

# HEALTH PLAN & FORMULARY COMPARISON GUIDE

A Simple Resource to Help You  
Understand Your Benefits



**CaliforniaChoice**<sup>®</sup>  
*Your Health. Your Choice.*<sup>®</sup>

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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.calchoice.com](http://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.

# 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*<sup>®</sup>.

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

Blue Shield of CA  
Health Net  
Kaiser Permanente  
Western Health Advantage



# Rx 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	CalChoice® HMO 25 Value	Elect Open Access	Salud HMO y mas
Participating Health Plans	Blue Shield, Health Net, Kaiser Permanente, Sharp, Western Health Advantage	Blue Shield, Sharp, Western Health Advantage	Health Net	Kaiser Permanente	Health Net	Blue Shield	Health Net	Health Net
Generic	\$10 copay	\$15 copay	\$15 copay	\$10 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand	\$20 copay	\$100 deductible-\$30 copay	\$100 deductible-\$30 copay	\$25 copay	\$100 deductible-\$30 copay	\$200 deductible-\$30 copay	\$150 deductible-\$30 copay	\$25 copay
Non-Formulary	See opposite page for plan specific information							
Mail Order	See opposite page for plan specific information							

Service	CalChoice® HMO 30	CalChoice® HMO 30	CalChoice® HMO 30 Value	CalChoice® HMO 40	CalChoice® HMO 40	CalChoice® HMO 40 Value	CalChoice® HMO 40 Value	CalChoice® HMO 40 Value
Participating Health Plans	Blue Shield, Health Net, Sharp, Western Health Advantage	Kaiser Permanente	Health Net	Blue Shield, Health Net, Sharp, Western Health Advantage	Kaiser Permanente	Health Net	Blue Shield	Western Health Advantage
Generic	\$15 copay*	\$15 copay*	\$20 copay*	\$20 copay*	\$15 copay*	\$20 copay*	\$15 copay*	\$20 copay*
Brand	\$150 deductible-\$30 copay*	\$30 copay*	\$200 deductible-\$30 copay*	\$200 deductible-\$30 copay*	\$30 copay*	\$200 deductible-\$30 copay*	\$250 deductible-\$30 copay*	\$250 deductible-\$30 copay*
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 providers contract rate, whichever is less.

## PPO Rx Benefits:

CaliforniaChoice® features 6 different Blue Shield of California PPO benefit levels:

	CalChoice® PPO 750		CalChoice® PPO 1000		CalChoice® PPO 2400		Active Choice™ 500		CalChoice® HSA 1500** & 2400**	
	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	\$15	\$15 + 25%	\$15	\$15 + 25%	\$15	Not Covered	\$15	Not Covered	\$15*	50%*
Brand	\$30	\$30 + 25%	\$30	\$30 + 25%	\$30	Not Covered	\$30 or 30% whichever is greater	Not Covered	\$30*	50%*
Non-Formulary	\$50	\$50 + 25%	\$50	\$50 + 25%	\$50	Not Covered	\$50 or 50% whichever is greater	Not Covered	\$50*	50%*
Brand Deductible	\$150	\$150	\$200	\$200	\$250	Not Covered	\$500	Not Covered	N/A	N/A

\* Prescription Drugs are subject to the medical deductible. The submission of a prescription drug claim is required for reimbursement for out-of-network pharmacies.

\*\* HSA - Qualified High Deductible Health Plan

# Non-Formulary & Mail Order Rx Benefits/Copays

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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

