

HEALTH PLAN & FORMULARY COMPARISON GUIDE

A Simple Resource to Help You
Understand Your Benefits



California**Choice** **51+**
Your Health. Your Choice.[®]

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What Does Rx Formulary Mean?

An Rx formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary or approved drug list which is reviewed on a regular basis.

How To Use This Comparison Guide

If you are currently using a brand name drug prescription:

Proceed to the alphabetical listing of brand drugs on pages 7-10. Next to each brand name drug is its formulary/non-formulary status in each Healthcare Service Plan. For your convenience, a generic equivalent—if one is available—is listed directly underneath each brand listing.

If you can't find your prescription drug in this booklet, or your drug is considered non-formulary:

Visit our online formulary guide at www.calchoiceplus.com, or contact your Healthcare Service Plan.

A Note To Members

Prior to using this Comparison Guide to make a benefit or Healthcare Service Plan decision, please call the Healthcare Service Plan directly to confirm the accuracy of the information provided. Healthcare Service Plan phone numbers are listed on the back cover of this booklet. **This booklet is a summary only.** *The Evidence of Coverage* and the *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure is not intended for use as a benefit summary, nor is it designed to serve as the *Evidence of Coverage* or *Certificate of Insurance*.

Health Plan Accreditation Status



What is NCQA Accreditation?

NCQA stands for the National Committee for Quality Assurance, a not-for-profit organization that evaluates how well a Healthcare Service Plan manages its clinical and administrative systems in order to improve health care quality for its members.

An NCQA team of physicians and managed care experts conducts rigorous on and off site evaluations. A national oversight committee – made up of physicians – analyzes the team’s findings and assigns an Accreditation level based on the plan’s performance compared to NCQA standards. NCQA has purposely set high standards to encourage Healthcare Service Plans to enhance their quality. Below are the latest ratings from the NCQA for health plans participating in *CaliforniaChoice 51+*.

The following HMOs have an “Excellent” rating from the NCQA for their commercial products:
Health Net
Kaiser Permanente



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Rx Benefits/Copays

HMO Rx Benefits:

Based on the benefit level you choose, each CaliforniaChoice 51+ HMO offers copay benefits for brand and generic drugs included on each Healthcare Service Plan's Formulary Listing. Each Healthcare Service Plan maintains a different Formulary Listing of prescription drugs that they will cover. Our Formulary Comparison Guide is provided to assist you in looking up some of the more commonly prescribed drugs. These are the standard HMO prescription benefits for brand and generic drugs (covers a 30 day supply or 100 unit dose):

	CalChoice® 51+ 15	CalChoice 51+ 25	CalChoice 51+ 40	Elect Open Access	HDHP 1500
Generic	\$10 copay	\$15 copay	\$20 copay*	\$15 copay	\$0 after deductible
Brand	\$20 copay	\$25 copay	\$35 copay*	\$25 copay	\$0 after deductible
Non-Formulary	See opposite page for plan-specific information				
Mail Order	See opposite page for plan-specific information				

* The copay shall be the designated amount, or 50% of the provider's contract rate, whichever is less.

PPO and Indemnity Rx Benefits:

CaliforniaChoice 51+ features 4 different Health Net PPO benefit levels, a plan for out-of-state employees and 2 Health Savings Account (HSA) options: CalChoice 51+ HSA 1500 and 2000

	CalChoice 51+ PPO 250		CalChoice 51+ PPO 500		CalChoice 51+ PPO 1000		CalChoice 51+ PPO 1500		CalChoice 51+ HSA 1500		CalChoice 51+ HSA 2000		Flex Net Indemnity (out-of-state)	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Generic	\$10	\$10 + 50%	\$10	\$10 + 50%	\$10	\$10 + 50%	\$10	\$10 + 50%	\$10 after plan deductible	\$10 + 50% after plan deductible	\$15 after plan deductible	\$15 + 50% after plan deductible	20%	Not Covered
Formulary Brand	\$20	\$20 + 50%*	\$20	\$20 + 50%*	\$20	\$20 + 50%*	\$20	\$20 + 50%*	\$25 after plan deductible	\$25 + 50% after plan deductible	\$30 after plan deductible	\$30 + 50% after plan deductible	20%*	Not Covered
Non-Formulary Brand	\$35	\$35 + 50%*	\$35	\$35 + 50%*	\$35	\$35 + 50%*	\$35	\$35 + 50%*	\$50 after plan deductible	\$50 + 50% after plan deductible	\$50 after plan deductible	\$50 + 50% after plan deductible	20%*	Not Covered
Brand Deductible	N/A	N/A	\$100	\$100*	\$150	\$150	\$150	\$150	N/A	N/A	N/A	N/A	\$75 applies to all Rx's	Not Covered

