

HEALTH PLAN & FORMULARY COMPARISON GUIDE

A Simple Resource to Help You
Understand Your Benefits



CaliforniaChoice[®]
Your Health. Your Choice.[®]

Contents

	<u>PAGE</u>
What Does Prescription Drug Formulary Mean?	3
How To Use This Comparison Guide	3
A Note To Members	3
Health Plan Accreditation Status	4
Prescription Drug Benefits/Copays	5-6
Non-Formulary & Mail Order Rx Benefits/Copays	7-8
Brand Name/Generic Coverage	9-12
Physician Access & Referral	13-14
Well Woman & Infertility Benefits	15-16
Prescription Drug Benefits	17-20
Diabetes Benefits	21-22
Important Health Plan Telephone Numbers	Back Cover



What Does Prescription Drug Formulary Mean?

A Prescription Drug formulary is an approved list of drugs that 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 that is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has its own formulary or approved drug list that 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 9-12. 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.calchoice.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*.

NCQA 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*.®



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

- Kaiser Foundation Health Plan, Inc. - Southern California (HMO)
- Kaiser Foundation Health Plan, Inc. - Northern California (HMO)
- Western Health Advantage



The following HMO has a “Commendable” rating from the NCQA for their commercial products:

- Health Net of California, Inc. (HMO)



Prescription Drug Benefits/Copays

HMO Rx Benefits:

Based on the benefit level you choose, each CaliforniaChoice® 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 Health Plan & 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):

Service	CalChoice® HMO 15*	CalChoice HMO 25*	CalChoice HMO 25*	CalChoice HMO 25*	CalChoice HMO 25 Value
Participating Health Plans	Anthem Blue Cross, Health Net, Kaiser Permanente, Sharp, Western Health Advantage	Sharp, Western Health Advantage	Anthem Blue Cross, Health Net	Kaiser Permanente	Health Net
Generic	\$10 copay	\$15 copay	\$15 copay	\$10 copay	\$15 copay
Brand	\$20 copay	\$100 deductible-\$30 copay	\$100 deductible-\$30 copay	\$25 copay	\$100 deductible-\$30 copay

Service	CalChoice HMO 25 Value	Elect Open Access 25 Plus	Elect Open Access	Salud HMO y Más
Participating Health Plans	Anthem Blue Cross	Health Net	Health Net	Health Net
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand	\$200 deductible-\$30 copay	\$100 deductible-\$30 copay	\$100 deductible-\$30 copay	\$25 copay

Service	CalChoice HMO 30*	CalChoice HMO 30*	CalChoice HMO 30 Value	CalChoice HMO 40*	CalChoice HMO 40*
Participating Health Plans	Anthem Blue Cross, Health Net, Sharp, Western Health Advantage	Kaiser Permanente	Health Net	Anthem Blue Cross, Health Net, Sharp, Western Health Advantage	Kaiser Permanente
Generic	\$15 copay	\$15 copay	\$20 copay	\$20 copay	\$15 copay
Brand	\$150 deductible-\$30 copay	\$30 copay	\$200 deductible-\$30 copay	\$200 deductible-\$30 copay	\$30 copay

Service	CalChoice HMO 40 Value	CalChoice HMO 40 Value	CalChoice HMO 40 Value	Elect Open Access 40 Plus
Participating Health Plans	Health Net	Anthem Blue Cross	Western Health Advantage	Health Net
Generic	\$20 copay	\$15 copay	\$20 copay	\$20 copay
Brand	\$200 deductible-\$30 copay	\$250 deductible-\$30 copay	\$250 deductible-\$30 copay	\$200 deductible-\$30 copay

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

For HMO Non-Formulary Prescription and Mail Order Benefits/Copays, see page 7

Prescription Drug Benefits/Copays

PPO Rx Benefits:

Based on the benefit level you choose, each CaliforniaChoice® PPO 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 Health Plan & Formulary Comparison Guide is provided to assist you in looking up some of the more commonly prescribed drugs. These are the standard PPO prescription benefits for brand and generic drugs (covers a 30 day supply):

CaliforniaChoice® features 8 different Anthem Blue Cross PPO benefit levels:								
	CalChoice® PPO 750		CalChoice PPO 750 GenRx		CalChoice PPO 1000		CalChoice PPO 1000 GenRx	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Generic	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount
Brand	\$30	50% of maximum allowed amount	Not Covered	Not Covered	\$30	50% of maximum allowed amount	Not Covered	Not Covered
Non-Formulary	\$50	50% of maximum allowed amount	Not Covered	Not Covered	\$50	50% of maximum allowed amount	Not Covered	Not Covered
Brand Deductible	\$150	\$150	N/A	N/A	\$200	\$200	N/A	N/A

	CalChoice PPO 3000		CalChoice PPO 4000		Lumenos HSA 1800** & 2500**	
	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*	Participating Pharmacy	Non-Participating Pharmacy*
Generic	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount	\$15	50% of maximum allowed amount
Brand	\$30	50% of maximum allowed amount	\$30	50% of maximum allowed amount	\$30	50% of maximum allowed amount
Non-Formulary	\$50	50% of maximum allowed amount	\$50	50% of maximum allowed amount	\$50	50% of maximum allowed amount
Brand Deductible	\$250	\$250	\$250	\$250	All prescription drugs are subject to the medical deductible	

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement for out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

For PPO Non-Formulary Prescription and Mail Order Benefits/Copays, see page 8

Non-Formulary & Mail Order Rx Benefits/Copays—HMO

An Rx Formulary is an approved list of drugs that 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 that is not included on the approved Rx list for a Healthcare Service Plan. Each Healthcare Service Plan has its 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 Benefits—HMO

