

PROPOSED 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 |         | CA Enh CSR Silver 73 |         | Silver 87 |         | CA Enh CSR Silver 87 |         | Silver 94 |         | CA Enh CSR 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  | Ded                  | Amount  | Ded    | Amount   | Ded         | Amount  |         |
| Deductible                             |                                      |         |                                |         |                                  |         |                            |         |                        |         |           |         |                      |         |           |         |                      |         |           |         |                      |         |        |          |             |         | \$7,050 |
| Medical Deductible                     |                                      |         |                                |         |                                  |         |                            |         | \$5,400                | \$5,400 |           | \$0     | \$800                | \$0     | \$75      |         | \$0                  |         | \$0       |         | \$6,300              |         |        |          |             |         |         |
| Drug Deductible                        |                                      |         |                                |         |                                  |         |                            |         | \$150                  | \$150   |           | \$0     | \$50                 | \$0     | \$0       |         | \$0                  |         | \$0       |         | \$500                |         |        |          |             |         |         |
| Coinurance (Member)                    |                                      | 10%     |                                | 10%     |                                  | 20%     |                            | 20%     |                        | 30%     |           | 20%     |                      | 20%     |           | 20%     |                      | 20%     |           | 10%     |                      | 10%     |        | 40%      |             | 0%      |         |
| MOOP                                   |                                      | \$4,500 |                                | \$4,500 |                                  | \$8,700 |                            | \$8,700 |                        | \$9,100 |           | \$7,550 |                      | \$6,100 |           | \$3,150 |                      | \$3,000 |           | \$1,150 |                      | \$1,150 |        | \$9,100  |             | \$7,050 |         |
| ED Facility Fee                        |                                      | \$150   |                                | \$150   |                                  | \$350   |                            | \$350   |                        | \$450   |           | \$450   |                      | \$350   |           | \$150   |                      | \$150   |           | \$50    |                      | \$50    | X      | 40%      | X           | 0%      |         |
| Inpatient Facility Fee                 |                                      | 10%     |                                | \$225   |                                  | 30%     |                            | \$330   | X                      | 30%     | X         | 30%     |                      | 30%     | X         | 20%     |                      | 20%     | X         | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Inpatient Physician Fee                |                                      | 10%     |                                | ---     |                                  | 30%     |                            | ---     |                        | 30%     |           | 30%     |                      | 30%     |           | 20%     |                      | 20%     |           | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Primary Care Visit                     |                                      | \$15    |                                | \$15    |                                  | \$35    |                            | \$35    |                        | \$50    |           | \$50    |                      | \$35    |           | \$15    |                      | \$15    |           | \$5     |                      | \$5     | X      | \$60     | X           | 0%      |         |
| Specialist Visit                       |                                      | \$30    |                                | \$30    |                                  | \$65    |                            | \$65    |                        | \$90    |           | \$90    |                      | \$85    |           | \$25    |                      | \$25    |           | \$8     |                      | \$8     | X      | \$95     | X           | 0%      |         |
| MH/SU Outpatient Services              |                                      | \$15    |                                | \$15    |                                  | \$35    |                            | \$35    |                        | \$50    |           | \$50    |                      | \$35    |           | \$15    |                      | \$15    |           | \$5     |                      | \$5     | X      | \$60     | X           | 0%      |         |
| Imaging (CT/PET Scans, MRIs)           |                                      | 10%     |                                | \$75    |                                  | 25%     |                            | \$75    |                        | \$325   |           | \$325   |                      | \$325   |           | \$100   |                      | \$100   |           | \$50    |                      | \$50    | X      | 40%      | X           | 0%      |         |
| Speech Therapy                         |                                      | \$15    |                                | \$15    |                                  | \$35    |                            | \$35    |                        | \$50    |           | \$50    |                      | \$35    |           | \$15    |                      | \$15    |           | \$5     |                      | \$5     | X      | \$60     | X           | 0%      |         |
