

# Benefit Sheet

CaliforniaChoice Kaiser Platinum HMO B (Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$0	
Family Ded	\$0	
Individual OOP Max	\$4,500	
Family OOP Max	\$9,000	
Co-insurance	10%	
Lifetime Max	Unlimited	
PC/Specialist	\$20/\$30	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Pre/Postnatal Care	Covered; See brochure	
Physical Therapy	\$20	
Chiropractic Care	Not covered	
Inpatient Hospital	\$250/day; 5 days/admit	
IP Physician/Surgeon	No charge	
Maternity Delivery/IP	\$250/day; 5 days/admit	
Mental Health IP	\$250/day; 5 days/admit	
Substance Abuse IP	\$250/day; 5 days/admit	
Outpatient Facility	\$125	
OP Physician/Surgeon	Covered; See brochure	
Lab/X-Ray	\$20/\$30	
Advanced Radiology	\$100	
Mental Health OP	\$20	
Substance Abuse OP	Refer to carrier	
Emergency Room	\$150 (waived if admitted)	
Ambulance	\$150	
Urgent Care	\$20	
Rx Tier 1	\$5	
Rx Tier 2	\$20	
Rx Tier 3	\$20	
Rx Tier 4	10%; \$250 max/script	
Rx Mail Order	Refer to carrier	
Home Health Care	\$20/visit; 100 visits/yr	
Skilled Nursing	\$150/day; 5 days/admit; 100 days/benefit period	
Infertility Treatment	Not covered	
DME	10%	
Hospice Services	No charge	
Pediatric Vision	No charge; 1 pair/cal yr	
Pediatric Dental	Covered; See brochure	

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**Effective Date: 01-01-2024**