

	CalChoice® 51+ HMO 15	CalChoice® 51+ HMO 25	CalChoice® 51+ HMO 40	ELECT Open Access
<b>MEDICAL BENEFITS</b>	<i>Available only through Health Net</i>			
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
<b>DR. OFFICE VISITS</b>	<b>\$15 Copay</b>	<b>\$25 Copay</b>	<b>\$40 Copay<sup>2</sup></b>	<b>\$20 Copay HMO \$30 Copay PPO</b>
Lab And X-Ray	100%	100%	\$10 Copay <sup>2,3</sup>	100%
<b>HOSPITAL SERVICES</b>	<b>\$500 per Admission - Max. \$1,000</b>	<b>\$500 Copay per day Max. 4 days</b>	<b>\$500 Copay per day<sup>2</sup></b>	<b>80%</b>
Inpatient Physician Fees	100%	100%	100% <sup>2</sup>	100%
Emergency Room	\$75 Copay (waived if admitted)	\$ 150 Copay (waived if admitted)	\$ 250 Copay <sup>2</sup> (waived if admitted)	\$ 100 Copay (waived if admitted)
<b>Rx BENEFITS</b>				
Generic Formulary	<b>\$10 Copay</b>	<b>\$15 Copay</b>	<b>\$20 Copay<sup>2</sup></b>	<b>\$15 Copay</b>
Brand Name	<b>\$20 Copay</b>	<b>\$25 Copay</b>	<b>\$35 Copay<sup>2</sup></b>	<b>\$25 Copay</b>
Oral Contraceptives	Covered	Covered	Covered	Covered
Maternity	Covered As Any Illness	Covered As Any Illness	Covered As Any Illness	Covered As Any Illness
Chiropractic	Not Covered	Not Covered	Not Covered	Not Covered
Out-of-Pocket Max.-Ind/Fam	\$2,000 / \$ 4,000	\$2,500 / \$5,000	\$3,000 / \$ 6,000	\$1,500 / \$4,500
2nd Surgical Opinion	\$15 Copay	\$25 Copay	\$40 Copay <sup>2</sup>	\$20 Copay
Outpatient Surgery	\$100 Copay	\$300 Copay	\$500 Copay <sup>2</sup>	\$250 Copay
Home Health Care	100%	\$30 Copay	\$50 Copay <sup>2</sup>	100%
Skilled Nursing Facility Per Disability	\$500 per Admission Max. \$1,000 Max. 100 days per year	\$500 per day - Max. 4 days Max. 100 days per year	\$500 per day Max. 100 days per year	80% Max. 100 days per year
Ambulance	\$50 Per Trip	\$50 Per Trip	\$200 Per Trip <sup>2</sup>	100%
Pre-Existing Conditions	Covered	Covered	Covered	Covered
Mental / Nervous Non Severe: <sup>1</sup>				
Doctor Fees	\$ 30 Copay	\$ 40 Copay	\$50 Copay	\$30 Copay
Annual Maximum	20 Visits Per Year	20 Visits Per Year	20 Visits Per Year	20 Visits Per Year
Hospital Fees	Not Covered	Not Covered	Not Covered	\$250 Copay - Max. 30 days
Drug / Alcohol:				
Doctor Fees	Combined Benefit with Mental & Nervous	Combined Benefit with Mental & Nervous	Combined Benefit with Mental & Nervous	100% Acute Detox Only
Hospital Fees	\$500 per Admission - Max. \$1,000 - Acute Detox Only	\$ 500 Copay per day Max. 4 days - Acute Detox Only	\$500 Copay per day <sup>2</sup> Acute Detox Only	100% Acute Detox Only

<sup>1</sup> Health Plans that provide hospital, medical or surgical coverage must provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions. These benefits will include inpatient, partial hospitalization and outpatient services and prescription drugs, if the plan includes drug coverage. The mental health benefits must be applied the same as any other medical benefit including, but not limited to, maximum lifetime benefits, copays and individual and family deductibles. "Severe Mental Illness" includes: schizophrenia, schizophrenic disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia and bulimia nervosa.

<sup>2</sup> Copay shall be up to the designated amount, or 50% of the provider's contracted rate, whichever is less.

<sup>3</sup> The copay for an MRI, CT or PET scan is \$50.