* Member must try and fill with the generic first, if the member opts for brand without first trying the generic an additional ancillary copay may apply.

Non-Formulary & Mail Order Rx Benefits/Copays

An Rx Formulary is an approved list of drugs which have been reviewed for safety, quality, effectiveness and cost by the physicians and pharmacists on a Healthcare Service Plan's Rx review panel. A non-formulary drug refers to a drug which is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has their own formulary, or approved drug list, which is reviewed on a regular basis.

Experimental, non-FDA approved, not medically necessary and over-the-counter drugs are not covered under the Non-Formulary benefit of any Healthcare Service Plan. As always, please confirm all information directly with the Healthcare Service Plan prior to making an enrollment decision or accessing coverage.

Non-Formulary Benefit

Health Net PPO & Indemnity							Health Net HMO	Health Net Elect Open Access	Kaiser Permanente HMO	Kaiser Permanente HDHP
CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net Indemnity (out-of-state)				
Participating Pharmacy: \$35	Participating Pharmacy: \$35	Participating Pharmacy: \$35	Participating Pharmacy: \$35	Participating Pharmacy: \$50 after plan deductible	Participating Pharmacy: \$50 after plan deductible	Member has a 20% copay for all medications regardless of formulary alternatives	<u>CalChoice 51+ HMO 15:</u> \$50 Non-Formulary copay applies <u>CalChoice 51+ HMO 25:</u> \$50 Non-Formulary copay applies <u>CalChoice 51+ HMO 40:</u> \$50 Non-Formulary copay applies Prior authorization may be required for certain medications	\$50 Non-Formulary copay applies Prior authorization may be required for certain medications	If deemed medically necessary by Kaiser Permanente Physician	If deemed medically necessary by Kaiser Permanente Physician Applies to plan deductible then \$0 copay
Non-Participating Pharmacy: \$35 + 50%	Non-Participating Pharmacy: \$35 + 50% (\$100 per individual Brand deductible applies)	Non-Participating Pharmacy: \$35 + 50% (\$150 per individual Brand deductible applies)	Non-Participating Pharmacy: \$35 + 50% (\$150 per individual Brand deductible applies)	Non-Participating Pharmacy: \$50 + 50% after plan deductible	Non-Participating Pharmacy: \$50 + 50% after plan deductible					

Mail Order Benefit

Health Net PPO & Indemnity							Health Net HMO	Health Net Elect Open Access	Kaiser Permanente HMO	Kaiser Permanente HDHP
CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net Indemnity (out-of-state)				
90 Day Supply: Generic: \$20 Brand: \$40 Non-Formulary: \$70	90 Day Supply: Generic: \$20 Brand: \$40 Non-Formulary: \$70 A separate \$100 per individual deductible applies to Formulary and Non-Formulary Brand drugs	90 Day Supply: Generic: \$20 Brand: \$40 Non-Formulary: \$70 A separate \$150 per individual deductible applies to Formulary and Non-Formulary Brand drugs	90 Day Supply: Generic: \$20 Brand: \$40 Non-Formulary: \$70 A separate \$150 per individual deductible applies to Formulary and Non-Formulary Brand drugs	90 Day Supply: Generic: \$20 Brand: \$50 Non-Formulary: \$100 All prescription drug benefits are subject to combined medical and prescription drug deductible of \$1500 per individual	90 Day Supply: Generic: \$30 Brand: \$60 Non-Formulary: \$100 All prescription drug benefits are subject to combined medical and prescription drug deductible of \$2000 per individual	Members are allowed to use the Rx by mail program, however they are not given any type of discount. So it's their 20% coinsurance x 3 months	90 Day Supply: <u>CalChoice 51+ HMO 15:</u> Generic \$20 Brand \$40 Non-Formulary \$100 <u>CalChoice 51+ HMO 25:</u> Generic \$30 Brand \$50 Non-Formulary \$100 <u>CalChoice 51+ HMO 40:</u> Generic \$40 Brand \$70 Non-Formulary \$100	90 Day Supply: Generic: \$30 Brand: \$50 Non-Formulary: \$100	Up To A 100 Day Supply: <u>CalChoice 51+ HMO 15:</u> Generic \$20 Brand \$40 <u>CalChoice 51+ HMO 25:</u> Generic \$20 Brand \$50 <u>CalChoice 51+ HMO 40:</u> Generic \$30 Brand \$60 No mail order benefit for Non-Formulary	Applies to plan deductible then \$0 copay

