California Health Benefit Exchange
QHP Certification Application for Plan Year 2020
Covered California for Small Business
Attachment G Covered California for Small Business Alternate Benefit Design

Enter cost-sharing amounts as copays or coinsurance that describe the enrollee's out-of-pocket costs for each benefit category, including applicability of deductible. List any exclusions in the column on the right. Columns left blank will be interpreted as not offered.

	Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		Silver Alternate Plan 2/ Silver Alternate HDHP Plan 2		Gold Alternate Plan		Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)																
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Estimated Actuarial Value	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Overall deductible - Individual	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Overall deductible - Family																
Other deductibles for specific services	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Facility-related Services	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Brand Drugs - Indvidual	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Brand Drugs - Family	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Dental	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Out–of–pocket limit on expenses - Individual	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Out–of–pocket limit on expenses - Family	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$	$
Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
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																
Acupunture																
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																
Outpatient services																
Surgery facility fee (e.g., ASC)																
Abortion (non MSP)																
Bariatric Surgery																
Physician/surgeon fees																
Outpatient Services Office visit																
Dialysis																
Radiation																
Infusion Therapy																
Chemotherapy																
Need immediate attention																
Emergency room facility fee (waived if admitted)																
Emergency room physician fee (wavied if admitted)																

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Emergency medical transportation																
Urgent care																
Hospital stay																
Facility fee (e.g., hospital																
Organ Transplant																
Reconstructive Surgery																
Treatment for TMJ																
Physician/surgeon fee																
Mental health, behavioral health, or substance abuse needs																
Mental/Behavioral health outpatient office visit																
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																
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 Preventative																
Oral Exam																
Preventive - Cleaning																
Preventive - X-ray																
Sealants per Tooth																
Topical Fluoride Application																
Space Maintainers - Fixed																

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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																
Chiropractic																
Infertility																
Adult Eye Exam																