

Due to recent changes required by the California Department of Managed Health Care, we have an update to our January through June 2017 quotes. This information will be reflected in our quotes retroactively effective January 1, 2017.

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

Health Plan	Benefit Plan	Jan – June Quote	Benefit Update
Aetna (1/1/17 – 3/1/17 Quotes only)	Bronze HMO A	MRI, CT and PET Scan: \$500 Copay (ded waived)	<b>MRI, CT and PET Scan: \$100 Copay</b>
Aetna (1/1/17 – 3/1/17 Quotes only)	Silver HMO A	MRI, CT and PET Scan: \$500 Copay (ded waived)	<b>MRI, CT and PET Scan: \$400 Copay (ded waived)</b>
Anthem Blue Cross	Gold PPO A	Acupuncture (OON): 50%	<b>Acupuncture (OON) : <i>Not Covered</i></b>
Anthem Blue Cross	Gold PPO B	RX BENEFITS – Formulary Brand (IN & OON): \$40 Copay (overall ded waived)	<b>RX BENEFITS – Formulary Brand (IN &amp; OON): \$250 / \$500 Ded - \$40 Copay</b>
Anthem Blue Cross	Gold PPO B	RX BENEFITS – Non-Formulary Brand (IN & OON): \$80 Copay (overall ded waived)	<b>RX BENEFITS – Non-Formulary Brand (IN &amp; OON): \$250 / \$500 Ded - \$80 Copay</b>
Anthem Blue Cross	Gold PPO B	Acupuncture (OON): 50%	<b>Acupuncture (OON): <i>Not Covered</i></b>
Anthem Blue Cross	Gold PPO C	Hospice (IN): 80%	<b>Hospice (IN): 100%</b>
Anthem Blue Cross	Gold PPO C	Acupuncture (OON): 50%	<b>Acupuncture (OON): <i>Not Covered</i></b>
Anthem Blue Cross	Gold PPO D	RX BENEFITS – Formulary Brand (IN & OON): \$40 Copay (overall ded waived)	<b>RX BENEFITS – Formulary Brand (IN &amp; OON): \$250 / \$500 Ded - \$40 Copay</b>
Anthem Blue Cross	Gold PPO D	RX BENEFITS – Non-Formulary Brand (IN & OON): \$80 Copay (overall ded waived)	<b>RX BENEFITS – Non-Formulary Brand (IN &amp; OON): \$250 / \$500 Ded - \$80 Copay</b>
Anthem Blue Cross	Gold PPO D	Hospice (IN): 80%	<b>Hospice (IN): 100%</b>
Anthem Blue Cross	Gold PPO D	Acupuncture (OON): 50%	<b>Acupuncture (OON): <i>Not Covered</i></b>
Anthem Blue Cross	Silver HMO A	Inpatient Physician Fees: 100%	<b>Inpatient Physician Fees: 100% (ded waived)</b>
Anthem Blue Cross	Silver PPO A	Hospice (IN): 60%	<b>Hospice (IN): 100%</b>
Anthem Blue Cross	Silver PPO A	Acupuncture (OON): 50%	<b>Acupuncture (OON): <i>Not Covered</i></b>