* Prescription Drugs are subject to the medical deductible. The submission of a prescription drug claim is required for reimbursement of all outpatient prescription drugs.

Brand Name/Generic Coverage

Generic equivalent
in italics

	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO	
Accolate <i>Zafirlukast</i>	✓*	✓*	NL*	Beconase AQ <i>No Generic Available</i>	✓*	✓*	NL*
Accupril <i>Quinapril HCl</i>	✓✓	✓✓	NL*	Biaxin <i>Clarithromycin</i>	✓✓*	✓✓*	✓
Adalat CC <i>Nifedipine</i>	✓✓	✓✓	NL*	Cardizem CD <i>Diltiazem HCl Coated Beads</i>	✓✓	✓✓	NL*
Allegra <i>Fexofenadine HCl</i>	✓*	✓*	NL*	Cardura <i>Doxazosin Mesylate</i>	✓✓	✓✓	✓
Altace <i>Ramipril</i>	✓*	✓*	NL*	Catapres <i>Clonidine HCl</i>	✓✓	✓✓	✓
Ambien <i>Zolpidem</i>	NF*	N - ✓ S - NL	N - ✓ S - NL	Celexa <i>Citalopram Hydrobromide</i>	✓✓*	✓✓*	N - ✓ S - ✓✓
Ativan <i>Lorazepam</i>	✓✓	✓✓	✓	Ciloxan <i>Ciprofloxacin HCl</i>	✓✓	✓✓	N - NL* S - ✓
Atrovent <i>Ipratropium Bromide</i>	✓✓	✓✓	N - NL S - ✓	Cipro <i>Ciprofloxacin</i>	✓✓	✓✓	✓
Avita <i>Tretinoin</i>	✓✓	✓✓	✓	Cortisporin <i>Neomycin-Polymyxin-HC</i>	✓✓	✓✓	✓
Axid <i>Nizatidine</i>	✓✓	✓✓	NL*	Coumadin <i>Warfarin Sodium</i>	✓✓	✓✓	✓
Bactrim DS <i>Sulfamethoxazole-Trimethoprim</i>	✓✓	✓✓	✓	Cozaar <i>Losartan</i>	✓*	✓*	✓

✓✓	Preferred	Preferred over all other drugs in the same therapeutic category.
✓	Approved	Approved for reimbursement without any restrictions.
PA	Prior Authorization	Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.

N-North
S-South

NF	Non Formulary	The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non-formulary drugs.
NR	Not Reimbursed	The drug is not reimbursed by the plan.
NL	Not Listed	No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
*	Restrictions	Drug has restrictions. Contact your Healthcare Service Plan for details.

