

Full Network Plan Benefits (2022)

Aetna	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
HMO Platinum \$20/40 0 Ded	\$0	\$3,500	\$20/\$40	\$200/day (max 5)	\$5/\$20/\$50	\$0
HMO Gold \$30/60 0 Ded	\$0	\$6,500	\$30/\$60	\$500/day (max 4)	\$15/\$50/\$80	\$0
HMO Gold \$35/65 250 Ded	\$250	\$7,800	\$35/\$65	\$600/day (max 5) ¹	\$15/\$40/\$70	\$0
HMO Gold \$25/50 500 Ded	\$500	\$7,800	\$25/\$50	20% ¹	\$15/\$50/\$80	\$0
HMO Gold \$30/70 1250 Ded	\$1,250	\$7,800	\$30/\$70	30% ¹	\$15/\$45/\$85	\$250 ²
HMO Silver \$50/70 0 Ded	\$0	\$8,700	\$50/\$70	50%	\$25/50% up to \$250	\$750 ²
HMO Silver \$55/90 2500 Ded	\$2,500	\$8,500	\$55/\$90	30% ¹	\$20/\$80/\$100	\$50
HMO Bronze \$75/125 7900 Ded	\$7,900	\$7,900	\$75/\$125	\$0 ¹	\$35/\$0/\$0	plan ded ²
OA Managed Choice POS Platinum CA 90/50 0 Ded	\$0	\$4,500	\$15/\$30	10%	\$10/\$25/\$40	\$0
OA Managed Choice POS Platinum 80/50 250 Ded	\$250	\$3,500	\$15/\$30	20% ¹	\$5/\$35/\$80	\$0
OA Managed Choice POS Gold CA 80/50 350 Ded	\$350	\$7,800	\$25/\$50	20% ¹	\$15/\$50/\$80	\$0
OA Managed Choice POS Gold 75/50 500 Ded	\$500	\$7,800	\$20/\$50	25% ¹	\$15/\$55/\$80	\$300 ²
OA Managed Choice POS Gold 70/50 1250 Ded	\$1,250	\$6,900	\$30/\$50	30% ¹	\$15/\$55/\$80	\$300 ²
OA Managed Choice POS Gold 80/50 1500 Ded	\$1,500	\$4,500	\$40/\$40	\$100/admit ¹ ; then 20%	\$15/\$55/\$80	\$300 ²
OA Managed Choice POS Gold 90/50 2800 Ded HSA	\$2,800	\$3,750	10% ¹	10% ¹	10% up to \$250	plan ded
OA Managed Choice POS Silver 60/50 1700 Ded	\$1,700	\$8,200	\$50/\$75	40% ¹	\$20/\$65/\$100	\$300 ²
OA Managed Choice POS Silver 60/50 2000 Ded	\$2,000	\$8,150	\$40/\$75	40% ¹	\$20/\$80/\$100	\$250 ²
OA Managed Choice POS Silver CA Copay Plan 70/50 2250 Ded	\$2,250	\$8,200	\$50/\$85	30% ¹	\$17/\$70/\$100	\$300 ²
OA Managed Choice POS Silver 70/50 2500 Ded	\$2,500	\$8,500	\$50/\$85	30% ¹	\$15/\$70/\$100	\$50 ²
OA Managed Choice POS Bronze 55/50 4600 Ded	\$4,600	\$8,400	45% ¹	45% ¹	\$20/\$80/\$100	plan ded ²
OA Managed Choice POS Bronze 100/50 7350 Ded	\$7,350	\$8,700	\$70/\$125	\$500/admit ¹	\$15/\$85/\$125	plan ded ²
OA Managed Choice POS Bronze 50/50 8300 Ded	\$8,300	\$8,550	\$85 ³ /\$95 ¹	50% ¹	\$30/\$100/\$150	plan ded ²
OA Managed Choice POS Bronze HDHP CA 100/50 7000 Ded HSA	\$7,000	\$7,000	\$0 ¹	\$0 ¹	\$0	plan ded
Open Choice PPO Gold CA 80/50 1000 Ded	\$1,000	\$7,000	\$20/\$50	20% ¹	\$15/\$55/\$80	\$300 ²
Anthem Blue Cross	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Platinum HMO 20	\$0	\$1,900	\$20/\$40	\$500/admit	L1: \$5/\$20/\$50 L2: \$15/\$30/\$60	\$0
Platinum HMO 25	\$0	\$2,300	\$25/\$50	\$300/day (max 3)	L1: \$5/\$20/\$50 L2: \$15/\$30/\$60	\$0
Platinum HMO 30	\$0	\$2,400	\$30/\$50	\$450/day (max 4)	L1: \$5/\$35/\$70 L2: \$15/\$45/\$80	\$0
Gold HMO 30	\$0	\$6,250	\$30/\$60	\$600/day (max 4)	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$0
Gold HMO 35	\$0	\$6,750	\$35/\$70	\$750/day (max 4)	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$0
Gold HMO 35/700/20%	\$700	\$8,450	\$35/\$55	20% ¹	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$150 ²
Gold HMO 35/1250/20%	\$1,250	\$8,400	\$35/\$60	20% ¹	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$150 ²
Silver HMO 55	\$0	\$8,700	\$55/\$110	\$650/day (max 5)	L1: \$15/\$90/\$120 L2: \$20/\$100/\$130	\$400 ²
Silver HMO 60/2500/45%	\$2,500	\$8,700	\$60/\$110	45% ¹	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Platinum PPO 15/40/10%	\$0	\$4,200	\$15/\$40	10%	L1: \$5/\$35/\$70 L2: \$15/\$45/\$80	\$0
Platinum PPO 15/250/10%	\$250	\$4,200	\$15/\$30	10%	L1: \$5/\$35/\$70 L2: \$15/\$45/\$80	\$0

