

PY2026 PATIENT-CENTERED BENEFIT 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																				\$7,200
Medical Deductible									\$5,200	\$5,200	\$1,400	\$0	\$5,800							
Drug Deductible									\$50	\$50	\$50	\$0	\$450							
Coinsurance (Member)		10%		10%		20%		20%		30%		30%		20%		10%		40%		0%
MOOP		\$5,000		\$5,000		\$9,200		\$9,200		\$9,800		\$8,100		\$3,350		\$1,400		\$9,800		\$7,200
ED Facility Fee		\$175		\$175		\$350		\$350		\$400		\$400		\$200		\$50	X	40%	X	0%
Inpatient Facility Fee		10%		\$225		30%		\$375	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		\$40		\$40		\$50		\$50		\$15		\$5		\$60	X	0%
Specialist Visit		\$30		\$30		\$70		\$70		\$90		\$90		\$25	X	\$8		\$95	X	0%
MH/SU Outpatient Services		\$15		\$15		\$40		\$40		\$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		\$40		\$40		\$50		\$50		\$15		\$5		\$60	X	0%
Occupational and Physical Therapy		\$15		\$15		\$40		\$40		\$50		\$50		\$15		\$5		\$60	X	0%
Laboratory Services		\$15		\$15		\$40		\$40		\$50		\$50		\$30		\$10		\$50	X	0%
X-rays and Diagnostic Imaging		\$30		\$30		\$75		\$75		\$95		\$95		\$50		\$10	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%		\$60		30%		30%		20%		10%	X	40%	X	0%
Tier 1 (Generics)		\$9		\$9		\$18		\$18		\$19		\$19		\$8		\$3		\$20	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 Specialist deductible after # of copays																			3	
Actuarial Value																				
2026 AV (Final 2026 AVC)		91.92		91.76		81.39		81.73		71.66		73.69		87.78		94.78		63.49		64.76
Enrollment as of June 2024		65,830		154,350		331,000		181,380		382,430		199,090		347,200		91,480				
Percent of Total enrollment		3.7%		8.7%		18.7%		10.3%		21.6%		11.3%		19.6%		5.2%				

X	Subject to deductible
*	Drug cap applies to all drug tiers
†	Additive adjustment (included in AV)
■ (orange)	Increased member cost from 2024
■ (green)	Decreased member cost from 2024
■ (red)	Does not meet AV
■ (yellow)	Within .5 of upper de minimis
■ (dark green)	Securely within AV



For illustrative purpose only.

2026 COVERED CALIFORNIA FOR SMALL BUSINESS BENEFIT DESIGNS

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														\$3,200
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		\$8,300
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														
Actuarial Value														
2026 AV (Final 2026 AVC)		91.79		91.13		80.21		81.70		70.86†		70.46†		70.70

KEY	X	Subject to deductible
	*	Drug cap applies to all drug tiers
	†	Additive adjustment needed (to be included in AV)
		Increased member cost from 2025
		Decreased member cost from 2025
		Does not meet AV
		Within .5 of upper de minimis
		Securely within AV

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