| Occupational and Physical Therapy      |                                      | \$15    |                                | \$15    |                                  | \$35    |                            | \$35    |                        | \$50    |           | \$50    |                      | \$35    |           | \$15    |                      | \$15    |           | \$5     |                      | \$5     | X      | \$60     | X           | 0%      |         |
| Laboratory Services                    |                                      | \$15    |                                | \$15    |                                  | \$40    |                            | \$40    |                        | \$50    |           | \$50    |                      | \$50    |           | \$20    |                      | \$20    |           | \$8     |                      | \$8     | X      | \$40     | X           | 0%      |         |
| X-rays and Diagnostic Imaging          |                                      | \$30    |                                | \$30    |                                  | \$75    |                            | \$75    |                        | \$95    |           | \$95    |                      | \$95    |           | \$40    |                      | \$40    |           | \$8     |                      | \$8     | X      | 40%      | X           | 0%      |         |
| Skilled Nursing Facility               |                                      | 10%     |                                | \$125   |                                  | 30%     |                            | \$150   | X                      | 30%     | X         | 30%     |                      | 30%     | X         | 20%     |                      | 20%     | X         | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Outpatient Facility Fee                |                                      | 10%     |                                | \$75    |                                  | 30%     |                            | \$130   |                        | 30%     |           | 30%     |                      | 30%     |           | 20%     |                      | 20%     |           | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Outpatient Physician Fee               |                                      | 10%     |                                | \$20    |                                  | 30%     |                            | \$40    |                        | 30%     |           | 30%     |                      | 30%     |           | 20%     |                      | 20%     |           | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Tier 1 (Generics)                      |                                      | \$7     |                                | \$7     |                                  | \$15    |                            | \$15    |                        | \$19    |           | \$19    |                      | \$15    |           | \$6     |                      | \$5     |           | \$3     |                      | \$3     | X      | \$17     | X           | 0%      |         |
| Tier 2 (Preferred Brand)               |                                      | \$16    |                                | \$16    |                                  | \$60    |                            | \$60    | X                      | \$60    | X         | \$55    |                      | \$55    | X         | \$25    |                      | \$25    |           | \$10    |                      | \$10    | X      | 40%      | X           | 0%      |         |
| Tier 3 (Nonpreferred Brand)            |                                      | \$25    |                                | \$25    |                                  | \$85    |                            | \$85    | X                      | \$90    | X         | \$85    |                      | \$85    | X         | \$45    |                      | \$45    |           | \$15    |                      | \$15    | X      | 40%      | X           | 0%      |         |
| Tier 4 (Specialty)                     |                                      | 10%     |                                | 10%     |                                  | 20%     |                            | 20%     | X                      | 20%     | X         | 20%     |                      | 20%     | X         | 15%     |                      | 15%     |           | 10%     |                      | 10%     | X      | 40%      | X           | 0%      |         |
| Tier 4 Maximum Coinsurance             |                                      | \$250   |                                | \$250   |                                  | \$250   |                            | \$250   |                        | \$250   |           | \$250   |                      | \$250   |           | \$150   |                      | \$150   |           | \$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†  |                      | 79.52   |           | 87.86†  |                      | 88.76   |           | 94.93   |                      | 94.74   |        | 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 July 2023             |                                      |         |                                | 77,615  |                                  |         |                            | 183,457 |                        |         |           | 293,276 |                      |         |           | 128,845 |                      |         |           | 318,258 |                      |         |        | 221,763  |             | 346,158 | 93,586  |

|      |                               |                                      |
|------|-------------------------------|--------------------------------------|
| 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      |
|      |                               | Enhanced member cost from 2024       |
|      |                               | Does not meet AV                     |
|      | Within .5 of upper de minimis |                                      |
|      | Securely within AV            |                                      |

**PROPOSED 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%      |

|      |                    |                                      |
|------|--------------------|--------------------------------------|
| 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 |                                      |