¹ After deductible

² Rx deductible waived for tier 1

³ Deductible waived for first (1) office visit combined

⁴ Deductible waived for first two (2) office visits combined

⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

Anthem Blue Cross	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Platinum PPO 5/250/15%	\$250	\$4,200	\$5/\$45	15%	L1: \$5/\$35/\$70 L2: \$15/\$45/\$80	\$0
Gold PPO 25/30%	\$0	\$8,200	\$25/\$50	30%	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$150 ²
Gold PPO 30/500/20%	\$500	\$7,900	\$30/\$60	20%	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$150 ²
Gold PPO 35/500/25%	\$500	\$8,200	\$35/\$65	25%	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$250 ²
Gold PPO 30/750/20%	\$750	\$8,200	\$30/\$55	20%	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$250 ²
Gold PPO 35/1000/20%	\$1,000	\$8,200	\$35/\$60	20%	L1: \$5/\$60/\$110 L2: \$15/\$70/\$120	\$300 ²
Gold PPO 5/1500/30%	\$1,500	\$8,300	\$5/\$65	30%	L1: \$5/\$60/\$110 L2: \$15/\$70/\$120	\$300 ²
Silver PPO 45/1750/40%	\$1,750	\$8,500	\$45/\$95	40%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Silver PPO 55/1950/35%	\$1,950	\$8,700	\$55/\$90	35%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Silver PPO 50/2200/40%	\$2,200	\$8,600	\$50/\$90	40%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Silver PPO 55/2500/45%	\$2,500	\$8,700	\$55/\$90	45%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Silver PPO 2100/30% w/HSA PrevRx	\$2,100/	\$7,050	30%	30%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	plan ded
Silver PPO 2600/35% w/HSA PrevRx	\$2,600	\$7,050	35%	35%	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	plan ded
Bronze PPO 4600/50%	\$4,600	\$8,100	50% ^{1,3}	50%	L1: \$20/\$80/\$120 L2: \$20/\$90/\$130	plan ded ²
Bronze PPO 40/6200/40%	\$6,200	\$8,700	\$40/\$80 ¹	40%	L1: \$20/\$80/\$120 L2: \$20/\$90/\$130	plan ded ²
Bronze PPO 70/6600/35%	\$6,600	\$8,700	\$70/\$85 ¹	35%	L1: \$20/\$80/\$120 L2: \$20/\$90/\$130	plan ded ²
Bronze PPO 60/6850/40%	\$6,850	\$8,200	\$60/\$80 ¹	40%	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	\$650 ²
Bronze PPO 75/7300/40%	\$7,300	\$8,650	\$75/\$110	40%	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	\$650 ²
Bronze PPO 6000/45% w/HSA PrevRx	\$6,000	\$7,050	45%	45%	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	plan ded
Bronze PPO 6700/0% w/HSA PrevRx	\$6,700	\$7,050	0%	0%	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	plan ded
Gold EPO 35/500/20%	\$500	\$6,900	\$35/\$55	20%	L1: \$5/\$60/\$110 L2: \$15/\$70/\$120	\$300 ²
Gold EPO 35/1700/20%	\$1,700	\$4,500	\$35/\$60	20%	L1: \$5/\$60/\$110 L2: \$15/\$70/\$120	\$300 ²
Blue Shield	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Platinum HMO 0/20 OffEx	\$0	\$1,900	\$20/\$40	\$500	\$5/\$15/\$25	\$0
Platinum HMO 0/25 OffEx	\$0	\$2,350	\$25/\$50	\$250	\$5/\$15/\$25	\$0
Platinum HMO 0/30 OffEx	\$0	\$2,700	\$30/\$50	\$500	\$5/\$15/\$25	\$0
Gold HMO 0/30 OffEx	\$0	\$6,750	\$30/\$55	\$600	\$15/\$35/\$55	\$0
Gold HMO 500/35 OffEx	\$500	\$7,500	\$35/\$55	20% ¹	\$15/\$35/\$55	\$0
Gold HMO 1000/35 OffEx	\$1,000	\$7,500	\$35/\$65	20% ¹	\$15/\$35/\$55	\$100
Gold HMO 1500/35 OffEx	\$1,500	\$8,150	\$35/\$65	20% ¹	\$15/\$35/\$55	\$100

