

Benefit Sheet

CaliforniaChoice Kaiser Gold HMO D (Broad Network)		
Benefit	In Network	Out of Network
Individual Ded	\$1,000	
Family Ded	\$2,000	
Individual OOP Max	\$7,800 (incl ded)	
Family OOP Max	\$15,600 (incl ded)	
Co-insurance	20%	
Lifetime Max	Unlimited	
PC/Specialist	\$40/\$60 ded waived	
Adult Preventive Care	No charge	
Child Preventive Care	No charge	
Pre/Postnatal Care	Covered; See brochure	
Physical Therapy	\$40 ded waived	
Chiropractic Care	\$15 ded waived; 20 visits/yr	
Inpatient Hospital	\$600/day after ded; 5 days/admit	
IP Physician/Surgeon	No charge	
Maternity Delivery/IP	\$600/day after ded; 5 days/admit	
Mental Health IP	\$600/day after ded; 5 days/admit	
Substance Abuse IP	\$600/day after ded; 5 days/admit	
Outpatient Facility	\$350 ded waived	
OP Physician/Surgeon	Covered; See brochure	
Lab/X-Ray	\$30/\$60 ded waived	
Advanced Radiology	\$350 after ded	
Mental Health OP	\$40 ded waived	
Substance Abuse OP	Refer to carrier	
Emergency Room	\$350 (waived if admitted) after ded	
Ambulance	\$350 ded waived	
Urgent Care	\$40 ded waived	
Rx Tier 1	\$20 ded waived	
Rx Tier 2	\$50 after \$250	
Rx Tier 3	\$50 after \$250	
Rx Tier 4	20% after \$250; \$250 max/script	
Rx Mail Order	Refer to carrier	
Home Health Care	No charge; 100 visits/yr	
Skilled Nursing	\$300/day after ded; 5 days/admit; 100 days/benefit period	
Infertility Treatment	Not covered	
DME	20% ded waived	
Hospice Services	No charge	
Pediatric Vision	No charge; 1 pair/cal yr	
Pediatric Dental	Covered; See brochure	

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Proposal #8498937 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.