This directory of drug formularies was collected from all plans participating in the CaliforniaChoice 51+ Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through CaliforniaChoice 51+ health plans may change at any time without notice so please keep in mind that this is only a guide and **you must verify the information directly with the health plan before making decisions.**

Benefit and copay information on pages 5-6

Additional formulary listings for over 600 prescription drugs at www.calchoiceplus.com

Brand Name/Generic Coverage

Generic equivalent
in italics

	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO
Cutivate <i>Fluticasone Propionate</i>	✓✓	✓✓	N - NL* S - NF
Daypro <i>Oxaprozin</i>	✓✓	✓✓	NL*
Desogen <i>Desogestrel-Ethinyl Estradiol</i>	✓✓	✓✓	NL*
Diflucan <i>Fluconazole</i>	✓✓*	✓✓*	✓
Dilacor XR <i>Diltiazem HCl</i>	✓✓	✓✓	N - ✓ S - NL*
Diovan <i>No Generic Available</i>	✓*	✓*	NL*
Dyazide <i>Triamterene - HCTZ</i>	✓✓	✓✓	NL*
Effexor <i>Venlafaxine HCl</i>	✓✓	✓✓	N - ✓ S - ✓✓
Estrace <i>Estradiol</i>	✓✓*	✓✓*	✓
Estraderm <i>Estradiol</i>	✓✓*	✓✓*	N - NF* S - ✓
Flexeril <i>Cyclobenzaprine HCl</i>	✓✓	✓✓	✓

	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO
Fosamax <i>Alendronate</i>	NR*	NR*	N - ✓ S - ✓*
Hycodan <i>Hydrocodone-Homatropine</i>	✓✓	✓✓	✓
Hyzaar <i>Losartan-Hydrochlorothiazide</i>	✓*	✓*	NL*
Imdur <i>Isosorbide Mononitrate</i>	NR	NR	✓
Imitrex <i>Sumatriptan</i>	NR*	NR*	✓
Keflex <i>Cephalexin</i>	✓✓	✓✓	✓
Kenalog in Orabase <i>Triamcinolone Acetonide</i>	✓✓	✓✓	NL*
Lanoxin <i>Digoxin</i>	✓✓	✓✓	✓
Lasix <i>Furosemide</i>	✓✓	✓✓	✓
Levaquin <i>Levofloxacin</i>	✓*	✓*	NL*
Lipitor <i>No Generic Available</i>	✓*	✓*	NL*

✓✓ Preferred	Preferred over all other drugs in the same therapeutic category.
✓ Approved	Approved for reimbursement without any restrictions.
PA Prior Authorization	Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.
N-North	
S-South	

NF Non Formulary	The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non-formulary drugs.
NR Not Reimbursed	The drug is not reimbursed by the plan.
NL Not Listed	No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
* Restrictions	Drug has restrictions. Contact your Healthcare Service Plan for details.

This directory of drug formularies was collected from all plans participating in the CaliforniaChoice 51+ Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through CaliforniaChoice 51+ health plans may change at any time without notice so please keep in mind that this is only a guide and **you must verify the information directly with the health plan before making decisions.**

Brand Name/Generic Coverage

Generic equivalent
in italics

	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO
Septra DS <i>Sulfamethoxazole-Trimethoprim</i>	✓✓	✓✓	✓
Soma <i>Carisoprodol</i>	✓✓	✓✓	NL*
Tenormin <i>Atenolol</i>	✓✓	✓✓	✓
Tiazac <i>Diltiazem HCl ER Beads</i>	✓✓	✓✓	NL*
Timoptic XE <i>Timolol Maleate</i>	✓✓	✓✓	N - NL* S - ✓
TobraDex <i>Tobramycin-Dexamethasone</i>	NR*	NR*	N - NL* S - ✓
Toprol-XL <i>Metoprolol Succinate</i>	✓✓	✓✓	N - NL* S - NF*
Valium <i>Diazepam</i>	✓✓	✓✓	✓
Vasotec <i>Enalapril Maleate</i>	✓✓	✓✓	NL*
Verelan <i>Verapamil HCl</i>	✓✓	✓✓	NL*
Viagra <i>No Generic Available</i>	✓*	✓*	NL*