¹ After deductible

² Rx deductible waived for tier 1

³ Deductible waived for first (1) office visit combined

⁴ Deductible waived for first two (2) office visits combined

⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

Blue Shield	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Silver HMO 2000/60 OffEx	\$2,000	\$8,350	\$60/\$80	45% ¹	\$20/\$85/\$115	\$400
Silver HMO 2750/65 OffEx	\$2,750	\$8,350	\$65/\$80	45% ¹	\$20/\$85/\$115	\$0
Bronze HMO 7000/70 OffEx*	\$7,000	\$8,350	\$70/\$80	50% ¹	\$25/\$115/\$160	\$0
Platinum PPO 0/0 OffEx	\$0	\$4,500	\$0/\$45	10%	\$0/\$30/\$50	\$0
Platinum PPO 0/10 OffEx	\$0	\$4,500	\$10/\$25	10%	\$5/\$30/\$50	\$0
Platinum PPO 250/10 OffEx	\$250	\$3,000	\$10/\$10	10% ¹	\$10/\$25/\$40	\$0
Platinum PPO 250/15 OffEx	\$250	\$4,300	\$15/\$30	10% ¹	\$5/\$30/\$50	\$0
Gold PPO 0/25 OffEx	\$0	\$8,100	\$25/\$50	30%	\$15/\$40/\$60	\$0
Gold PPO 500/30 OffEx	\$500	\$8,150	\$30/\$55	20% ¹	\$15/\$50/\$80	\$100
Gold PPO 750/30 OffEx	\$750	\$8,150	\$30/\$55	20% ¹	\$10/\$40/\$70	\$250
Gold PPO 1000/35 OffEx	\$1,000	\$8,150	\$35/\$55	20% ¹	\$10/\$40/\$70	\$300
Silver PPO 1800/45 OffEx	\$1,800	\$8,350	\$45/\$75	35% ¹	\$20/\$75/\$115	\$300
Silver PPO 2225/50 OffEx ⁴	\$2,225	\$8,200	\$50/\$75	40% ¹	\$20/\$50/\$115	\$300
Silver PPO 2400/55 OffEx	\$2,400	\$8,200	\$55/\$75	40% ¹	\$20/\$75/\$115	\$300
Bronze PPO 5500/65 OffEx	\$5,500	\$11,000	\$65/\$80	50% ¹	\$20/50%	\$500
Bronze PPO 6250/65 OffEx	\$6,250	\$8,350	\$65/\$75	40% ¹	\$20/\$65/\$90	plan ded
Bronze PPO 6500/70 OffEx	\$6,500	\$13,000	\$70/\$80	50% ¹	\$20/50%	\$300
Bronze PPO 6850/55 OffEx	\$6,850	\$8,350	\$55/\$75	35% ¹	\$20/\$65/\$90	\$650
Bronze PPO 7500/65 OffEx	\$7,500	\$8,350	\$65/50%	50% ¹	\$20/50%	plan ded
CaliforniaChoice	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Anthem Blue Cross Gold CaliforniaCare HMO B	\$0	\$6,000	\$30/\$55	\$550/day (max 4)	L1: \$15/\$40/\$80 L2: \$25/\$60/\$90	\$0
Anthem Blue Cross Silver CaliforniaCare HMO B	\$2,200	\$8,700	\$60/\$110	45% ¹	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Anthem Blue Cross Gold PPO E	\$500	\$7,700	\$30/\$60	20% ¹	L1: \$10/\$50/\$90 L2: \$20/\$60/\$100	\$150 ²
Anthem Blue Cross Silver PPO C	\$1,700	\$8,300	\$50/\$95	40% ¹	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Anthem Blue Cross Bronze PPO A (HSA Eligible)	\$6,250	\$7,050	35% ¹	35% ¹	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	plan ded
Anthem Blue Cross Silver EPO A	\$2,200	\$8,700	\$55/\$100	40% ¹	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	\$300 ²
Anthem Blue Cross Silver EPO B (HSA Eligible)	\$2,000	\$7,050	35% ¹	35% ¹	L1: \$15/\$70/\$110 L2: \$20/\$80/\$120	plan ded
Anthem Blue Cross Bronze EPO A	\$6,000	\$8,500	\$65 ¹ /\$85 ¹	40% ¹	L1: \$20/\$90/\$160 L2: \$20/\$100/\$170	\$650 ²
Health Net Platinum Full Network HMO E	\$0	\$2,500	\$30/\$50	\$600/day (max 4)	\$5/\$30/\$50	\$0
Health Net Platinum Full Network HMO H	\$0	\$3,000	\$0/\$0	\$500/day (max 4)	\$0/\$30/\$50	\$0
Health Net Gold Full Network HMO E	\$0	\$6,500	\$35/\$55	\$750/day (max 4)	\$15/\$50/\$70	\$0
Health Net Gold Full Network HMO F	\$0	\$6,500	\$40/\$60	\$750/day (max 5)	\$15/\$50/\$70	\$0
Health Net Gold Full Network HMO G	\$0	\$6,000	\$30/\$50	\$750/day (max 3)	\$15/\$50/\$70	\$0
Kaiser Platinum HMO A	\$0	\$3,000	\$10/\$20	\$500/admit	\$5/\$15/\$15	\$0
Kaiser Platinum HMO B	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$20	\$0
Kaiser Gold HMO B	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$40	\$0
Kaiser Gold HMO C	\$0	\$7,000	\$30/\$35	\$600/day(max 5)	\$15/\$40/\$40	\$0
Kaiser Gold HMO D	\$1,000	\$7,800	\$40/\$60	\$600/day (max 5) ¹	\$20/\$50/\$50	\$250 ²
Kaiser Gold HMO E (HSA Eligible)	\$1,600	\$3,250	15%	15%	\$15/\$45/\$45	plan ded