Anthem Blue Cross HMO	Health Net HMO, Elect Open Access & Salud HMO y Más	Kaiser Permanente HMO	Sharp Health Plan HMO	Western Health Advantage HMO
<p><u>CalChoice® HMO 15:</u> \$40</p> <p><u>CalChoice HMO 25:</u> \$50</p> <p><u>CalChoice HMO 30:</u> \$50</p> <p><u>CalChoice HMO 40:</u> \$50</p> <p><u>CalChoice HMO 25 Value:</u> \$50</p> <p><u>CalChoice HMO 40 Value:</u> \$50</p> <p>Prior authorization may be required for certain medications</p>	<p>\$50 Non-Formulary copay applies</p> <p>Prior authorization may be required for certain medications</p>	<p>If deemed medically necessary by Kaiser Permanente Physician</p>	<p>Non-Formulary copay is double the brand copay</p> <p>Prior authorization may be required</p>	<p><u>CalChoice HMO 15:</u> \$35</p> <p><u>CalChoice HMO 25:</u> \$50</p> <p><u>CalChoice HMO 30:</u> \$50</p> <p><u>CalChoice HMO 40:</u> \$50</p> <p><u>CalChoice HMO 40 Value:</u> \$50</p>

Mail Order Benefits—HMO

Anthem Blue Cross HMO	Health Net HMO, Elect Open Access & Salud HMO y Más	Kaiser Permanente HMO	Sharp Health Plan HMO	Western Health Advantage HMO
<p>90 Day Supply:</p> <p><u>CalChoice HMO 15:</u> Generic \$10 Brand \$40 Non-Formulary \$80</p> <p><u>CalChoice HMO 25:</u> Generic \$15 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p><u>CalChoice HMO 25 Value:</u> Generic \$15 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p><u>CalChoice HMO 30:</u> Generic \$15 Brand \$60 Non-Formulary \$100 \$150 Deductible Brand</p> <p><u>CalChoice HMO 40:</u> Generic \$20 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p> <p><u>CalChoice HMO 40 Value:</u> Generic \$15 Brand \$60 Non-Formulary \$100 \$250 Deductible Brand</p>	<p>90 Day Supply:</p> <p><u>CalChoice HMO 15:</u> Generic \$20 Brand \$40 Non-Formulary \$100</p> <p><u>CalChoice HMO 25:</u> Generic \$30 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p><u>CalChoice HMO 25 Value, Elect Open Access 25 Plus & Elect Open Access</u> Generic \$30 Brand \$60 Non-Formulary \$100 \$100 Deductible Brand</p> <p><u>CalChoice HMO 30:</u> Generic \$30 Brand \$60 Non-Formulary \$100 \$150 Deductible Brand</p> <p><u>CalChoice HMO 30 Value:</u> Generic \$40 Brand \$60 Non-Formulary \$100 \$200 Deductible Brand</p>	<p>Up To A 100 Day Supply:</p> <p><u>CalChoice HMO 15:</u> Generic \$20 Brand \$40</p> <p><u>CalChoice HMO 25:</u> Generic \$20 Brand \$50</p> <p><u>CalChoice HMO 30:</u> Generic \$30 Brand \$60</p> <p><u>CalChoice HMO 40:</u> Generic \$30 Brand \$60</p> <p>No mail order benefit for Non-Formulary</p>	<p>90 Day Supply:</p> <p><u>CalChoice HMO 15:</u> Generic \$20 Brand \$40 Non-Formulary \$80</p> <p><u>CalChoice HMO 25:</u> Generic \$30 Brand \$60 Non-Formulary \$120 \$100 Deductible Brand</p> <p><u>CalChoice HMO 30:</u> Generic \$30 Brand \$60 Non-Formulary \$120 \$150 Deductible Brand</p> <p><u>CalChoice HMO 40:</u> Generic \$40 Brand \$60 Non-Formulary \$120 \$200 Deductible Brand</p>	<p>90 Day Supply:</p> <p><u>CalChoice HMO 15:</u> Generic \$25 Brand \$50 Non-Formulary \$88</p> <p><u>CalChoice HMO 25:</u> Generic \$38 Brand \$75 Non-Formulary \$125 \$100 Deductible Brand</p> <p><u>CalChoice HMO 30:</u> Generic \$38 Brand \$75 Non-Formulary \$125 \$150 Deductible Brand</p> <p><u>CalChoice HMO 40:</u> Generic \$50 Brand \$75 Non-Formulary \$125 \$200 Deductible Brand</p> <p><u>CalChoice HMO 40 Value:</u> Generic \$50 Brand \$75 Non-Formulary \$125 \$250 Deductible Brand</p>

*Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement for out-of-network pharmacies.