	Health Net PPO & HSA	Health Net HMO	Kaiser Permanente HMO
Xalatan <i>Latanoprost</i>	✓*	✓*	N - NL* S - NR
Xanax <i>Alprazolam</i>	✓✓	✓✓	✓
Zantac <i>Ranitidine HCl</i>	✓✓	✓✓	✓
Zestoretic <i>Lisinopril-Hydrochlorothiazide</i>	✓✓	✓✓	NL*
Zestril <i>Lisinopril</i>	✓✓	✓✓	N - ✓ S - NF
Zithromax <i>Azithromycin</i>	✓✓*	✓✓*	✓
Zocor <i>Simvastatin</i>	✓✓*	✓✓*	✓
Zoloft <i>Sertraline HCl</i>	✓✓	✓✓	N - ✓ S - ✓✓
Zyloprim <i>Allopurinol</i>	✓✓	✓✓	✓

✓✓	Preferred	Preferred over all other drugs in the same therapeutic category.
✓	Approved	Approved for reimbursement without any restrictions.
PA	Prior Authorization	Reimbursement will be allowed only when the claim has been submitted to plan officials by a prescriber for review prior to the issuance of a prescription.
	N-North	
	S-South	

NF	Non Formulary	The Plan lists this drug as not on the formulary. Please see page 6 to review plan's Benefits/Policies regarding non-formulary drugs.
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NL	Not Listed	No information available for this drug. It may or may not be reimbursable. Contact your Healthcare Service Plan for details.
*	Restrictions	Drug has restrictions. Contact your Healthcare Service Plan for details.

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Physician Access & Referral

QUESTIONS	HMO			
	Health Net HMO	Health Net Elect Open Access	Kaiser Permanente HMO	Kaiser Permanente HDHP
How often can my family members and I change Primary Care Physicians (PCP)?	Once a month	Once a month	Anytime	Anytime
Can each family member choose a different Primary Care Physician from different medical groups?	Yes	Yes	Yes—but only from Health Plan Physicians	Yes—but only from Health Plan Physicians
Can I refer myself to a specialist? <i>(For OB/GYN referral information, see pages 13-14)</i>	Yes—if using a Rapid Access Provider	Yes—to any doctor in PPO network—\$30 office visit copay	<u>OB/GYN: Yes</u> <u>Other Specialties:</u> Yes—to certain specialties. Self-refer specialties list varies by geographical region	<u>OB/GYN: Yes</u> <u>Other Specialties:</u> Yes—to certain specialties. Self-refer specialties list varies by geographical region
Does the Health Carrier offer a program to help speed up the specialist referral process?	Yes—some Rapid Access Providers offer express referrals	Yes—member may self-refer to any doctor in PPO network—\$30 copay	Yes—referrals come directly from PCP; no other approval is needed	Yes—referrals come directly from PCP; no other approval is needed
Are dependents who live out-of-area covered?	Yes—they may enroll based on the subscriber's work address (within the service area). The dependent must travel to that PPG for non-emergency/non-urgent care services they receive. Services that are covered outside the HN Service Area are for limited to emergency/urgent services only	Yes—they may enroll based on the subscriber's work address (within the service area). The dependent must travel to that PPG for non-emergency/non-urgent care services they receive. Services that are covered outside the HN Service Area are for limited to emergency/urgent services only	Dependent children of Subscriber or Subscriber's Spouse - Yes. Other dependents are eligible as long as they do not live in or move to the service area of another Kaiser Permanente region	Yes—only if a student who maintains a permanent residence within Kaiser Permanente's service area. Students will be covered for emergencies only when outside of service area

CaliforniaChoice 51+ HMO 15, 25, 40 and EOA members may go to an Urgent Care Facility contracted through their medical group (PMG) or Individual Practice Association (IPA) for the same copay as their Primary Care Physician (PCP) office visit copay. Please contact your selected PMG or IPA to find out if they contract with an Urgent Care Facility and where it is located, so you will have this information handy when needed.

Note: All HMO benefits are covered in-network only.

All CaliforniaChoice 51+ Health Plans cover life threatening emergencies anywhere in the world.