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⁴ Deductible waived for first two (2) office visits combined

⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

CaliforniaChoice	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Kaiser Silver HMO A	\$2,100	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	\$500 ²
Kaiser Silver HMO B	\$1,650	\$8,200	\$55/\$80	40% ¹	\$20/\$75/\$75	\$350 ²
Kaiser Silver HMO C	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$80	\$300 ²
Kaiser Silver HMO D (HSA Eligible)	\$2,500	\$6,850	20% ¹	20% ¹	20% up to \$250	plan ded
Kaiser Silver HMO E	\$2,600	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	plan ded ²
Kaiser Bronze HMO A	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Kaiser Bronze HMO B	\$5,400	\$8,200	\$60 ⁵ /\$80 ⁵	50% ¹	\$20/50% up to \$500	plan ded ²
Kaiser Bronze HMO C (HSA Eligible)	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded
Sutter Health Plus Platinum HMO A	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$30	\$0
Sutter Health Plus Platinum HMO B	\$0	\$3,500	\$15/\$30	\$250/day (max 5)	\$5/\$15/\$30	\$0
Sutter Health Plus Gold HMO A	\$1,500	\$4,000	\$30 ¹ /\$50 ¹	20% ¹	\$5/\$15/\$30	\$0
Sutter Health Plus Gold HMO B	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$70	\$0
Sutter Health Plus Silver HMO B	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$110	\$300 ²
Sutter Health Plus Silver HMO C (HSA Eligible)	\$2,500	\$6,850	\$35 ¹ /\$50 ¹	20% ¹	\$10/\$20/\$40	plan ded
Sutter Health Plus Bronze HMO A	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Sutter Health Plus Bronze HMO B (HSA Eligible)	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded
UHC Platinum SignatureValue HMO A	\$0	\$3,500	\$25/\$50	20%	\$5/\$40/\$80	\$0
UHC Platinum SignatureValue HMO E	\$0	\$3,000	\$20/\$40	\$400/day (max 5)	\$5/\$40/\$80	\$0
UHC Platinum SignatureValue HMO L	\$0	\$4,500	0%/\$80	20%	\$5/\$40/\$80	\$0
UHC Gold SignatureValue HMO A	\$1,250	\$8,000	\$35/\$70	30% ¹	\$20/\$80/\$125	\$400 ²
UHC Gold SignatureValue HMO F	\$0	\$7,000	\$30/\$70	\$800/day (max 5)	\$10/\$50/\$100	\$100 ²
UHC Gold SignatureValue HMO H	\$500	\$7,500	\$35/\$70	20% ¹	\$20/\$80/\$125	\$400 ²
UHC Gold SignatureValue HMO Q	\$2,000	\$8,500	0%/\$85	40%	\$5/\$50/\$100	\$250 ²
UHC Silver SignatureValue HMO A	\$2,350	\$8,700	\$55/\$95	40% ¹	\$20/\$80/\$125	\$400 ²
Western Health Platinum HMO A	\$0	\$4,000	\$25/\$25	\$250/day (max 5)	\$10/\$30/\$50	\$0
Western Health Platinum HMO B	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$30	\$0
Western Health Platinum HMO C	\$0	\$4,000	\$20/\$20	\$0	\$5/\$30/\$50	\$0
Western Health Gold HMO A	\$0	\$6,750	\$40/\$40	\$600/day	\$20/\$50/\$75	\$0
Western Health Gold HMO B	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$70	\$0
Western Health Gold HMO C	\$1,000	\$6,750	\$40/\$40	\$500/day (max 5)	\$10/\$50/\$75	\$500 ²
Western Health Gold HMO D (HSA Eligible)	\$2,400	\$4,800	0% ¹	0% ¹	0%/\$30/\$50	plan ded
Western Health Silver HMO A	\$2,300	\$8,000	\$50/\$50	30% ¹	\$15/\$55/\$85	\$250 ²
Western Health Silver HMO B	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$110	\$300 ²
Western Health Silver HMO C (HSA Eligible)	\$2,500	\$6,850	20% ¹	20% ¹	20% up to \$250	plan ded
Western Health Bronze HMO B	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Western Health Bronze HMO C (HSA Eligible)	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded
Cigna + Oscar	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Open Access Plus Platinum \$0/\$10	\$0	\$4,600	\$10/\$30	\$250/day (max 5)	\$5/\$30/\$50	\$0
Open Access Plus Platinum \$0/\$20	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$30	\$0
Open Access Plus Platinum \$250	\$250	\$4,500	\$15/\$30	10% ¹	\$5/\$30/\$50	\$0
Open Access Plus Platinum \$500	\$500	\$3,500	\$20/\$20	15% ¹	\$10/\$35/\$75	\$0
Open Access Plus Gold \$0	\$0	\$8,700	\$35/\$55	\$750/day (max 5)	\$15/\$40/\$90	\$0
Open Access Plus Gold \$250	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$70	\$0
Open Access Plus Gold \$500	\$500	\$8,700	\$40/\$40	25% ¹	\$15/\$45/\$90	\$250 ²

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³ Deductible waived for first (1) office visit combined