Blue Shield of California PPO	Blue Shield of California HMO	Health Net HMO, Elect Open Access & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan	Western Health Advantage
<p><b>CalChoice® PPO 750</b>  <b>Participating Pharmacy:</b> \$50  <b>Non-Participating Pharmacy:</b> \$50 + 25%                      (\$150 per individual Brand deductible applies)</p> <p><b>CalChoice® PPO 1000</b>  <b>Participating Pharmacy:</b> \$50  <b>Non-Participating Pharmacy:</b> \$50 + 25%                      (\$200 per individual Brand deductible applies)</p> <p><b>CalChoice® PPO 2400</b>  <b>Participating Pharmacy:</b> \$50  <b>Non-Participating Pharmacy:</b> Not Covered                      (\$250 per individual Brand deductible applies)</p> <p><b>Active Choice™ 500</b>  <b>Participating Pharmacy:</b> \$50 or 50% whichever is greater                      (\$500 per individual Brand deductible applies)  <b>Non-Participating Pharmacy:</b> Not Covered</p> <p><b>CalChoice® HSA 1500** / HSA 2400**</b>  <b>Participating Pharmacy:</b> \$50*  <b>Non-Participating Pharmacy:</b> 50%*</p>	<p>If medically necessary and <u>pre-approved</u></p> <p>Standard HMO copays apply, see chart on opposite page</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><b>CalChoice® HMO 15:</b> \$35</p> <p><b>CalChoice® HMO 25:</b> \$50</p> <p><b>CalChoice® HMO 30:</b> \$50</p> <p><b>CalChoice® HMO 40:</b> \$50</p> <p><b>CalChoice® HMO 40 Value:</b> \$50</p>

## Mail Order Benefit

Blue Shield of California PPO	Blue Shield of California HMO	Health Net HMO, Elect Open Access & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan	Western Health Advantage
<p>90 Day Supply:</p> <p><b>CalChoice® PPO 750</b>                      \$30 Generic/\$60 Brand/\$100 Non-Formulary                      (\$150 per individual Brand deductible applies)</p> <p><b>CalChoice® PPO 1000</b>                      \$30 Generic/\$60 Brand/\$100 Non-Formulary                      (\$200 per individual Brand deductible applies)</p> <p><b>CalChoice® PPO 2400</b>                      \$30 Generic/\$60 Brand/\$100 Non-Formulary                      (\$250 per individual Brand deductible applies)</p> <p><b>Active Choice™ 500</b>                      \$30 Generic/\$60 or 30% (whichever is greater) Brand/\$100 or 50% (whichever is greater) Non-Formulary                      (\$500 per individual deductible applies to Brand name drugs)</p> <p><b>CalChoice® HSA 1500** / HSA 2400**</b>                      \$30 Generic*/\$60 Brand*/\$100 Non-Formulary*</p>	<p>90 Day Supply:</p> <p><b>CalChoice® HMO 15:</b>                      Generic \$20                      Brand \$40                      Non-Formulary \$100</p> <p><b>CalChoice® HMO 25:</b>                      Generic \$30                      Brand \$60                      \$100 Deductible Brand</p> <p><b>CalChoice® HMO 25 Value:</b>                      Generic \$30                      Brand \$60                      \$200 Deductible Brand</p> <p><b>CalChoice® HMO 30:</b>                      Generic \$30                      Brand \$60                      \$150 Deductible Brand</p> <p><b>CalChoice® HMO 40:</b>                      Generic \$40                      Brand \$60                      \$200 Deductible Brand</p> <p><b>CalChoice® HMO 40 Value:</b>                      Generic \$30                      Brand \$60                      \$250 Deductible Brand</p> <p>No mail order benefit for Non-Formulary</p>	<p>90 Day Supply:</p> <p><b>CalChoice® HMO 15:</b>                      Generic \$20                      Brand \$40                      Non-Formulary \$100</p> <p><b>CalChoice® HMO 25:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$100                      \$100 Deductible Brand</p> <p><b>CalChoice® HMO 25 Value:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$100                      \$100 Deductible Brand</p> <p><b>CalChoice® HMO 30 &amp; EA:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$100                      \$150 Deductible Brand</p> <p><b>CalChoice® HMO 30 Value:</b>                      Generic \$40                      Brand \$60                      Non-Formulary \$100                      \$200 Deductible Brand</p> <p><b>CalChoice® HMO 40:</b>                      Generic \$40                      Brand \$60                      Non-Formulary \$100                      \$250 Deductible Brand</p> <p><b>CalChoice® Salud HMO y mas:</b>                      Generic \$30                      Brand \$50                      Non-Formulary \$100</p> <p>No mail order benefit for S/MNSA Network</p>	<p>Up To A 100 Day Supply:</p> <p><b>CalChoice® HMO 15:</b>                      Generic \$20                      Brand \$40</p> <p><b>CalChoice® HMO 25:</b>                      Generic \$20                      Brand \$50</p> <p><b>CalChoice® HMO 30:</b>                      Generic \$30                      Brand \$60</p> <p><b>CalChoice® HMO 40:</b>                      Generic \$30                      Brand \$60</p> <p>No mail order benefit for Non-Formulary</p>	<p>90 Day Supply:</p> <p><b>CalChoice® HMO 15:</b>                      Generic \$20                      Brand \$40                      Non-Formulary \$60</p> <p><b>CalChoice® HMO 25:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$120                      \$100 Deductible Brand</p> <p><b>CalChoice® HMO 30:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$120                      \$150 Deductible Brand</p> <p><b>CalChoice® HMO 40:</b>                      Generic \$40                      Brand \$60                      Non-Formulary \$120                      \$200 Deductible Brand</p>	<p>90 Day Supply:</p> <p><b>CalChoice® HMO 15:</b>                      Generic \$20                      Brand \$40                      Non-Formulary \$70</p> <p><b>CalChoice® HMO 25:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$100                      \$100 Deductible Brand</p> <p><b>CalChoice® HMO 30:</b>                      Generic \$30                      Brand \$60                      Non-Formulary \$100                      \$150 Deductible Brand</p> <p><b>CalChoice® HMO 40:</b>                      Generic \$40                      Brand \$60                      Non-Formulary \$100                      \$200 Deductible Brand</p> <p><b>CalChoice® HMO 40 Value:</b>                      Generic \$40                      Brand \$60                      Non-Formulary \$100                      \$250 Deductible Brand</p>

