

Jan – Mar 2019 Benefit Update

Due to recent changes required by the California Department of Managed Health Care, we have an update to our January through March 2019 benefits.

Below is an overview of the previous benefit and updated benefit.

Health Plan	Benefit Plan	Original Benefit	Benefit Update
Oscar	All Plans	X-Ray and MRI, CT and PET (office setting) Footnote: None	X-Ray and MRI, CT and PET (office setting) Footnote: <i>Prior-Authorization may be required.</i>
Oscar	All Plans	Durable Medical Equipment Footnote: None	Durable Medical Equipment Footnote: <i>Pre-Authorization required if annual cost is greater than \$500.</i>
Oscar	All Plans	Pediatric Vision Exam Footnote: None	Pediatric Vision Exam Footnote: <i>Preventive is covered in full, please see plan specific EOC for information on Diagnostic cost shares. Limit one exam per 12 months.</i>
Oscar	All Plans	Pediatric Vision Contact Lenses Limitation: (in lieu of eyeglasses)	Pediatric Vision Contact Lenses Limitation: (only in lieu of eyeglasses)
Oscar	All Plans	Pediatric Dental Major Services (no waiting period) and Orthodontics (medically necessary) Limitations: None	Pediatric Dental Major Services (no waiting period) and Orthodontics (medically necessary) Limitations: <i>(prior auth. required)</i>
Oscar	Platinum EPO A	Rx Benefits Specialty: \$25 Copay Footnote: None	Rx Benefits Specialty: <i>90% (up to \$250 per prescription)</i> Footnote: Maximum member responsibility.
Oscar	Platinum EPO B	Hospital Services – In-Patient: \$500 Copay	Hospital Services – In-Patient: <i>\$500 Copay per day – 5 days max per admit</i>
Oscar	Platinum EPO B	Rx Benefits Specialty: \$25 Copay	Rx Benefits Specialty: <i>70%</i>
Oscar	Platinum EPO B	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Platinum EPO B	Skilled Nursing Facility – Per Disability: \$500 Copay, 100 days max per benefit period	Skilled Nursing Facility – Per Disability: <i>\$500 Copay per day – 5 days max per admit, 100 days max per benefit period</i>
Oscar	Platinum EPO B	Mental Health – In-Patient: \$500 Copay	Mental Health – In-Patient: <i>\$500 Copay per day – 5 days max per admit</i>
Oscar	Platinum EPO	Drug/Substance Abuse – In-Patient:	Drug/Substance Abuse – <i>In-Patient:</i>

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	B	\$500 Copay	<i>\$500 Copay per day – 5 days max per admit</i>
Oscar	Gold EPO A	In-Patient Physician Fees: 70%	In-Patient Physician Fees: \$50 Copay
Oscar	Gold EPO A	Rx Benefits Specialty: \$75 Copay	Rx Benefits Specialty: 70%
Oscar	Gold EPO A	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Gold EPO C	Deductible: \$2,000 / \$4,000 (combined Med/Pediatric dental ded) (applies to Max OOP)	Deductible: \$2,000 / \$4,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)
Oscar	Gold EPO C	X-Ray: 80%	X-Ray: \$50 Copay (ded waived)
Oscar	Gold EPO C	Rx Benefits Generic: \$10 Copay (overall ded waived)	Rx Benefits Generic: \$10 Copay (ded waived)
Oscar	Gold EPO C	Rx Benefits Formulary Brand: \$50 Copay (overall ded waived)	Rx Benefits Formulary Brand: \$50 Copay (ded waived)
Oscar	Gold EPO C	Rx Benefits Non-Formulary Brand: \$75 Copay (overall ded waived)	Rx Benefits Non-Formulary Brand: \$75 Copay (ded waived)
Oscar	Gold EPO C	Rx Benefits Specialty: \$75 Copay (overall ded waived)	Rx Benefits Specialty: 80% (combined Med/Rx/Pediatric dental ded)
Oscar	Gold EPO C	Diabetes – Self-Injectable: Applicable Rx Copay (overall ded waived)	Diabetes – Self-Injectable: Applicable Ded/Rx Copay
Oscar	Gold EPO C	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Gold EPO C	Pediatric Dental Deductible: Combined Med/Pediatric dental ded	Pediatric Dental Deductible: Combined Med/Rx/Pediatric dental ded
Oscar	Gold EPO D	Deductible: \$1,000 / \$2,000 (combined Med/Pediatric dental ded) (applies to Max OOP)	Deductible: \$1,000 / \$2,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)
Oscar	Gold EPO D	Rx Benefits Generic: \$15 Copay (overall ded waived)	Rx Benefits Generic: \$15 Copay (ded waived)
Oscar	Gold EPO D	Rx Benefits Formulary Brand: \$50 Copay (overall ded waived)	Rx Benefits Formulary Brand: \$50 Copay (ded waived)
Oscar	Gold EPO D	Rx Benefits Non-Formulary Brand: \$75 Copay (overall ded waived)	Rx Benefits Non-Formulary Brand: \$75 Copay (ded waived)
Oscar	Gold EPO D	Rx Benefits Specialty: \$75 Copay	Rx Benefits Specialty: 80% (combined

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		(overall ded waived)	<i>Med/Rx/Pediatric dental ded)</i>
Oscar	Gold EPO D	Diabetes – Self-Injectable: Applicable Rx Copay (overall ded waived)	Diabetes – Self-Injectable: Applicable Ded/Rx Copay
Oscar	Gold EPO D	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Gold EPO D	Pediatric Dental Deductible: Combined Med/Pediatric dental ded	Pediatric Dental Deductible: Combined Med/Rx/Pediatric dental ded
Oscar	Silver EPO B	In-Patient Physician Fees: 80%	In-Patient Physician Fees: 80% (ded waived)
Oscar	Silver EPO C	Deductible: \$1,500 / \$3,000 (combined Med/Pediatric dental ded) (applies to Max OOP)	Deductible: \$1,500 / \$3,000 (combined Med/Rx/Pediatric dental ded) (applies to Max OOP)
Oscar	Silver EPO C	Rx Benefits Generic: \$25 Copay (overall ded waived)	Rx Benefits Generic: \$25 Copay (ded waived)
Oscar	Silver EPO C	Rx Benefits Formulary Brand: \$50 Copay (overall ded waived)	Rx Benefits Formulary Brand: \$50 Copay (ded waived)
Oscar	Silver EPO C	Rx Benefits Non-Formulary Brand: \$125 Copay (overall ded waived)	Rx Benefits Non-Formulary Brand: \$125 Copay (ded waived)
Oscar	Silver EPO C	Rx Benefits Specialty: \$125 Copay (overall ded waived)	Rx Benefits Specialty: 50% (combined Med/Rx/Pediatric dental ded)
Oscar	Silver EPO C	Diabetes – Self-Injectable: Applicable Rx Copay (overall ded waived)	Diabetes – Self-Injectable: Applicable Ded/Rx Copay
Oscar	Silver EPO C	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Bronze EPO A	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.
Oscar	Bronze EPO B	Chiropractic Footnote: None	Chiropractic Footnote: No limit on the number of visits per year. Please see plan documents for more information.

If you have any questions regarding the updates, please contact our Customer Service department at 800.558.8003. Thank you for choosing CaliforniaChoice®. We appreciate your business.