

# Benefit Sheet

| CaliforniaChoice<br>Anthem Blue Cross Gold PPO E<br>(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   | \$200 + 20% after ded/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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Proposal #8498935 Run on 03-08-2023

Eff Date: 04/01/2023 Employer Zip: 93301 SIC: 9999

Claremont Quotes

**For comparison purposes only.**

Refer to carrier plan documents for product details.

Final rates and eligibility subject to carrier approval.