		\$90		\$90	X	25%
MH/SU Outpatient Services		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Imaging (CT/PET Scans, MRIs)		10%		\$100		20%	X	\$250	X	35%	X	\$300	X	25%
Speech Therapy		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Occupational and Physical Therapy		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
Laboratory Services		\$15		\$20		\$25		\$35		\$55		\$55	X	25%
X-rays and Diagnostic Imaging		\$30		\$30		\$65		\$55		\$90		\$90	X	25%
Skilled Nursing Facility		10%		\$150	X	20%	X	\$300	X	35%	X	40%	X	25%
Outpatient Facility Fee		10%		\$100		20%	X	\$300	X	35%	X	35%	X	25%
Outpatient Physician Fee		10%		\$25		20%		\$35		35%		30%	X	25%
Tier 1 (Generics)		\$10		\$5		\$15		\$15		\$20		\$19	X	25%
Tier 2 (Preferred Brand)		\$25		\$20		\$50		\$40	X	\$75	X	\$85	X	25%
Tier 3 (Nonpreferred Brand)		\$40		\$30		\$80		\$70	X	\$105	X	\$110	X	25%
Tier 4 (Specialty)		10%		10%		20%		20%	X	30%	X	30%	X	25%
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														
Actuarial Value														
2023 AV (Draft 2023 AVC)		90.71		88.80		78.91		80.49		71.89†		71.54†		71.71
2022 AV (Final 2022 AVC)		90.47		88.29		78.02†		79.43		71.43†		70.84†		71.75
Enrollment as of January 2021				15,864				29,679				20,825		1,724
Percent of Total enrollment				23%				44%				31%		3%

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