Non-Formulary & Mail Order Rx Benefits/Copays—PPO

Non-Formulary Benefits—PPO

Anthem Blue Cross Life and Health Insurance Company PPO						
CalChoice® PPO 750 Participating Pharmacy: \$50 Non-Participating Pharmacy:* 50% of maximum allowed amount (\$150 per individual Brand deductible applies)	CalChoice PPO 750 GenRx Not Covered	CalChoice PPO 1000 Participating Pharmacy: \$50 Non-Participating Pharmacy:* 50% of maximum allowed amount (\$200 per individual Brand deductible applies)	CalChoice PPO 1000 GenRx Not Covered	CalChoice PPO 3000 Participating Pharmacy: \$50 Non-Participating Pharmacy:* 50% of maximum allowed amount (\$250 per individual Brand deductible applies)	CalChoice PPO 4000 Participating Pharmacy: \$50 Non-Participating Pharmacy:* 50% of maximum allowed amount (\$250 per individual Brand deductible applies)	Lumenos HSA 1800** HSA 2500** Participating Pharmacy: \$50 Non-Participating Pharmacy:* 50% of maximum allowed amount All prescription drugs are subject to the medical deductible

Mail Order Benefits—PPO

Anthem Blue Cross Life and Health Insurance Company PPO						
90 Day Supply: CalChoice PPO 750 \$15 Generic \$60 Brand \$100 Non-Formulary (\$150 per individual Brand deductible applies)	90 Day Supply: CalChoice PPO 750 GenRx \$15 Generic Brand & Non-Formulary Not Covered	90 Day Supply: CalChoice PPO 1000 \$15 Generic \$60 Brand \$100 Non-Formulary (\$200 per individual Brand deductible applies)	90 Day Supply: CalChoice PPO 1000 GenRx \$15 Generic Brand & Non-Formulary Not Covered	90 Day Supply: CalChoice PPO 3000 \$15 Generic \$60 Brand \$100 Non-Formulary (\$250 per individual Brand deductible applies)	90 Day Supply: CalChoice PPO 4000 \$15 Generic \$60 Brand \$100 Non-Formulary (\$250 per individual Brand deductible applies)	90 Day Supply: Lumenos HSA 1800**/ HSA 2500** \$15 Generic \$60 Brand \$100 Non-Formulary All prescription drugs are subject to the medical deductible

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement for out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-Hind y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Accolate <i>Zafirlukast</i>	NF	NR	NF	✓*	NL*	✓*	NL
Accupril <i>Quinapril HCl</i>	NF*	NR	NF*	✓✓	NL*	NR	✓✓
Adalat CC <i>Nifedipine</i>	NF*	NR	NF*	✓✓	NL*	✓✓	✓✓
Allegra <i>Fexofenadine HCl</i>	PA	NR	PA	✓*	NL*	NR*	✓✓
Altace <i>Ramipril</i>	✓	✓	✓	✓*	NL*	✓	NL
Ambien <i>Zolpidem</i>	✓*	✓*	✓*	NR*	N - ✓ S - NL*	✓*	✓✓*
Ativan <i>Lorazepam</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Atrovent <i>Ipratropium Bromide</i>	NF*	NR	NF*	✓✓	N - NL* S - ✓	✓✓	✓✓
Avita <i>Tretinoin</i>	PA	NR	PA	✓✓	✓	✓✓*	✓✓*
Axid <i>Nizatidine</i>	NF	NR	NF	✓✓	NL*	NR	NL
Bactrim DS <i>Sulfamethoxazole-Trimethoprim</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Beconase AQ <i>No Generic Available</i>	PA	NR	PA	✓*	NL*	NR	✓

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-Hind y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Biaxin <i>Clarithromycin</i>	NF	NR	NF	✓✓*	✓	✓✓*	✓✓
Cardizem CD <i>Diltiazem HCl Coated Beads</i>	NF*	NR	NF*	✓✓	NL*	✓✓	NL
Cardura <i>Doxazosin Mesylate</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Catapres <i>Clonidine HCl</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Celexa <i>Citalopram Hydrobromide</i>	NF*	NR	NF*	✓✓	N - ✓ S - ✓✓	✓✓	✓✓
Ciloxan <i>Ciprofloxacin HCl</i>	NF	NR	NF	✓✓	N - NL* S - ✓	✓✓	✓✓
Cipro <i>Ciprofloxacin</i>	NF*	NR	NF*	✓✓	✓	✓✓*	✓✓
Cortisporin <i>Neomycin-Polymyxin-HC</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Coumadin <i>Warfarin Sodium</i>	✓	✓	✓	✓✓	✓	✓✓	✓✓
Cozaar <i>Losartan</i>	✓*	✓*	✓*	✓*	✓	NR*	NL
Cutivate <i>Fluticasone Propionate</i>	NF	NR	NF	✓✓	N - NL* S - NF	NR*	✓✓
Daypro <i>Oxaprozin</i>	NF	NR	NF	✓✓	NL*	NR	✓✓

- ✓✓ 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.
- NF Non Formulary The Plan lists this drug as not on the formulary. Please see pages 7-8 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.
- N North
- S South

This directory of drug formularies was collected from all plans participating in the CaliforniaChoice® Program and is accurate to the best of our knowledge. However, the drug formularies and policies offered through CaliforniaChoice 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 5-8
Additional formulary listings for over 600 prescription drugs at www.calchoice.com

Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-HMO y/Max	Kaiser Permanente Health Net	Western Health Advantage	Sharp
Desogen <i>Desogestrel-Ethinyl Estradiol</i>	✓	✓	✓	✓✓	NL*	✓	NL
Diflucan <i>Fluconazole</i>	NF*	NR	NF*	✓✓*	✓	✓✓*	✓✓
Dilacor XR <i>Diltiazem HCl</i>	NF*	NR	NF*	✓✓	N - ✓ S - NL*	✓✓	✓✓
Diovan <i>No Generic Available</i>	✓*	✓*	✓*	✓*	NL*	✓*	✓*
Dyazide <i>Triamterene - HCTZ</i>	NF	NR	NF	✓✓	NL*	✓✓	✓✓
Effexor <i>Venlafaxine HCl</i>	NF	NR	NF	✓✓	N - ✓ S - ✓✓	NF*	✓✓
Estrace <i>Estradiol</i>	NF	NR	NF	✓✓*	✓	✓✓	✓✓
Estraderm <i>Estradiol</i>	✓	✓	✓	✓✓*	N - NF* S - ✓	✓✓	✓✓
Flexeril <i>Cyclobenzaprine HCl</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Fosamax <i>Alendronate</i>	✓*	✓*	✓*	NR*	N - ✓ S - ✓*	✓✓*	✓✓
Hycodan <i>Hydrocodone-Homatropine</i>	NF	NR	NF	✓✓	✓	✓✓	NL
Hyzaar <i>Losartan-Hydrochlorothiazide</i>	✓*	✓*	✓*	✓*	NL*	NR*	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.
- NF Non Formulary The Plan lists this drug as not on the formulary. Please see pages 7-8 to review plan's Benefits/Policies regarding non-formulary drugs.

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-HMO y/Max	Kaiser Permanente Health Net	Western Health Advantage	Sharp
Imdur <i>Isosorbide Mononitrate</i>	NF	NR	NF	NR	✓	✓✓	✓✓
Imitrex <i>Sumatriptan</i>	NF*	NR	NF*	NR*	✓	✓*	✓✓*
Keflex <i>Cephalexin</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Kenalog in Orabase <i>Triamcinolone Acetonide</i>	NF	NR	NF	✓✓	NL*	✓✓	✓✓
Lanoxin <i>Digoxin</i>	✓*	✓*	✓*	✓✓	✓	✓✓	✓✓
Lasix <i>Furosemide</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Levaquin <i>Levofloxacin</i>	✓*	✓*	✓*	✓*	NL*	✓*	✓
Lipitor <i>No Generic Available</i>	✓	✓	✓	✓*	NL*	NR	✓
Lopressor <i>Metoprolol Tartrate</i>	NF	NR	NF	NL	✓	✓✓	✓✓
Lorabid <i>No Generic Available</i>	NF	NR	NF	NL	NL*	NL*	NL
Lotensin <i>Benazepril HCl</i>	NF*	NR	NF*	✓✓	NL*	✓✓	✓✓
Lotensin HCT <i>Benazepril-Hydrochlorothiazide</i>	NF*	NR	NF*	✓✓	NL*	✓✓	✓✓

- 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.
- N North
- S South

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Benefit and copay information on pages 5-8
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Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-Hind y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Lotrisone <i>Clotrimazole-Betamethasone</i>	NF	NR	NF	✓✓*	NL*	✓✓*	✓✓
Macrobid <i>Nitrofurantoin Monohyd Macro</i>	NF	NR	NF	✓✓	✓	✓*	✓✓
Macrochantin <i>Nitrofurantoin Macrocrystal</i>	✓	✓	✓	✓✓	✓	✓✓*	✓✓
Micro-K <i>Potassium Chloride</i>	NF	NR	NF	✓✓	N - NL* S - ✓	✓✓	✓✓
Neurontin <i>Gabapentin</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Nitrostat <i>Nitroglycerin</i>	NF	NR	NF	✓✓*	✓	✓✓	✓✓
Norvasc <i>Amlodipine Besylate</i>	NF*	NR	NF*	✓✓*	N - NL* S - ✓	✓✓	✓✓
Plendil <i>Felodipine</i>	NF*	NR	NF*	✓✓	N - ✓ S - NR	✓✓	✓✓
Pravachol <i>Pravastatin Sodium</i>	NF*	NR	NF*	✓✓*	NL*	✓✓	✓✓
Prevacid <i>Lansoprazole</i>	NF	NR	NF*	✓*	N - NL* S - NR	NR*	NL
Prinivil <i>Lisinopril</i>	NF	NR	NF	✓✓	N - ✓ S - ✓*	✓✓	✓✓
Prinzide <i>Lisinopril-Hydrochlorothiazide</i>	NF	NR	NF	✓✓	✓	NR	✓✓

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Spaul-Hind y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Procardia XL <i>Nifedipine</i>	NF*	NR	NF*	✓✓	✓	✓✓	✓✓
Provera <i>Medroxyprogesterone Acetate</i>	✓	✓	✓	✓✓	✓	✓✓	✓✓
Prozac <i>Fluoxetine HCl</i>	NF*	NR	NF*	✓✓*	N - NL* S - ✓✓	✓✓	✓✓
Restoril <i>Temazepam</i>	NF	NR	NF	✓✓*	✓	✓✓*	✓✓*
Retin-A <i>Tretinoin</i>	PA	NR	PA	✓✓	✓	✓✓*	✓✓*
Risperdal <i>No Generic Available</i>	NF*	NR	NF*	NR	✓	✓*	✓✓
Septra DS <i>Sulfamethoxazole-Trimethoprim</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Soma <i>Carisoprodol</i>	✓*	✓*	✓*	✓✓	NL*	✓✓*	✓✓
Tenormin <i>Atenolol</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓
Tiazac <i>Diltiazem HCl ER Beads</i>	NF*	NR	NF*	✓✓	NL*	✓✓	NL
Timoptic XE <i>Timolol Maleate</i>	NF	NR	NF	✓✓	N - NL* S - ✓	✓✓	✓✓
TobraDex <i>Tobramycin-Dexamethasone</i>	✓*	✓*	✓*	NR*	N - NL* S - ✓	✓	✓

- ✓✓ 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.
- NF Non Formulary The Plan lists this drug as not on the formulary. Please see pages 7-8 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.
- N North
- S South