Physician Access & Referral

Health Net PPO & Indemnity						
CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net (out-of-state only)
Anytime—In a PPO, you do not have to choose a PCP	Anytime—In a PPO, you do not have to choose a PCP	Anytime—In a PPO, you do not have to choose a PCP	Anytime—In a PPO, you do not have to choose a PCP	Anytime—In a PPO, you do not have to choose a PCP	Anytime—In a PPO, you do not have to choose a PCP	Anytime—In an Indemnity plan, you do not have to choose a PCP
Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice	Yes—Each family member can make their own physician choice
Yes—In a PPO, you can choose any physician	Yes—In a PPO, you can choose any physician	Yes—In a PPO, you can choose any physician	Yes—In a PPO, you can choose any physician	Yes—In a PPO, you can choose any physician	Yes—In a PPO, you can choose any physician	Yes—In an Indemnity Plan, you can choose any physician
Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in a PPO, you don't have to go through a specialist referral process	Yes—in an Indemnity Plan, you don't have to go through a specialist referral process
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Note: All HMO benefits are covered in-network only.

All CaliforniaChoice 51+ Health Plans cover life threatening emergencies anywhere in the world.

Well Woman & Infertility Benefits

QUESTIONS	HMO			
	Health Net HMO	Health Net Elect Open Access	Kaiser Permanente HMO	Kaiser Permanente HDHP
Can a member self-refer to an OB/GYN?	Yes—OB/GYN must be in same medical group* or IPA* as your PCP	Yes	Anytime	Anytime
How often does health carrier allow a <u>routine</u> PAP smear?	Annually**	Annually**	Annually (or as deemed medically necessary by physician)	Annually (or as deemed medically necessary by physician)
How often does health carrier allow a <u>routine</u> Mammogram?	Annually**	Annually**	As recommended by Health Plan Physician	As recommended by Health Plan Physician
Does the carrier cover oral contraceptives?	Yes	Yes	Yes	Yes

* A Medical Group or PMG consists of a group of physicians who are in partnership. The Medical Group makes referrals to specialists and handles its own administration.

** Or as recommended by the U.S. Preventive Services Task Force or the American College of Obstetricians and Gynecologists.

An IPA is an Individual Practice Association, made up of a group of physicians who practice in their own separate offices but are part of a central administrator that oversees referrals and other HMO issues. Ask your PCP for the name of the IPA or medical group to which he or she belongs.

Well Woman & Infertility Benefits

Health Net PPO & Indemnity						
CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net (out-of-state only)
In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In a PPO, you can choose any OB/GYN anytime	In an Indemnity Plan, you can choose any OB/GYN anytime
Once a year*	Once a year*	Once a year*	Once a year*	Once a year*	Once a year*	Once a year*
Once a year*	Once a year*	Once a year*	Once a year*	Once a year*	Once a year*	Once a year*
Yes	Yes	Yes	Yes	Yes	Yes	Yes

Infertility Treatment:

After you are approved for coverage, you can call your health carrier directly to determine what infertility procedures are covered. All cases are reviewed on a case-by-case basis.

* Or as recommended by the U.S. Preventive Services Task Force or the American College of Obstetricians and Gynecologists.