⁴ Deductible waived for first two (2) office visits combined

⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

Cigna + Oscar	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Open Access Plus Gold \$750	\$750	\$8,550	\$30/\$50	40% ¹	\$15/\$45/\$90	\$300 ²
Open Access Plus Gold \$1350	\$1,350	\$8,550	\$45/\$45	20% ¹	\$15/\$45/\$90	\$300 ²
Open Access Plus Silver \$0	\$0	\$8,700	\$60/\$95	\$1,000/day (max 5)	\$27/\$77/\$125	\$1,000 ²
Open Access Plus Silver \$1950	\$1,950	\$8,700	\$50/\$80	\$450 ¹	\$25/\$75/\$125	\$250 ²
Open Access Plus Silver \$2250	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$110	\$300 ²
Open Access Plus Silver \$2600	\$2,500	\$7,000	30% ¹	30% ¹	\$20/\$60/\$90	plan ded
Open Access Plus Silver \$2500 HSA	\$2,600	\$8,700	\$55/\$95	40% ¹	\$25/\$75/\$125	\$0
Open Access Plus Bronze \$1000	\$1,000	\$8,700	\$95/\$150	\$2,000/day (max 3) ¹	\$35/40% up to \$250	\$6,100 ²
Open Access Plus Bronze \$6000	\$5,750	\$7,000	40% ¹	40% ¹	40% up to \$250	plan ded
Open Access Plus Bronze \$6300	\$6,000	\$8,700	\$80/\$100	40% ¹	\$35/40% up to \$250	\$0
Open Access Plus Bronze \$5750 HSA	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Covered CA for Small Business	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Kaiser Platinum 90 HMO 0/10 Alt	\$0	\$3,000	\$10/\$20	\$500/admit	\$5/\$15/\$15	\$0
Kaiser Platinum 90 HMO 0/20	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$20	\$0
Kaiser Gold 80 HMO 0/30 Alt	\$0	\$7,000	\$30/\$35	\$600/day (max 5)	\$15/\$40/\$40	\$0
Kaiser Gold 80 HMO 250/35	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$40	\$0
Kaiser Gold 80 HMO 1000/40 Alt	\$1,000	\$7,800	\$40/\$60	\$600/day (max 5) ¹	\$20/\$50/\$50	\$250 ²
Kaiser Gold 80 HDHP HMO 1600/15% Alt	\$1,600	\$3,250	15% ¹	15% ¹	\$15/\$45/\$45	plan ded
Kaiser Silver 70 HMO 1650/55 Alt	\$1,650	\$8,200	\$55/\$80	40% ¹	\$20/\$75/\$75	\$350 ²
Kaiser Silver 70 HMO 2100/55 Alt	\$2,100	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	\$500 ²
Kaiser Silver 70 HMO 2250/55	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$80	\$300 ²
Kaiser Silver 70 HMO 2600/55 Alt	\$2,600	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	plan ded ²
Kaiser Silver 70 HDHP HMO 2500/20%	\$2,500	\$6,850	20% ¹	20% ¹	20% up to \$250	plan ded
Kaiser Bronze 60 HMO 5400/60 Alt	\$5,400	\$8,200	\$60 ⁵ /\$80 ⁵	50% ¹	\$20/50% up to \$500	\$500 ²
Kaiser Bronze 60 HMO 6300/65	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Kaiser Bronze 60 HDHP HMO 7000/0%	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded
Blue Shield Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500	\$15/\$30	10%	\$10/\$25/\$40	\$0
Blue Shield Gold 80 PPO 350/25 + Child Dental	\$350	\$7,800	\$25/\$50	20% ¹	\$15/\$50/\$80	\$0
Blue Shield Silver 70 PPO 2250/50 + Child Dental	\$2,250	\$8,200	\$50/\$85	30% ¹	\$17/\$70/\$100	\$300 ²
Blue Shield Bronze 60 PPO 6300/65 + Child Dental	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Health Net Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500	\$15/\$30	10%	\$10/\$25/\$40	\$0
Health Net Gold 80 PPO 0/30 + Child Dental Alt	\$0	\$7,600	\$30/\$50	30%	\$15/\$40/\$70	\$0
Health Net Gold 80 PPO 350/25 + Child Dental	\$350	\$7,800	\$25/\$50	20% ¹	\$15/\$50/\$80	\$0
Health Net Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000	\$7,600	\$30/\$50	30% ¹	\$15/\$40/\$70	\$250 ²
Health Net Silver 70 PPO 2250/50 + Child Dental	\$2,250	\$8,200	\$50/\$85	30% ¹	\$17/\$70/\$100	\$300 ²
Health Net Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400	\$7,000	40% ¹	40% ¹	\$19/\$80/\$100	plan ded
Health Net Bronze 60 PPO 6300/65 + Child Dental	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Health Net Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded

¹ After deductible

² Rx deductible waived for tier 1

³ Deductible waived for first (1) office visit combined

⁴ Deductible waived for first two (2) office visits combined

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⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