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Benefit and copay information on pages 5-8
Additional formulary listings for over 600 prescription drugs at www.calchoice.com

Brand Name/Generic Coverage

Generic equivalent
in italics

	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Sharp HMO y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Toprol-XL <i>Metoprolol Succinate</i>	NF	NR	NF	✓✓	N - NL* S - NF*	NR	✓✓
Valium <i>Diazepam</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Vasotec <i>Enalapril Maleate</i>	NF	NR	NF	✓✓	NL*	✓✓	✓✓
Verelan <i>Verapamil HCl</i>	NF	NR	NF	✓✓	NL*	✓✓	✓✓
Viagra <i>No Generic Available</i>	PA	NR	PA	✓*	NL*	NR	✓*
Xalatan <i>Latanoprost</i>	✓	✓	✓	✓✓*	N - NL* S - NR	NR	✓
Xanax <i>Alprazolam</i>	NF	NR	NF	✓✓	✓	✓✓*	✓✓
Zantac <i>Ranitidine HCl</i>	NF*	NR	NF*	✓✓	✓	✓✓	✓✓*
Zestoretic <i>Lisinopril-Hydrochlorothiazide</i>	NF	NR	NF	✓✓	NL*	NF	✓✓
Zestril <i>Lisinopril</i>	NF	NR	NF	✓✓	N - ✓ S - NF	✓✓	✓✓
Zithromax <i>Azithromycin</i>	NF*	NR	NF*	✓✓*	✓	✓✓*	✓✓
Zocor <i>Simvastatin</i>	NF*	NR	NF*	✓✓*	✓	✓✓	✓✓

- ✓✓ Preferred Preferred over all other drugs in the same therapeutic category.
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	Anthem Blue Cross PPO	Anthem Blue Cross GenRx	Anthem Blue Cross HMO	Elect Open Access & Sharp HMO y/Max	Kaiser Permanente Health Net	Western Health Advantage Sharp	Western Health Advantage
Zoloff <i>Sertraline HCl</i>	NF*	NR	NF*	✓✓	N - ✓ S - ✓✓	✓✓	✓✓
Zyloprim <i>Allopurinol</i>	NF	NR	NF	✓✓	✓	✓✓	✓✓

- NR Not Reimbursed The drug is not reimbursed by the plan.
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Benefit and copay information on pages 5-8
Additional formulary listings for over 600 prescription drugs at www.calchoice.com

Physician Access & Referral

Q U E S T I O N S	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y Más	Kaiser Permanente HMO	Sharp Health Plan HMO
How often can my family members and I change Primary Care Physicians (PCP)?	Once a month – changes are effective at the beginning of the following month, provided the member is not in the course of treatment or hospitalized and no pending authorizations.	Once a month	Anytime	Once a month
Can each family member choose a different Primary Care Physician from different medical groups?	Yes	Yes	Yes—but only from Health Plan Physicians	Yes
Can I refer myself to a specialist? <i>(For OB/GYN referral information, see pages 15-16)</i>	OB/GYN: Yes within the same medical group for a well woman exam. Other specialties: Medical groups offering Direct Access allow member to self refer within their medical group.	<u>HMO:</u> Yes—if using a Rapid Access Provider <u>Elect Open Access:</u> Yes—to any doctor in PPO network \$40 office visit copay	<u>OB/GYN:</u> Yes <u>Other Specialties:</u> Yes—to certain specialties. Self-refer specialties list varies by geographical region	Yes-if available through medical group (some medical groups offer direct access to certain specialists)
Does the Health Carrier offer a program to help speed up the specialist referral process?	Yes – referrals come directly from PCP	<u>HMO:</u> Yes—some Rapid Access Providers offer express referrals <u>Elect Open Access:</u> Yes—member may self-refer to any doctor in PPO network—\$40 copay	Yes—referrals come directly from PCP; no other approval is needed	Yes—if available through medical group
Are dependents who live out-of-area covered?	Yes – Dependents can be assigned to a provider within their area of school, provided it is within the state of California. If it is outside of California they would only be covered for medical emergencies.	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 the member maintains a permanent residence or works within Sharp Health Plan’s Service Area. Members will be covered for emergency/urgent care only when outside the service area.

CaliforniaChoice® HMO and CaliforniaChoice HMO Value 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.

Physician Access & Referral

Western Health Advantage HMO	Anthem Blue Cross PPO				
	CalChoice® PPO 750 & PPO 750 GenRx	CalChoice PPO 1000 & PPO 1000 GenRx	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800* & HSA 2500*
Once a month - changes are effective at the beginning of the following month, provided the member is not in the course of treatment or hospitalized and no pending authorizations.	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
Yes—but only from network physicians	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—to an ophthalmologist only, for your annual eye exam	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—Advantage Referral Program allows PCP to refer member to any specialist in the WHA network who participates in the Advantage Referral Program	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—full-time student dependents outside of the service area are covered for emergency and urgently needed services only	Yes	Yes	Yes	Yes	Yes

*HSA - Qualified High Deductible Health Plan

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

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

Well Woman & Infertility Benefits

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y Más	Kaiser Permanente HMO	Sharp Health Plan HMO
<p>Can a member self-refer to an OB/GYN?</p>	<p>Yes - to an OB/GYN within the same medical group for your well woman exam.</p>	<p>HMO: Yes—OB/GYN must be in same medical group* or IPA* as your PCP</p> <p><u>Elect Open Access:</u> Yes</p>	<p>Anytime</p>	<p>Yes—if OB/GYN is in the same medical group* as your PCP</p>
<p>How often does health carrier allow a <u>routine</u> PAP smear?</p>	<p>Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.</p>	<p>Annually</p>	<p>Annually</p>	<p>Annually[†]</p>
<p>How often does health carrier allow a <u>routine</u> Mammogram?</p>	<p>Every year beginning at age 40</p>	<p><u>Ages 35-39:</u> One mammogram</p> <p><u>Ages 40-49:</u> Every two years</p> <p><u>Ages 50+ over:</u> Every year</p>	<p>As recommended by Health Plan Physician</p>	<p><u>Ages 40-49:</u> Every 1-2 years, as recommended by Physician</p> <p><u>Ages 50+ over:</u> Every year</p>
<p>Does the carrier cover oral contraceptives?</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>	<p>Yes</p>

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

* 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.

