

REVISED 2024 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																					\$7,050
Medical Deductible									\$5,400	\$5,400	\$800	\$75	\$6,300								
Drug Deductible								\$150	\$150	\$50	\$0	\$500									
Coinsurance (Member)		10%		10%		20%		20%		30%		30%		20%		10%		40%		0%	
MOOP		\$4,500		\$4,500		\$8,700		\$8,700		\$9,100		\$7,550		\$3,150		\$1,150		\$9,100		\$7,050	
ED Facility Fee		\$150		\$150		\$350		\$350		\$450		\$450		\$150	X	\$50	X	40%	X	0%	
Inpatient Facility Fee		10%		\$225		30%		\$330	X	30%	X	30%	X	20%	X	10%	X	40%	X	0%	
Inpatient Physician Fee		10%		---		30%		---		30%		30%		20%		10%	X	40%	X	0%	
Primary Care Visit		\$15		\$15		\$35		\$35		\$50		\$50		\$15		\$5	X	\$60	X	0%	
Specialist Visit		\$30		\$30		\$65		\$65		\$90		\$90		\$25		\$8	X	\$95	X	0%	
MH/SU Outpatient Services		\$15		\$15		\$35		\$35		\$50		\$50		\$15		\$5		\$60	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		\$50		\$50		\$15		\$5		\$60	X	0%	
Occupational and Physical Therapy		\$15		\$15		\$35		\$35		\$50		\$50		\$15		\$5		\$60	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		\$95		\$40		\$8	X	40%	X	0%	
Skilled Nursing Facility		10%		\$125		30%		\$150	X	30%	X	30%	X	20%	X	10%	X	40%	X	0%	
Outpatient Facility Fee		10%		\$75		30%		\$130		30%		30%		20%		10%	X	40%	X	0%	
Outpatient Physician Fee		10%		\$20		30%		\$40		30%		30%		20%		10%	X	40%	X	0%	
Tier 1 (Generics)		\$7		\$7		\$15		\$15		\$19		\$19		\$6		\$3	X	\$17	X	0%	
Tier 2 (Preferred Brand)		\$16		\$16		\$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			
<b>Actuarial Value</b>																					
2024 AV (Final 2024 AVC)		91.88		90.74		81.92		81.54		71.83†		73.95†		87.86†		94.93		64.39†		64.94	
2023 AV (Final 2023 AVC)		91.76		89.75		81.92		80.11		71.57†		73.86†		87.86†		94.88		64.73		64.17	
Enrollment as of June 2022		76,108		171,183		285,897		141,322		333,668		223,646		345,044		98,811					
Percent of Total enrollment		5%		10%		17%		8%		20%		13%		21%		6%					
Enrollment as of June 2022		21,755	54,353	90,229	80,954																
Percent of Total enrollment		29%	71%	53%	47%																

KEY:	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment (included in AV)
		Increased member cost from 2023
		Decreased member cost from 2023
		Does not meet AV
	Within .5 of upper de minimis	
	Securely within AV	

**REVISED 2024 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														\$2,850
Medical Deductible						\$350		\$250		\$2,500		\$2,500		
Drug Deductible						\$0		\$0		\$300		\$300		
Coinsurance (Member)		10%		10%		20%		20%		35%		35%		25%
MOOP		\$4,500		\$4,500		\$7,800		\$7,800		\$8,600		\$8,750		\$7,500
ED Facility Fee		\$200		\$150	X	20%	X	\$250	X	35%	X	35%	X	25%
Inpatient Facility Fee		10%		\$250	X	20%	X	\$600	X	35%	X	35%	X	25%
Inpatient Physician Fee		10%		---	X	20%		--	X	35%		35%	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	35%	X	25%
Outpatient Facility Fee		10%		\$100		20%	X	\$300	X	35%	X	35%	X	25%
Outpatient Physician Fee		10%		\$25		20%		\$35		35%		35%	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														
<b>Actuarial Value</b>														
2024 AV (Final 2024 AVC)		91.17		89.42		78.84		80.67		70.02†		69.71†		71.73
2023 AV (Final 2023 AVC)		90.71		88.80		78.93†		80.49		71.93†		71.65†		71.71
Enrollment as of December 2022				19,243				30,607				20,805		1,691
Percent of Total enrollment				27%				42%				29%		2%

<b>KEY:</b>	X	Subject to deductible
	*	Drug cap applies to all drug tiers
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		Does not meet AV
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