Health Net	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Full Network HMO Platinum \$0	\$0	\$3,000	\$0/\$0	\$500/day (max 4)	\$0/\$30/\$50	\$0
Full Network HMO Platinum \$10	\$0	\$1,750	\$10/\$30	\$250/day (max 3)	\$5/\$30/\$50	\$0
Full Network HMO Platinum \$20	\$0	\$2,500	\$20/\$40	\$350/day (max 3)	\$5/\$30/\$50	\$0
Full Network HMO Platinum \$30	\$0	\$2,500	\$30/\$50	\$600/day (max 4)	\$5/\$30/\$50	\$0
Full Network HMO Gold \$30	\$0	\$6,000	\$30/\$50	\$750/day (max 3)	\$15/\$50/\$70	\$0
Full Network HMO Gold \$35	\$0	\$6,500	\$35/\$55	\$750/day (max 4)	\$15/\$50/\$70	\$0
Full Network HMO Gold \$40	\$0	\$6,500	\$40/\$60	\$750/day (max 5)	\$15/\$50/\$70	\$0
Full Network HMO Gold \$50	\$0	\$7,000	\$50/\$70	\$900/day (max 5)	\$15/\$50/\$70	\$450
Full Network HMO Silver \$50	\$0	\$7,950	\$50/\$70	50%	\$20/50%/50%	\$750
Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500	\$15/\$30	10%	\$10/\$25/\$40	\$0
Platinum 90 PPO 250/15 + Child Dental Alt	\$250	\$3,800	\$15 ³ /\$30 ³	10%	\$10/\$35/\$60	\$0
Gold 80 PPO 0/30 + Child Dental Alt	\$0	\$7,600	\$30/\$50	30%	\$15/\$40/\$70	\$0
Gold 80 PPO 350/25 + Child Dental	\$350	\$7,800	\$25 ³ /\$50 ³	20%	\$15/\$50/\$80	\$0
Gold 80 PPO 500/20 + Child Dental Alt	\$500	\$7,600	\$20 ³ /\$40 ³	30%	\$15/\$40/\$70	\$250
Gold 80 Value PPO 750/15 + Child Dental Alt	\$750	\$7,800	\$15 ³ /\$30	30%	\$15/\$40/\$70	plan ded
Gold 80 PPO 1000/30 + Child Dental Alt	\$1,000	\$7,600	\$30 ³ /\$50 ³	30%	\$15/\$40/\$70	\$250
Gold 80 PPO 1500/0 + Child Dental Alt	\$1,500	\$8,000	\$0 ³ /\$70 ³	40%	\$0/\$50/\$90	\$300
Silver 70 Value PPO 1700/50 + Child Dental Alt	\$1,700	\$8,000	\$50 ³ /\$75	40%	\$19/\$65/\$100	plan ded
Silver 70 PPO 2250/50 + Child Dental	\$2,250	\$8,200	\$50 ³ /\$85 ³	30%	\$17/\$70/\$100	\$300
Silver 70 PPO 2250/55 + Child Dental Alt	\$2,250	\$8,000	\$55 ³ /\$80 ³	40%	\$19/\$65/\$85	\$300
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400	\$7,000	40%/40%	40%	\$19/\$80/\$100	plan ded
Bronze 60 PPO 6300/65 + Child Dental	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40%	\$18/40%/40%	\$500
Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000	\$7,000	0%/0%	0%	0%/0%/0%	plan ded
Kaiser Permanente	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Platinum 90 HMO 0/10 + Child Dental Alt	\$0	\$3,000	\$10/\$20	\$500/admit	\$5/\$15/\$15	\$0
Platinum 90 HMO 0/20 + Child Dental	\$0	\$4,500	\$20/\$30	\$250/day (max 5)	\$5/\$20/\$20	\$0
Gold 80 HMO 0/30 + Child Dental Alt	\$0	\$7,000	\$30/\$35	\$600/day (max 5)	\$15/\$40/\$40	\$0
Gold 80 HMO 250/35 + Child Dental	\$250	\$7,800	\$35/\$55	\$600/day (max 5) ¹	\$15/\$40/\$40	\$0
Gold 80 HMO 1000/40 + Child Dental Alt	\$1,000	\$7,800	\$40/\$60	\$600/day (max 5) ¹	\$20/\$50/\$50	\$250 ²
Gold 80 HDHP HMO 1600/15% + Child Dental Alt	\$1,600	\$3,250	15% ¹	15% ¹	\$15/\$45/\$45	plan ded
Gold 80 HRA HMO 2250/35 + Child Dental	\$2,250	\$7,800	\$35/\$50	25% ¹	\$15/\$30/\$30	\$100 ²
Silver 70 HMO 1650/55 + Child Dental Alt	\$1,650	\$8,200	\$55/\$80	40% ¹	\$20/\$75/\$75	\$350 ²
Silver 70 HMO 2100/55 + Child Dental Alt	\$2,100	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	\$500 ²
Silver 70 HMO 2250/55 + Child Dental	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$80	\$300 ²
Silver 70 HMO 2600/55 + Child Dental Alt	\$2,600	\$8,200	\$55/\$80	45% ¹	\$20/\$75/\$75	plan ded ²
Silver 70 HDHP HMO 2500/20% + Child Dental	\$2,500	\$6,850	20% ¹	20% ¹	20% up to \$250	plan ded
Bronze 60 HMO 5400/60 + Child Dental Alt	\$5,400	\$8,200	\$60 ⁵ /\$80 ⁵	50% ¹	\$20/50% up to \$500	plan ded ²
Bronze 60 HMO 6300/65 + Child Dental	\$6,300	\$8,200	\$65 ⁵ /\$95 ⁵	40% ¹	\$18/40% up to \$500	\$500
Bronze 60 HDHP HMO 7000/0% + Child Dental	\$7,000	\$7,000	0% ¹	0% ¹	0%	plan ded
Platinum 90 PPO 0/15 + Child Dental	\$0	\$4,500	\$15/\$30	10%	\$10/\$25/\$25	\$0
Gold 80 PPO 350/25 + Child Dental	\$350	\$7,800	\$25/\$50	20% ¹	\$15/\$50/\$50	\$0
Silver 70 PPO 2250/55 + Child Dental	\$2,250	\$8,200	\$55/\$90	30% ¹	\$17/\$80/\$80	\$300 ²
Bronze 60 PPO 6300/65 + Child Dental	\$6,300	\$8,200	\$65 ¹ /\$95 ¹	40% ¹	\$18/40% up to \$500	\$500