Prescription Drug Benefits

QUESTIONS	HMO																																			
	Health Net HMO		Health Net Elect Open Access		Kaiser Permanente HMO		Kaiser Permanente HDHP																													
If generic drug is available and doctor has not indicated “dispense as written,” will member receive a generic equivalent rather than the brand name drug?	Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent		Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent		Yes		Yes																													
If doctor writes “dispense as written” on prescription, is brand name available at the brand copay?	Yes		Yes		Yes		Yes																													
If doctor writes a prescription and there is no generic available, will member receive brand name drug at generic copay?	No—brand name dispensed at brand name copay		No—brand name dispensed at brand name copay		No—brand name dispensed at brand name copay		No—brand name dispensed at brand name copay																													
What are my prescription copays for formulary drugs? <i>CalChoice® 51+ HMO 15:</i> <i>CalChoice 51+ HMO 25:</i> <i>CalChoice 51+ HMO 40:</i> The copay shall be the designated amount, or 50% of the provider's contract rate, whichever is less	<table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> </tr> <tr> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>\$15</td> <td>\$25</td> </tr> <tr> <td>\$20</td> <td>\$35</td> </tr> </table> <p>All plans: Self-injectables are covered in full</p>		Generic:	Brand:	\$10	\$20	\$15	\$25	\$20	\$35	<table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> </tr> <tr> <td>\$15</td> <td>\$25</td> </tr> </table> <p>All plans: Self-injectables are covered in full</p>		Generic:	Brand:	\$15	\$25	<table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> </tr> <tr> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>\$10</td> <td>\$25</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> </table> <p>Up to a 30 day supply</p>		Generic:	Brand:	\$10	\$20	\$10	\$25	\$15	\$30	Covered at \$0 copay after plan deductible has been met									
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Are non-formulary drugs covered?	<p>Yes— <i>CalChoice 51+ HMO 15:</i> \$50 Non-Formulary copay applies <i>CalChoice 51+ HMO 25:</i> \$50 Non-Formulary copay applies <i>CalChoice 51+ HMO 40:</i> \$50 Non-Formulary copay applies Prior authorization may be required for certain medications</p>		<p>Yes— \$50 non-formulary copay applies</p>		<p>Yes—if deemed medically necessary by Health Plan Physician</p>		<p>Yes—if deemed medically necessary by Health Plan Physician</p>																													
Mail Order <i>CalChoice 51+ HMO 15:</i> <i>CalChoice 51+ HMO 25:</i> <i>CalChoice 51+ HMO 40:</i>	<p>90 Day Supply:</p> <table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> <td>Non-Formulary:</td> </tr> <tr> <td>\$20</td> <td>\$40</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$50</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$70</td> <td>\$100</td> </tr> </table>			Generic:	Brand:	Non-Formulary:	\$20	\$40	\$100	\$30	\$50	\$100	\$40	\$70	\$100	<table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> <td>Non-Formulary:</td> </tr> <tr> <td>\$30</td> <td>\$50</td> <td>\$100</td> </tr> </table>			Generic:	Brand:	Non-Formulary:	\$30	\$50	\$100	<p>Up To A 100 Day Supply:</p> <table border="0"> <tr> <td>Generic:</td> <td>Brand:</td> </tr> <tr> <td>\$20</td> <td>\$40</td> </tr> <tr> <td>\$20</td> <td>\$50</td> </tr> <tr> <td>\$30</td> <td>\$60</td> </tr> </table>		Generic:	Brand:	\$20	\$40	\$20	\$50	\$30	\$60	Covered at \$0 copay after plan deductible has been met	
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	No mail order benefit for Non-Formulary																																			