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

Western Health Advantage HMO	Anthem Blue Cross PPO				
	CalChoice® PPO 750 & PPO 750 GenRx	CalChoice PPO 1000 & PPO 1000 GenRx	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800* & HSA 2500*
Yes—anytime to an OB/GYN in the WHA network	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
Annually†	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.	Annually until age 29, every 2-3 years for woman ages 30 and older with 3 normal PAP tests in a row; or when ordered by a physician.
<u>Ages 35-39:</u> one during five year period <u>Ages 40 & over:</u> one every calendar year	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40	Every year beginning at age 40
Yes	Yes	Yes	Yes	Yes	Yes

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

* HSA - Qualified High Deductible Health Plan

Prescription Drug Benefits—HMO

Q U E S T I O N S	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y Más																																																																																																																		
<p>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?</p>	<p>Yes—or you must pay the generic copay plus the difference in cost between the brand name & generic equivalent</p>	<p>Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent</p>																																																																																																																		
<p>If doctor writes “dispense as written” on prescription, is brand name available at the brand copay?</p>	<p>Yes</p>	<p>Yes</p>																																																																																																																		
<p>If doctor writes a prescription and there is no generic available, will member receive brand name drug at generic copay?</p>	<p>No—brand name dispensed at brand name copay</p>	<p>No—brand name dispensed at brand name copay</p>																																																																																																																		
<p>What are my prescription copays for formulary drugs?</p> <p><i>CalChoice</i>® HMO 15*: <i>CalChoice</i> HMO 25*: <i>CalChoice</i> HMO 30*: <i>CalChoice</i> HMO 40*: <i>CalChoice</i> HMO 25 Value: <i>CalChoice</i> HMO 30 Value: <i>CalChoice</i> HMO 40 Value: Elect Open Access & Elect Open Access 25 Plus: Elect Open Access 40 Plus: Salud HMO y Más: (Salud Network Only)</p> <p><small>*The copay shall be the designated amount, or 50% of the provider’s contract rate, whichever is less</small></p>	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$25</td> </tr> </tbody> </table> <p>All plans: self-injectables are subject to 30% coinsurance up to \$150 per fill The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	Generic	Brand	\$10	\$20	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$15	\$30	\$15	\$30	\$20	\$30	\$20	\$30	\$15	\$30	\$20	\$30	\$15	\$25	<table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr> <td>\$10</td> <td>\$20</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$30</td> </tr> <tr> <td>\$20</td> <td>\$30</td> </tr> <tr> <td>\$15</td> <td>\$25</td> </tr> </tbody> </table> <p>All plans: self-injectables are subject to 30% coinsurance The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	Generic	Brand	\$10	\$20	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$15	\$30	\$20	\$30	\$15	\$30	\$15	\$30	\$15	\$30	\$20	\$30	\$20	\$30	\$15	\$30	\$20	\$30	\$15	\$25																																																		
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<p>Are Non-Formulary drugs covered?</p>	<p><i>CalChoice</i> HMO 15: \$40 <i>CalChoice</i> HMO 25: \$50 <i>CalChoice</i> HMO 30: \$50 <i>CalChoice</i> HMO 40: \$50 <i>CalChoice</i> HMO 25 Value: \$50 <i>CalChoice</i> HMO 40 Value: \$50</p> <p>Prior authorization may be required for certain medications</p>	<p>Yes— \$50 Non-Formulary copay applies</p> <p>Prior authorization may be required for certain medications</p>																																																																																																																		
<p>Mail Order</p> <p><i>CalChoice</i> HMO 15*: <i>CalChoice</i> HMO 25*: <i>CalChoice</i> HMO 30*: <i>CalChoice</i> HMO 40*: <i>CalChoice</i> HMO 25 Value: <i>CalChoice</i> HMO 30 Value: <i>CalChoice</i> HMO 40 Value: Elect Open Access & Elect Open Access 25 Plus: Elect Open Access 40 Plus: Salud HMO y Más: (Salud Network Only)</p> <p><small>*The copay shall be the designated amount, or 50% of the provider’s contract rate, whichever is less</small></p>	<table border="1"> <thead> <tr> <th colspan="3">90 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr> <td>\$10</td> <td>\$40</td> <td>\$80</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$20</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$15</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$50</td> <td>\$100</td> </tr> </tbody> </table> <p>All plans: self-injectables are subject to 30% coinsurance up to \$150 per fill The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	90 Day Supply:			Generic	Brand	Non-Formulary	\$10	\$40	\$80	\$15	\$60	\$100	\$15	\$60	\$100	\$20	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	\$15	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$30	\$50	\$100	<table border="1"> <thead> <tr> <th colspan="3">90 Day Supply:</th> </tr> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr> <td>\$20</td> <td>\$40</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$40</td> <td>\$60</td> <td>\$100</td> </tr> <tr> <td>\$30</td> <td>\$50</td> <td>\$100</td> </tr> </tbody> </table> <p>All plans: self-injectables are subject to 30% coinsurance The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	90 Day Supply:			Generic	Brand	Non-Formulary	\$20	\$40	\$100	\$30	\$60	\$100	\$30	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$40	\$60	\$100	\$30	\$60	\$100	\$40	\$60	\$100	\$30	\$50	\$100
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Prescription Drug Benefits—HMO

