California Health Benefit Exchange
QHP Certification Application for Plan Year 2020
Covered California for Small Business
Attachment B Patient-Centered Benefit Design Deviations

COVERED CALIFORNIA

Indicate requests for deviations from the 2020 Patient-Centered Benefit Plan Designs be entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationale must include reference to regulatory compliance, administrative or operational barriers to implementing the 2020 Patient-Centered Benefit Plan Designs.

		Platinum Coinsurance Plan		Platinum Copay Plan		Gold Coinsurance Plan		Gold Copay Plan		Silver Copay Plan		Silver Coinsurance Plan		Silver HDHP Plan		Bronze Plan		Bronze HDHP Plan		Rationale for benefit deviation (must reference regulatory compliance, administrative or operational barriers)
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	
Health care provider's office or clinic visit	**Primary care visit to treat an injury, illness, or condition**																			
	Routine Foot Care																			
	Other practitioner office visit																			
	Acupuncture																			
	Diabetes Education																			
	Specialist visit																			
	Allergy Testing																			
	Preventive care/ screening/ immunization																			
Tests	Laboratory Tests																			
	X-rays and Diagnostic Imaging																			
	Imaging (CT/PET scans, MRIs)																			
Drugs to treat illness or condition	Tier 1																			
	Tier 2																			
	Tier 3																			
	Tier 4																			
Out–of–pocket limit on expenses - Individual	**Surgery facility fee (e.g., Abortion for Which Public Funding is Prohibited (non MSP)**																			
	Bariatric Surgery																			
	Physician/surgeon fees																			
	Outpatient visit																			
	Dialysis																			
	Radiation																			
	Chemotherapy																			
	Infusion Therapy																			
Need immediate attention	Emergency room combined facility and physician fee (waived if admitted)																			
	Emergency medical transportation																			
	Urgent care																			
Hospital stay	**Facility fee (e.g. hospital room)**																			
	Transplant																			
	Reconstructive Surgery																			
	Treatment for TMJ																			
	Physician/surgeon fee																			
Mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient office visits																			
	Mental/Behavioral health other outpatient items and services																			
	Mental/Behavioral health inpatient facility fee (e.g. hospital room)																			
	Mental/Behavioral health inpatient physician/surgeon fee																			
	Substance Use disorder outpatient office visits																			
	Substance Use disorder other outpatient items and services																			
	Substance Use inpatient facility fee (e.g. hospital room)																			
	Substance use disorder inpatient physician/surgeon fee																			
Pregnancy	Prenatal care and preconception visits																			
	Delivery and all inpatient services – Hospital																			
	Delivery and all inpatient services – Professional																			
	Well Baby Visits																			
Help recovering or other special health needs	Home health care																			
	Outpatient Rehabilitation services																			
	Rehabilitative Speech Therapy																			
	Rehabilitative Occupational Therapy																			
	Rehabilitative Physical Therapy																			
	Outpatient Habilitation services																			
	Skilled nursing care																			
	Durable medical equipment																			
	Prosthetic Device																			
	Hospice service																			
Child eye care	Eye exam																			
	1 pair of glasses per year (or contact lenses in lieu of glasses)																			
Child Dental Diagnostic and Preventive	Oral Exam																			
	Preventive - Cleaning																			
	Preventive - X-ray																			
	Sealants per Tooth																			
	Topical Fluoride Application																			
	Space Maintainers - Fixed																			
Child Dental Basic Services	Amalgam Fill - 1 Surface																			
Child Dental Major Services	Root Canal- Molar																			
	Gingivectomy per Quad																			
	Extraction- Single Tooth Exposed Root or Erupted																			
	Extraction- Complete Bony																			
	Porcelain with Metal Crown																			
Child Orthodontics	Medically necessary orthodontics																			
Additional Benefits	Adult Eye Exam																			
	Chiropractic																			