Prescription Drug Benefits

Health Net PPO & Indemnity

CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net (out-of-state only)
Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic	Yes—or you must pay the brand copay plus the difference between the cost of the brand name & generic
Yes	Yes	Yes	Yes	Yes	Yes	The copay is the same as it is for generic medications
No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	The copay is the same as it is for generic medications
<u>Participating Pharmacy:</u> Generic: \$10 Brand: \$20 <u>Non-Participating Pharmacy:</u> Generic: \$10 + 50% Brand: \$20 + 50%	<u>Participating Pharmacy:</u> Generic: \$10 Brand: \$20 <u>Non-Participating Pharmacy:</u> Generic: \$10 + 50% Brand: \$20 + 50% \$100 per individual brand deductible applies	<u>Participating Pharmacy:</u> Generic: \$10 Brand: \$20 <u>Non-Participating Pharmacy:</u> Generic: \$10 + 50% Brand: \$20 + 50% \$150 per individual brand deductible applies	<u>Participating Pharmacy:</u> Generic: \$10 Brand: \$20 <u>Non-Participating Pharmacy:</u> Generic: \$10 + 50% Brand: \$20 + 50% \$150 per individual brand deductible applies	<u>Participating Pharmacy:</u> Generic: \$10 after plan deductible Brand: \$25 after plan deductible <u>Non-Participating Pharmacy:</u> Generic: \$10 + 50% after plan deductible Brand: \$25 + 50% after plan deductible	<u>Participating Pharmacy:</u> Generic: \$15 after plan deductible Brand: \$30 after plan deductible <u>Non-Participating Pharmacy:</u> Generic: \$15 + 50% after plan deductible Brand: \$30 + 50% after plan deductible	20% for all medications after Rx deductible
<u>Participating Pharmacy:</u> \$35 <u>Non-Participating Pharmacy:</u> \$35 + 50%	<u>Participating Pharmacy:</u> \$35 <u>Non-Participating Pharmacy:</u> \$35 + 50% \$100 per individual brand deductible applies	<u>Participating Pharmacy:</u> \$35 <u>Non-Participating Pharmacy:</u> \$35 + 50% \$150 per individual brand deductible applies	<u>Participating Pharmacy:</u> \$35 <u>Non-Participating Pharmacy:</u> \$35 + 50% \$150 per individual brand deductible applies	<u>Participating Pharmacy:</u> \$50 after plan deductible <u>Non-Participating Pharmacy:</u> \$50 + 50% after plan deductible	<u>Participating Pharmacy:</u> \$50 after plan deductible <u>Non-Participating Pharmacy:</u> \$50 + 50% after plan deductible	Yes—non formulary medications are covered, however the member must first try the generic drug
90 Day Supply: Generic: \$20/Brand: \$40 Non-Formulary: \$70	90 Day Supply: Generic: \$20/Brand: \$40 Non-Formulary: \$70 \$100 per individual brand deductible applies	90 Day Supply: Generic: \$20/Brand: \$40 Non-Formulary: \$70 \$150 per individual brand deductible applies	90 Day Supply: Generic: \$20/Brand: \$40 Non-Formulary: \$70 \$150 per individual brand deductible applies	90 Day Supply: Generic: \$20/Brand: \$50 Non-Formulary: \$100 All prescription drug benefits are subject to combined medical and prescription drug deductible of \$1500 per individual	90 Day Supply: Generic: \$30/Brand: \$60 Non-Formulary: \$100 All prescription drug benefits are subject to combined medical and prescription drug deductible of \$2000 per individual	90 Day Supply with a 20% coinsurance for each month

* Prescription Drugs are subject to the medical deductible. The submission of a prescription drug claim is required for reimbursement of all outpatient prescription drugs.

Diabetes Benefits

QUESTIONS	HMO			
	Health Net HMO	Health Net Elect Open Access	Kaiser Permanente HMO	Kaiser Permanente HDHP
Insulin	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Needles/Syringes	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Glucose Monitor	Covered under the Prescription Drug Benefit (Preferred monitors only) All other monitors covered as Durable Medical Equipment <i>CalChoice</i> ® 51+ HMO 15 – 90% <i>CalChoice</i> 51+ HMO 25 – 70% <i>CalChoice</i> 51+ HMO 40 – 50%	Covered under the Prescription Drug Benefit (Preferred monitors only) All other monitors covered as Durable Medical Equipment <i>CalChoice</i> 51+ EOA – 50%	Covered as Durable Medical Equipment, rather than Prescription Drug Benefit: <i>CalChoice</i> 51+ HMO 15 – 100% <i>CalChoice</i> 51+ HMO 25 – 80% <i>CalChoice</i> 51+ HMO 40 – 50% (Up to \$2,500 max. per calendar year)	Covered as Durable Medical Equipment, rather than Prescription Drug Benefit: Covered at \$0 copay, after Plan deductible has been met
Chem-Strips and/or Testing Agents	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Blood Test Strips are covered as Durable Medical Equipment. Urine Test Strips are covered under the Prescription Drug Benefit.	Covered under the Prescription Drug Benefit
Insulin Pump	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump Supplies	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit

Diabetes Benefits

Health Net PPO & Indemnity						
CalChoice® 51+ PPO 250	CalChoice 51+ PPO 500	CalChoice 51+ PPO 1000	CalChoice 51+ PPO 1500	CalChoice 51+ HSA 1500	CalChoice 51+ HSA 2000	Flex Net (out-of-state only)
Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
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Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit
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Health Net

800.361.3366

English/Español, Mon-Fri 8:00 a.m. - 6:00 p.m.

Kaiser Permanente

English 800.464.4000

Español 800.788.0616

7 days a week 7:00 a.m. - 7:00 p.m.

866.226.7431

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