Kaiser Permanente HMO	Sharp Health Plan HMO	Western Health Advantage HMO																																											
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Yes	Yes	Yes																																											
No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay																																											
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Yes—if deemed medically necessary by Health Plan Physician	Yes—copay is double the brand copay. Prior authorization may be required for certain medications	<p>Yes</p> <p><i>CalChoice</i> HMO 15: \$35 <i>CalChoice</i> HMO 25: \$50 <i>CalChoice</i> HMO 30: \$50 <i>CalChoice</i> HMO 40: \$50 <i>CalChoice</i> HMO 40 Value: \$50</p>																																											
<p>Up To A 100 Day Supply:</p> <table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> </tr> </thead> <tbody> <tr><td>\$20</td><td>\$40</td></tr> <tr><td>\$20</td><td>\$50</td></tr> <tr><td>\$30</td><td>\$60</td></tr> <tr><td>\$30</td><td>\$60</td></tr> </tbody> </table> <p>No mail order benefit for Non-Formulary</p>	Generic	Brand	\$20	\$40	\$20	\$50	\$30	\$60	\$30	\$60	<p>90 Day Supply:</p> <table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr><td>\$20</td><td>\$40</td><td>\$80</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$120</td></tr> <tr><td>\$30</td><td>\$60</td><td>\$120</td></tr> <tr><td>\$40</td><td>\$60</td><td>\$120</td></tr> </tbody> </table> <p>The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	Generic	Brand	Non-Formulary	\$20	\$40	\$80	\$30	\$60	\$120	\$30	\$60	\$120	\$40	\$60	\$120	<p>90 Day Supply:</p> <table border="1"> <thead> <tr> <th>Generic</th> <th>Brand</th> <th>Non-Formulary</th> </tr> </thead> <tbody> <tr><td>\$25</td><td>\$50</td><td>\$88</td></tr> <tr><td>\$38</td><td>\$75</td><td>\$125</td></tr> <tr><td>\$38</td><td>\$75</td><td>\$125</td></tr> <tr><td>\$50</td><td>\$75</td><td>\$125</td></tr> <tr><td>\$50</td><td>\$75</td><td>\$125</td></tr> </tbody> </table> <p>The Brand Rx deductible will apply, excluding <i>CalChoice</i> HMO 15</p>	Generic	Brand	Non-Formulary	\$25	\$50	\$88	\$38	\$75	\$125	\$38	\$75	\$125	\$50	\$75	\$125	\$50	\$75	\$125
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Prescription Drug Benefits—PPO

QUESTIONS	Anthem Blue Cross PPO		
	CalChoice® PPO 750	CalChoice PPO 750 GenRx	CalChoice PPO 1000
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 Generic copay plus the difference in cost between the brand name & generic equivalent	This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent
If doctor writes “dispense as written” on prescription, is brand name available at the brand copay?	No, member will have to pay the generic copay plus the difference in cost between generic and brand	This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	No, member will have to pay the generic copay plus the difference in cost between generic and brand
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	This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	No—brand name dispensed at brand name copay
What are my prescription copays for formulary drugs?	<p><u>Participating Pharmacy:</u> Generic: \$15 Brand: \$30</p> <p><u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount*</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>\$150 per individual brand deductible applies</p>	<p><u>Participating Pharmacy:</u> Generic: \$15 Brand: Not Covered</p> <p><u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount*</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p>	<p><u>Participating Pharmacy:</u> Generic: \$15 Brand: \$30</p> <p><u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount*</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>\$200 per individual brand deductible applies</p>
Are Non-Formulary drugs covered?	<p><u>Participating Pharmacy:</u> \$50</p> <p><u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount*</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>The brand deductible will apply</p>	No	<p><u>Participating Pharmacy:</u> \$50</p> <p><u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount*</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>The brand deductible will apply</p>
Mail Order	<p><u>90 Day Supply:</u> Generic: \$15 Brand: \$60 Non-Formulary: \$100</p> <p><u>Non-Participating Pharmacy:</u> Not Covered</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>\$150 per individual brand deductible applies</p>	<p><u>90 Day Supply:</u> Generic: \$15 Brand: Not Covered Non-Formulary: Not Covered</p> <p><u>Non-Participating Pharmacy:</u> Not Covered</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p>	<p><u>90 Day Supply:</u> Generic: \$15 Brand: \$60 Non-Formulary: \$100</p> <p><u>Non-Participating Pharmacy:</u> Not Covered</p> <p>Self injectables are subject to 30% coinsurance up to \$150 per fill</p> <p>\$200 per individual brand deductible applies</p>

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement of out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