Anthem Blue Cross	Silver PPO B	Hospice (IN): 70%	<b>Hospice (IN): 100%</b>
Anthem Blue Cross	Silver PPO B	Acupuncture (OON): 50%	<b>Acupuncture (OON): <i>Not Covered</i></b>
Anthem Blue Cross	Silver EPO B	Calendar Year Deductible: \$2,000/\$4,000 (comb. Med/Rx/Ped dent; applies to Max OOP)	<b>Calendar Year Deductible: \$2,000/\$2,600/\$4,000 (comb. Med/Rx/Ped dent; applies to Max OOP)</b>
Anthem Blue Cross	Silver EPO B	Calendar Year Deductible Footnote: All services are subject to the deductible unless otherwise stated. Under a family contract, when an insured satisfies the individual deductible amount, no further deductible is required for that insured for the remainder of that calendar year; however, an insured may not contribute an amount greater than the individual deductible toward the family deductible.	<b>Calendar Year Deductible Footnote: All services are subject to the deductible unless otherwise stated. Under a family contract, when an insured satisfies the individual deductible amount, no further deductible is required for that insured for the remainder of that calendar year; however, an insured may not contribute an amount greater than the individual deductible toward the family deductible. Individual with self-only coverage amount/ Individual with family coverage amount/ Family coverage amount.</b>
Anthem Blue Cross	Silver EPO B	Chiropractic: 80%, 20 visits max per year	<b>Chiropractic: 50% (ded waived), 20 visits max per year</b>
Anthem Blue Cross	Silver EPO B	Hospice: 100%	<b>Hospice: 80%</b>
Anthem Blue Cross	Silver EPO B	Durable Medical Equipment: 80%	<b>Durable Medical Equipment: 50%</b>
Anthem Blue Cross	Silver EPO B	Infertility Evaluation and Treatment: Not Covered	<b>Infertility Evaluation and Treatment: Covered (See Plan Specific EOC)</b>
Anthem Blue Cross	Bronze EPO A	Hospice: 60%	<b>Hospice: 100%</b>
Anthem Blue Cross	Bronze EPO B	Chiropractic: 80%, 20 visits max per year	<b>Chiropractic: 50% (ded waived), 20 visits max per year</b>
Anthem Blue Cross	Bronze EPO B	Durable Medical Equipment: 80%	<b>Durable Medical Equipment: 50%</b>
Anthem Blue Cross	Bronze EPO B	Infertility Evaluation and Treatment: Not Covered	<b>Infertility Evaluation and Treatment: Covered (See Plan Specific EOC)</b>
Sutter Health Plus	Silver HMO B	Ambulance: \$250 Copay	<b>Ambulance: \$250 Copay (ded waived)</b>

Western Health Advantage	Gold HMO C	Out-of-Pocket Max Ind/Fam: \$6,350/\$12,700	<b>Out-of-Pocket Max Ind/Fam: \$6,750/\$13,500</b>
Western Health Advantage	Gold HMO C	RX BENEFITS – Formulary Brand: \$250/\$500 Ded - \$30 Copay	<b>RX BENEFITS – Formulary Brand: \$250/\$500 Ded - \$50 Copay</b>
Western Health Advantage	Gold HMO D	Out-of-Pocket Max Ind/Fam: \$2,000 /\$2,600/\$4,000	<b>Out-of-Pocket Max Ind/Fam: \$4,000/\$8,000</b>
Western Health Advantage	Gold HMO D	Out-of-Pocket Max Ind/Fam Footnote: The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year. Individual with self-only coverage amount / Individual with family coverage amount / Family coverage amount.	<b>Out-of-Pocket Max Ind/Fam Footnote: The annual out-of-pocket maximum is the total amount that the member must pay for certain services in a calendar year.</b>
Western Health Advantage	Gold HMO D	Chiropractic: \$15 Copay (ded waived), 20 visits max per year	<b>Chiropractic: 100%, 20 visits max per year</b>
Western Health Advantage	Gold HMO D	Chiropractic Footnote: Copayments do not contribute to the out-of-pocket maximum.	<b>Chiropractic Footnote: <i>Medical or prescription services may be subject to a deductible. The member must pay for these services when services are rendered until the deductible is met in that calendar year. Charges under the deductible are based on WHA's contracted rates with the provider of service.</i></b>
Western Health Advantage	Gold HMO D	RX BENEFITS – Formulary Brand: 100% (comb. Med/Rx ded)	<b>RX BENEFITS – Formulary Brand: \$50 Copay (comb. Med/Rx ded)</b>

If you have any questions regarding the updates, please contact your Sales Representative at 800.542.4218.

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