¹ After deductible

² Rx deductible waived for tier 1

³ Deductible waived for first (1) office visit combined

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⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx

Full Network Plan Benefits (2022)

UnitedHealthcare	Ded	OOPM	Office Visit	Inpatient	Rx	Rx Ded
Signature HMO Platinum 25-50/20% (CP-SM)	\$0	\$3,500	\$25/\$50	20%	\$5/\$40/\$80	\$0
Signature HMO Platinum 20-40/400d (CP-SK)	\$0	\$3,000	\$20/\$40	\$400/day (max 5)	\$5/\$40/\$80	\$0
Signature HMO Platinum Primary Advantage 0-80/20% (CP-SL)	\$0	\$4,500	\$0/\$80	20%	\$5/\$40/\$80	\$0
Signature HMO Gold 35-70/800d (CP-SN)	\$0	\$7,000	\$35/\$70	\$800/day (max 5)	\$10/\$50/\$100	\$100 ²
Signature HMO Gold 35-70/20%/500ded (CP-SO)	\$500	\$8,000	\$35/\$70	20% ¹	\$10/\$50/\$100	\$250 ²
Signature HMO Gold 35-70/30%/1250ded (CP-SQ)	\$1,250	\$8,000	\$35/\$70	30% ¹	\$10/\$50/\$100	\$250 ²
Signature HMO Gold Primary Advantage 0-85/40%/2000ded (CP-SP)	\$2,000	\$8,500	\$0/\$85	40% ¹	\$5/\$50/\$100	\$250 ²
Signature HMO Silver 55-95/40%/2350ded (CP-SR)	\$2,350	\$8,700	\$55/\$95	40% ¹	\$20/\$80/\$100	\$400 ²
Select Plus PPO Platinum 15/10% (CO-9Y)	\$0	\$3,300	\$15/\$30	10%	\$10/\$40/\$85	\$0
Select Plus PPO Platinum 15/250/20% (CO-9Z)	\$250	\$3,300	\$15/\$30	20% ¹	\$10/\$40/\$85	\$0
Select Plus PPO Platinum Primary Advantage 250/20% (CO-92)	\$250	\$3,750	\$0/\$60	20% ¹	\$10/\$40/\$85	\$0
Select Plus PPO Gold 30/30% (CP-AF)	\$0	\$8,350	\$30/\$60	30%	\$10/\$55/\$95	\$150 ²
Select Plus PPO Gold 35/500/20% (CP-AG)	\$500	\$8,350	\$35/\$70	20% ¹	\$10/\$55/\$95	\$300 ²
Select Plus PPO Gold 35/1000/20% (CP-AH)	\$1,000	\$8,350	\$35/\$70	20% ¹	\$10/\$55/\$95	\$300 ²
Select Plus PPO Gold Primary Advantage 1500/30% (CP-AI)	\$1,500	\$8,350	\$0/\$90	30% ¹	\$5/\$50/\$100	\$300 ²
Select Plus PPO Silver 55/1950/40% (CP-AJ)	\$1,950	\$8,700	\$55/\$95	40% ¹	\$20/\$85/\$135	\$350 ²
Select Plus PPO Silver 55/2350/40% (CP-AK)	\$2,350	\$8,700	\$55/\$95	40% ¹	\$20/\$85/\$135	\$350 ²
Select Plus HDHP Silver w/Motion 2700/40% (CO-93)	\$2,700	\$7,050	40% ¹	40% ¹	\$20/\$85/\$135	plan ded
Select Plus PPO Bronze 5000/40% (CO-94)	\$5,000	\$8,700	40% ¹	40% ¹	\$20/\$85/\$135	\$500
Select Plus PPO Bronze 7200/50% (CP-WQ)	\$7,200	\$8,700	50% ¹	50% ¹	50% up to \$500	plan ded
Select Plus HDHP Bronze w/Motion 6000/40% (CP-AR)	\$6,000	\$7,050	40% ¹	40% ¹	40% up to \$500	plan ded

¹ After deductible

² Rx deductible waived for tier 1

³ Deductible waived for first (1) office visit combined

⁴ Deductible waived for first two (2) office visits combined

⁵ Deductible waived for first three (3) office visits combined

⁶ Deductible waived for first five (5) office visits combined

⁷ Deductible waived for PrevRx tier 1 & 2 Rx