\* Prescription Drugs are subject to the medical deductible. 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

	Blue Shield PPO	Blue Shield HMO	Solid HMO / PPO & Elect Open Access	Kaiser Permanente Health Net	Kaiser Permanente Sharp	Western Health Advantage
<b>Accolate</b> <i>No Generic Available</i>	NF	NF	✓*	NL	PA*	NL
<b>Accupril</b> <i>Quinapril HCl</i>	✓✓*	✓✓*	✓✓	NL	NL	✓✓
<b>Achromycin V</b> <i>Tetracycline HCl</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Adalat CC</b> <i>Nifedipine</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Allegra</b> <i>Fexofenadine HCl</i>	PA*	PA*	NF	NL	NL	NL
<b>Altace</b> <i>No Generic Available</i>	NF	NF	✓	NL	✓	NL
<b>Ambien</b> <i>No Generic Available</i>	✓	✓	NF*	N - ✓ S - NC	NL	NL
<b>Amoxil</b> <i>Amoxicillin</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Ativan</b> <i>Lorazepam</i>	NF*	NF*	✓✓	✓	✓✓	✓✓
<b>Atrovent</b> <i>Ipratropium Bromide</i>	✓✓	✓✓	✓✓	NL	✓✓	✓
<b>Avita</b> <i>Tretinoin</i>	✓✓*	✓✓*	✓✓	✓	NL	✓✓*
<b>Axid</b> <i>Nizatidine</i>	✓✓*	✓✓*	NL	NL	NL	NL
<b>Bactrim DS</b> <i>Trimethoprim-Sulfamethoxazole</i>	✓✓*	✓✓*	NR	✓	✓✓	NF
<b>Beconase AQ</b> <i>No Generic Available</i>	NF	NF	NF	NL	✓	NL
<b>Biaxin</b> <i>Clarithromycin</i>	✓✓*	✓✓*	✓✓*	✓	✓✓*	✓✓