Prescription Drug Benefits—PPO

Anthem Blue Cross PPO			
CalChoice® PPO 1000 GenRx	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800** & HSA 2500**
This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent	Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent	Yes—or you must pay the Generic copay plus the difference in cost between the brand name & generic equivalent
This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	No, member will have to pay the generic copay plus the difference in cost between generic and brand	No, member will have to pay the generic copay plus the difference in cost between generic and brand	No, member will have to pay the generic copay plus the difference in cost between generic and brand
This prescription drug plan includes coverage for drugs on the GenRx Prescription Drug Formulary only	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay
<u>Participating Pharmacy:</u> Generic: \$15 Brand: Not Covered <u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$150 per fill	<u>Participating Pharmacy:</u> Generic: \$15 Brand: \$30 <u>Non-Participating Pharmacy:</u> 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$150 per fill \$250 per individual brand deductible applies	<u>Participating Pharmacy:</u> Generic: \$15 Brand: \$30 <u>Non-Participating Pharmacy:</u> 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$150 per fill \$250 per individual brand deductible applies	<u>Participating Pharmacy:</u> Generic: \$15 Brand: \$30 <u>Non-Participating Pharmacy:</u> 50% of maximum allowed amount* Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible
No	<u>Participating Pharmacy:</u> \$50 <u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$150 per fill The brand deductible will apply	<u>Participating Pharmacy:</u> \$50 <u>Non-Participating Pharmacy:</u> 50% of Maximum allowed amount* Self injectables are subject to 30% coinsurance up to \$150 per fill The brand deductible will apply	<u>Participating Pharmacy:</u> \$50 <u>Non-Participating Pharmacy:</u> 50% of Max. allowed amount* Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible
<u>90 Day Supply:</u> Generic: \$15 Brand: Not Covered Non-Formulary: Not Covered <u>Non-Participating Pharmacy:</u> Not Covered Self injectables are subject to 30% coinsurance up to \$150 per fill	<u>90 Day Supply:</u> Generic: \$15 Brand: \$60 Non-Formulary: \$100 <u>Non-Participating Pharmacy:</u> Not Covered Self injectables are subject to 30% coinsurance up to \$150 per fill \$250 per individual brand deductible applies	<u>90 Day Supply:</u> Generic: \$15 Brand: \$60 Non-Formulary: \$100 <u>Non-Participating Pharmacy:</u> Not Covered Self injectables are subject to 30% coinsurance up to \$150 per fill \$250 per individual brand deductible applies	<u>90 Day Supply:</u> Generic: \$15 Brand: \$60 Non-Formulary: \$100 <u>Non-Participating Pharmacy:</u> Not Covered Self injectables are subject to 30% coinsurance Prescription drugs are subject to the medical deductible

* Our reimbursement within the state of California is listed. The submission of a prescription drug claim is required for reimbursement of out-of-network pharmacies.

** HSA - Qualified High Deductible Health Plan

Diabetes Benefits

QUESTIONS	Anthem Blue Cross HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y Más	Kaiser Permanente HMO	Sharp Health Plan HMO
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	Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment: CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 25 Value–50% CalChoice HMO 40 Value–50%	Covered under the Prescription Drug Benefit (preferred monitors only). All other monitors covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Elect Open Access 25 Plus, Elect Open Access, Elect Open Access 40 Plus–80% Salud HMO y Más–80%	Covered as Durable Medical Equipment, rather than Prescription Drug Benefit: CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% up to \$2500 max./calendar year	Covered as Durable Medical Equipment rather than Prescription Drug Benefit: CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50%
Chem-Strips and/or Testing Agents	Blood Test Strips are covered under the Prescription Drug Benefits	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 as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump	Covered under Durable Medical Equipment	Covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Elect Open Access 25 Plus, Elect Open Access, Elect Open Access 40 Plus–80% Salud HMO y Más–80%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump Supplies	Covered under Durable Medical Equipment	Covered at: CalChoice HMO 15–90% CalChoice HMO 25–80% CalChoice HMO 30–80% CalChoice HMO 40–80% CalChoice HMO 25 Value–80% CalChoice HMO 30 Value–80% CalChoice HMO 40 Value–80% Elect Open Access 25 Plus, Elect Open Access, Elect Open Access 40 Plus–80% Salud HMO y Más–80%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit

Diabetes Benefits

Western Health Advantage HMO	Anthem Blue Cross PPO				
	CalChoice® PPO 750 & PPO 750 GenRx	CalChoice PPO 1000 & PPO 1000 GenRx	CalChoice PPO 3000	CalChoice PPO 4000	Lumenos HSA 1800* & HSA 2500*
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
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>	<p>Free Glucometer Program for certain manufacturers; otherwise, covered under Durable Medical Equipment</p> <p>In-Network: 50% Out-of-Network: 50%</p>
Covered under the Prescription Drug Benefit	Blood Test Strips covered under the Prescription Drug Benefits	Blood Test Strips covered under the Prescription Drug Benefits	Blood Test Strips covered under the Prescription Drug Benefits	Blood Test Strips covered under the Prescription Drug Benefits	Blood Test Strips covered under the Prescription Drug Benefits
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment
<p>Covered as Durable Medical Equipment, rather than Prescription Drug Benefit:</p> <p>CalChoice HMO 15–90% CalChoice HMO 25–70% CalChoice HMO 30–50% CalChoice HMO 40–50% CalChoice HMO 40 Value–50%</p> <p>up to max. \$2,500/year</p>	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment	Covered under Durable Medical Equipment

* HSA - Qualified High Deductible Health Plan

Anthem Blue Cross HMO & PPO

(866) 524-5659

English/Español, Mon-Fri 8:30 a.m. - 7:00 p.m.

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.

Sharp Health Plan

(800) 359-2002

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

Western Health Advantage

(888) 563-2250

English/Español, Mon-Fri 8:00 a.m. - 5:00 p.m.

