



For Employers with 51 - 199 Eligible Employees

# SUMMARY OF CHANGES

Groups Renewing 7/1/08 - 12/1/08

## New Plans for July 1!

### NEW CalChoice® 51+ HMO 15

The CalChoice® 51+ HMO 15 through **Health Net, Cigna, and Kaiser Permanente** includes:

- \$15 doctor office visit copay
- \$10 copay for generic prescriptions
- \$20 copay for brand prescription
- \$2,000 out-of-pocket maximum

Please note: the CalChoice® 51+ HMO 15 has replaced the CalChoice® 51+ HMO 10

MEDICAL BENEFITS	CalChoice® 51+ HMO 15
Deductible	No Deductible
Dr. Office Visits	\$15 Copay
Hospital Services	\$500 Per Admission-Max \$1,000
In-Patient Physician Fees	100%
Emergency Room	\$75 Copay (waived if admitted)
Rx Benefit - Generic	\$10
Rx Benefit - Brand	\$20
Out-of-Pocket Maximum- Individual/Family	\$2,000 / \$4,000
Out-Patient Surgery	\$100 Copay
Ambulance	\$50 Per Trip

### NEW CalChoice® 51+ PPO 1500

The CalChoice® 51+ PPO 1500 through **Health Net** only includes:

- \$1,500 deductible
- \$40 in-network doctor visits
- \$10 copay for generic prescriptions
- \$4,000 out-of-pocket maximum

MEDICAL BENEFITS	CalChoice® 51+ PPO 1500	
	In-Network	Out-of-Network
Deductible	\$1,500 / \$4,500	\$1,500 / \$4,500
Dr. Office Visits	\$40 Copay	60%
Hospital Services	\$250 Copay - 80%	\$250 Copay - 60%
In-Patient Physician Fees	80%	60%
Emergency Room	80%	80%
Rx Benefit - Generic	\$10 Copay	\$10 Copay
Rx Benefit - Brand	\$150 deductible then \$25	\$150 deductible then \$25
Out-of-Pocket Maximum- Individual/Family	\$4,000	\$6,000
Out-Patient Surgery	\$250 Copay - 80%	\$250 Copay - 60%
Ambulance	\$50 Copay - 80%	\$50 Copay - 60%

### NEW CalChoice® 51+ HDHP 1500\*

The CalChoice® 51+ HDHP 1500, through **Kaiser Permanente** only, is HSA - Qualified and offers members preventive services for \$0 after they meet the plan deductible:

- \$1,500 deductible
- \$0 for doctor visits (after plan deductible)
- \$0 for generic & brand prescriptions (after plan deductible)
- \$1,500 out-of-pocket maximum

\* HSA - Qualified High Deductible Health Plan

MEDICAL BENEFITS	HDHP 1500*
Deductible	\$1,500 Self-Only Enrollment / \$3,000 Family Enrollment
Dr. Office Visits	\$0 Per Visit After Deductible
Hospital Services	\$0 Per Admission After Deductible
In-Patient Physician Fees	\$0 Per Admission After Deductible
Emergency Room	\$0 Per Visit After Deductible
Rx Benefit - Generic	\$0 Per Prescription After Deductible
Rx Benefit - Brand Name	\$0 Per Prescription After Deductible
Out-of-Pocket Maximum - Ind/Fam	\$1,500 Self-Only Enrollment / \$3,000 Family Enrollment
Out-Patient Surgery	\$0 Per Procedure After Deductible
Ambulance	\$0 Per Trip After Deductible

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866.451.7587  
www.calchoiceplus.com



CaliforniaChoice 51+  
Your Health. Your Choice.®



# SUMMARY OF CHANGES

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Groups Renewing 7/1/08 - 12/1/08

## NEW CalChoice® 51+ HSA 1500

The CalChoice® 51+ HSA 1500 through Health Net only includes:

- \$1,500 deductible
- 80% in-network doctor visits
- \$10 copay for generic prescriptions (after plan deductible)
- \$3,500 out-of-pocket maximum

MEDICAL BENEFITS	CalChoice® 51+ HSA 1500	
	In-Network	Out-of-Network
Deductible / Family Max	\$1,500 / \$3,000	\$1,500 / \$3,000
Dr. Office Visits	80%	60%
Hospital Services	80%	60%
In-Patient Physician Fees	80%	60%
Emergency Room	\$100 Copay - 80% (waived if admitted)	\$100 Copay - 80% (waived if admitted)
Rx Benefit - Generic	\$10 Copay after deductible	\$10 Copay after deductible
Out-of-Pocket Maximum- Individual/Family	\$3,500 / \$7,000 (Includes Plan Deductible)	
Out-Patient Surgery	80%	60%
Ambulance	80%	60%

## New HSA Contribution Amounts for 2008

Health Savings Account (HSA) contribution amounts for 2008 have increased. Now your employees can contribute up to \$2,900 for individual coverage and \$5,800 for family coverage.

## CalChoice® 51+ HMO 25

- Hospital Services Copay has changed from \$500 copay per day - Max \$1000 to \$500 copay per day - Max 4 days
- Emergency Room Copay has changed from \$100 copay to \$150 copay
- Skilled Nursing Facility (Max 100 days per year) has changed from 30 days per disability/\$500 copay per day - Max \$1000 to \$500 copay per day - Max 4 days
- Drug/Alcohol Fees (Detox Only) has changed from \$500 copay per day - Max \$1000 to \$500 Copay per day - Max 4 days

## CalChoice® 51+ HMO 40

- Skilled Nursing Facility Copay (Max 100 days per year) has changed from 30 days per disability/\$500 copay per day - Max \$1000 to \$500 copay per day

## Health Net Elect Open Access

- Hospital Services Copay has changed from \$250 copay to 20% coinsurance
- Emergency Room Copay has changed from \$75 copay to \$100 copay
- Skilled Nursing Facility (Max 100 days per year) has changed from \$250 copay to 20% coinsurance
- Out-of-pocket Maximum (Individual/Family) has changed from \$1500/\$4000 to \$1500/\$4500

## Salud HMO y mas

Salud HMO y mas is now available in the Inland Empire with continued service in Los Angeles and Orange Counties.

All benefits listed are a summary of changes only. Please refer to the CaliforniaChoice 51+ program brochure, the Health Care Service Plan Evidence of Coverage, or Certificate of Insurance for detailed plan benefit information.

For more information on the changes above, please contact our Customer Service Center at 866.451.7587, Monday - Friday 8:00 a.m. to 5:00 p.m.

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