

Benefit Update Effective 1/1/21

Due to recent changes required by the California Department of Managed Health Care, we have an update to our January through February 2021 benefits.

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

Health Plan	Benefit Plan	Original Benefit	Updated Benefit
Anthem Blue Cross	Silver PPO A	Laboratory (IN): \$20 Copay (ded waived)	Laboratory (IN): \$15 Copay (ded waived)
Anthem Blue Cross	Silver PPO A	X-Ray (IN): \$20 Copay (ded waived)	X-Ray (IN): \$15 Copay (ded waived)
Kaiser Permanente	Silver HMO A	Laboratory: \$35 Copay (ded waived)	Laboratory: \$30 Copay (ded waived)
Kaiser Permanente	Silver HMO C	MRI, CT and PET (office setting): \$300 Copay per procedure (ded waived)	MRI, CT and PET (office setting): \$300 Copay per procedure
Kaiser Permanente	Bronze HMO B	Virtual/Telemedicine Office Visit: 100%	Virtual/Telemedicine Office Visit: 100% (ded waived)
Kaiser Permanente	Bronze HMO B	Physical, Occupational, Speech Therapy: \$60 Copay (ded waived)	Physical, Occupational, Speech Therapy: \$65 Copay (ded waived)
Kaiser Permanente	Bronze HMO B	Rehabilitative & Habilitative Services and Devices: \$60 Copay (ded waived)	Rehabilitative & Habilitative Services and Devices: \$65 Copay (ded waived)
Oscar	Platinum EPO B	Hospice: \$150 Copay	Hospice: \$500 Copay
Oscar	Gold EPO B	MRI, CT and PET (office setting): \$250 Copay (ded waived)	MRI, CT and PET (office setting): \$250 Copay
Oscar	Gold EPO B	Hospital Services – Out-Patient Surgery: 80% (ded waived)	Hospital Services – Out-Patient Surgery: 80%
Oscar	Gold EPO B	Hospital Services – Ambulatory Surgery Center: \$300 Copay (ded waived)	Hospital Services – Ambulatory Surgery Center: \$300 Copay
Oscar	Gold EPO C	Out-of-Pocket Max Ind/Fam: \$8,300/\$16,600	Out-of-Pocket Max Ind/Fam: \$8,000/\$16,000
Oscar	Silver EPO B	MRI, CT and PET (office setting): \$300 Copay (ded waived)	MRI, CT and PET (office setting): \$300 Copay
Oscar	Silver EPO B	Hospital Services – Out-Patient Surgery: 70% (ded waived)	Hospital Services – Out-Patient Surgery: 70%
Oscar	Silver EPO B	Hospital Services – Ambulatory Surgery Center: 70% (ded waived)	Hospital Services – Ambulatory Surgery Center: 70%
Oscar	Silver EPO C	Pediatric Dental Basic Services: 80% (ded waived)	Pediatric Dental Basic Services: 80%

Health Plan	Benefit Plan	Original Benefit	Updated Benefit
Oscar	Silver EPO C	Pediatric Dental Major Services (no waiting period): 50% (ded waived) (prior auth. required)	Pediatric Dental Major Services (no waiting period): 50% (prior auth. required)
Oscar	Silver EPO C	Pediatric Dental Orthodontics (medically necessary): 50% (ded waived) (prior auth. required)	Pediatric Dental Orthodontics (medically necessary): 50% (prior auth. required)
Oscar	Bronze EPO B	Pediatric Dental Basic Services: 80% (ded waived)	Pediatric Dental Basic Services: 100%
Oscar	Bronze EPO B	Pediatric Dental Major Services (no waiting period): 50% (ded waived) (prior auth. required)	Pediatric Dental Major Services (no waiting period): 100% (prior auth. required)
Oscar	Bronze EPO B	Pediatric Dental Orthodontics (medically necessary): 50% (ded waived) (prior auth. required)	Pediatric Dental Orthodontics (medically necessary): 100% (prior auth. required)
Oscar	Bronze EPO C	Pediatric Dental Basic Services: 80% (ded waived)	Pediatric Dental Basic Services: 100%
Oscar	Bronze EPO C	Pediatric Dental Major Services (no waiting period): 50% (ded waived) (prior auth. required)	Pediatric Dental Major Services (no waiting period): 100% (prior auth. required)
Oscar	Bronze EPO C	Pediatric Dental Orthodontics (medically necessary): 50% (ded waived) (prior auth. required)	Pediatric Dental Orthodontics (medically necessary): 100% (prior auth. required)
Western Health Advantage	Silver HMO A	Out-of-Pocket Max Ind/Fam: \$8,200/\$16,400	Out-of-Pocket Max Ind/Fam: \$8,000/\$16,000

If you have any questions regarding the updates, please contact our Customer Service department at 800.558.8003.

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