

Benefit Sheet

CaliforniaChoice Anthem Blue Cross Silver PPO C (Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$1,700	\$3,400
Family Ded	\$3,400	\$6,800
Individual OOP Max	\$9,100 (incl ded)	\$18,200 (incl ded)
Family OOP Max	\$18,200 (incl ded)	\$36,400 (incl ded)
Co-insurance	40%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	\$50/\$95 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	\$50 ded waived	50% after ded
Chiropractic Care	50% ded waived; 20 visits/benefit period	Not covered
Inpatient Hospital	40% after ded	50% after ded; \$650 benefit max/day
IP Physician/Surgeon	40% after ded	50% after ded
Maternity Delivery/IP	40% after ded	50% after ded; \$650 benefit max/day
Mental Health IP	40% after ded	50% after ded; \$650 benefit max/day
Substance Abuse IP	40% after ded	50% after ded; \$650 benefit max/day
Outpatient Facility	\$200 + 40% after ded/40% after ded (Hospital/ASC)	50% after ded; \$380 benefit max/admit
OP Physician/Surgeon	Covered; See brochure	Covered; See brochure
Lab/X-Ray	\$20 ded waived	50% after ded
Advanced Radiology	40% after ded	50% after ded; \$800 benefit max/test
Mental Health OP	\$50 ded waived	50% after ded
Substance Abuse OP	Refer to carrier	Refer to carrier
Emergency Room	\$300 (waived if admitted) + 40% after ded	Paid as in-network
Ambulance	40% after ded	Paid as in-network
Urgent Care	\$50 ded waived	50% after ded
Rx Tier 1	\$15/\$20 ded waived	Not covered
Rx Tier 2	\$70/\$80 after \$300	Not covered
Rx Tier 3	\$110/\$120 after \$300	Not covered
Rx Tier 4	30%/40% after \$300; \$250 max/script	Not covered
Rx Mail Order	Refer to carrier	Not covered
Home Health Care	40% after ded; 100 visits/benefit period	50% after ded; \$75 benefit max/visit; 100 visits/benefit period
Skilled Nursing	40% 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.