

# Benefit Sheet

CaliforniaChoice Anthem Blue Cross Gold PPO E (Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$500	\$2,000
Family Ded	\$1,500	\$4,000
Individual OOP Max	\$7,700 (incl ded)	\$15,400 (incl ded)
Family OOP Max	\$15,400 (incl ded)	\$30,800 (incl ded)
Co-insurance	20%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$30/\$60 ded waived	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	Covered; See brochure	Covered; See brochure
Physical Therapy	\$30 ded waived	50% after ded
Chiropractic Care	50% ded waived; 20 visits/benefit period	Not covered
Inpatient Hospital	20% after ded	50% after ded; \$650 benefit max/day
IP Physician/Surgeon	20% after ded	50% after ded
Maternity Delivery/IP	20% after ded	50% after ded; \$650 benefit max/day
Mental Health IP	20% after ded	50% after ded; \$650 benefit max/day
Substance Abuse IP	20% after ded	50% after ded; \$650 benefit max/day
Outpatient Facility	\$250 + 20% after ded/\$50 + 20% after ded (Hospital/ASC)	50% after ded; \$380 benefit max/admit
OP Physician/Surgeon	Covered; See brochure	Covered; See brochure
Lab/X-Ray	\$15 ded waived	50% after ded
Advanced Radiology	20% after ded	50% after ded; \$800 benefit max/test
Mental Health OP	\$30 ded waived	50% after ded
Substance Abuse OP	Refer to carrier	Refer to carrier
Emergency Room	\$250 (waived if admitted) + 20% after ded	Paid as in-network
Ambulance	20% after ded	Paid as in-network
Urgent Care	\$30 ded waived	50% after ded
Rx Tier 1	\$10/\$20 ded waived	Not covered
Rx Tier 2	\$50/\$60 ded waived	Not covered
Rx Tier 3	\$90/\$100 ded waived	Not covered
Rx Tier 4	30%/40% ded waived; \$250 max/script (req prior auth)	Not covered
Rx Mail Order	Refer to carrier	Not covered
Home Health Care	20% after ded; 100 visits/benefit period	50% after ded; \$75 benefit max/visit; 100 visits/benefit period
Skilled Nursing	20% after ded; 100 days/benefit period	50% after ded; \$150 benefit max/day; 100 days/benefit period
Infertility Treatment	Covered; See brochure	Covered; See brochure
DME	50% after ded	50% after ded
Hospice Services	0% after ded	50% after ded
Pediatric Vision	Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure	Covered; See brochure

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