

CALIFORNIACHOICE – EOA

KEY BENEFITS¹

	EOA 25 92H
PLAN MAXIMUMS	
Maximum out-of-pocket costs	\$2,500/\$6,000
Lifetime maximum	No maximum
PROFESSIONAL SERVICES	
Office visit copay	HMO: \$25 copayment PPO: \$40 copayment
Periodic health evaluation (including newborn and well-baby care)	HMO: \$25 copayment (birth until age 2 covered in full) PPO: \$40 copayment
Specialist consultation	HMO: \$25 copayment PPO: \$40 copayment
X-ray/Laboratory (includes mammograms)	25% ⁷
Rehabilitation therapy (includes physical, speech, occupational, cardiac and pulmonary rehabilitation therapy)	HMO: \$25 copayment PPO: \$40 copayment (12 office visits per calendar year)
Self-injectables	30%
HOSPITAL SERVICES	
Inpatient care	25%
Outpatient facility services ^{2,3}	Covered in full
Outpatient surgery	25%
Skilled nursing facility	25% (100 days per calendar year)
EMERGENCY SERVICES	
Professional services	Covered in full
Emergency room facility (waived if admitted)	25%
Urgent care facility	\$50
Ambulance services (ground and air)	Covered in full
BEHAVIORAL HEALTH SERVICES⁴	
Severe mental health (outpatient/inpatient)	\$25 copayment/25%
Non-severe mental health (outpatient/inpatient)	\$30 copayment (20 visits maximum per calendar year)/25% (30 visits maximum per calendar year)
Chemical dependency rehabilitation (outpatient/inpatient)	Not covered
Acute care detoxification	25%
OTHER SERVICES	
Durable medical equipment ²	50%
Diabetic equipment	20%
Orthotics and prosthetics	Covered in full
Acupuncture, Chiropractic care ⁵	Optional rider available
PRESCRIPTION DRUG COVERAGE⁶	
Brand name deductible (per member, per calendar year)	\$150
Prescription drugs (up to a 30-day supply including birth control pills)	\$15 Level I \$30 Level II \$50 Level III

Please note: Footnotes on page 27.