	Blue Shield PPO	Blue Shield HMO	Solid HMO / PPO & Elect Open Access	Kaiser Permanente Health Net	Kaiser Permanente Sharp	Western Health Advantage
<b>BuSpar</b> <i>Bupropione HCl</i>	✓✓*	✓✓*	✓✓	✓	PA	✓✓
<b>Cardizem CD</b> <i>Diltiazem HCl Coated Beads</i>	NF	NF	✓✓	NL	NF	NL
<b>Cardizem SR</b> <i>Diltiazem HCl</i>	NL	NL	✓✓	✓	✓✓	✓✓
<b>Cardura</b> <i>Doxazosin Mesylate</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Catapres</b> <i>Clonidine HCl</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Cefzil</b> <i>Cefprozil</i>	✓✓	✓✓	✓✓	NL	✓	✓
<b>Celexa</b> <i>Citalopram Hydrobromide</i>	✓✓*	✓✓*	✓✓*	✓	✓✓	✓✓
<b>Ciloxan</b> <i>Ciprofloxacin HCl</i>	✓✓	✓✓	✓✓	N - NL S - ✓	NF	✓✓
<b>Cipro</b> <i>Ciprofloxacin</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Cogentin</b> <i>Benzotropine Mesylate</i>	NF*	NF*	✓✓	✓	✓✓	✓✓
<b>Cortisporin</b> <i>Neomycin-Polymyxin-HC</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Coumadin</b> <i>Warfarin Sodium</i>	NF	NF	✓✓	✓	✓✓	✓✓
<b>Cozaar</b> <i>No Generic Available</i>	NF*	NF*	PA*	✓	PA	NL
<b>Cutivate</b> <i>Fluticasone Propionate</i>	✓✓	✓✓	NF	NL	NL	NL
<b>Daypro</b> <i>Oxaprozin</i>	✓✓*	✓✓*	✓✓	NL	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 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.

Benefit and copay information on pages 5-6  
Additional formulary listings for over 600 prescription drugs at [calchoice.com](http://calchoice.com)

# Brand Name/Generic Coverage

Generic equivalent  
in italics

	Blue Shield PPO	Blue Shield HMO	Solid HMO Plans & Elect Open Access	Kaiser Permanente Health Net	Western Health Advantage	Sharp
<b>Deltasone</b> <i>Prednisone</i>	✓✓	✓✓	✓✓	✓	✓✓	✓✓
<b>Desogen</b> <i>Desogestrel-Ethinyl Estradiol</i>	✓	✓	NR	NL	✓	NF
<b>Diflucan</b> <i>Fluconazole</i>	✓✓	✓✓	✓✓*	✓	✓✓*	✓✓*
<b>Dilacor XR</b> <i>Diltiazem HCl</i>	✓	✓	✓✓	✓	✓✓	✓✓
<b>Diovan</b> <i>No Generic Available</i>	✓*	✓*	✓*	NL	PA	✓*
<b>Dyazide</b> <i>Triamterene - HCTZ</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Effexor</b> <i>Venlafaxine HCl</i>	✓✓	✓✓	✓✓	✓	NF	NF
<b>Estrace</b> <i>Estradiol</i>	✓✓*	✓✓*	✓✓*	✓	✓✓	✓✓
<b>Estraderm</b> <i>Estradiol</i>	✓✓*	✓✓*	✓✓*	N - NF S - NR	✓✓	✓✓
<b>Flexeril</b> <i>Cyclobenzaprine HCl</i>	✓✓*	✓✓*	✓✓	✓	✓	✓✓
<b>Fosamax</b> <i>No Generic Available</i>	✓*	✓*	✓*	N - ✓ S - NL	PA	✓
<b>Glucotrol XL</b> <i>Glipizide</i>	✓✓*	✓✓*	✓✓	N - NL S - ✓	✓✓	✓✓
<b>Glyrase</b> <i>GlyBURIDE Micronized</i>	✓✓*	✓✓*	NF	NL	✓✓	NL
<b>Humibid LA</b> <i>Guaifenesin</i>	NL	NL	NL	N - NL S - ✓	✓✓	✓✓
<b>Hycodan</b> <i>Hydrocodone-Homatropine</i>	✓✓*	✓✓*	✓✓	✓	✓✓	NL

	Blue Shield PPO	Blue Shield HMO	Solid HMO Plans & Elect Open Access	Kaiser Permanente Health Net	Western Health Advantage	Sharp
<b>Hytrin</b> <i>Terazosin HCl</i>	✓✓*	✓✓*	✓✓	✓	✓	✓✓
<b>Hyzaar</b> <i>No Generic Available</i>	NF*	NF*	PA*	NL	PA	NL
<b>Imdur</b> <i>Isosorbide Mononitrate</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Imitrex</b> <i>No Generic Available</i>	✓*	✓*	✓*	✓	✓*	✓*
<b>K-Dur</b> <i>Potassium Chloride Crys CR</i>	NF	NF	NR	✓	✓	NF
<b>Keflex</b> <i>Cephalexin</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Kenalog in Orabase</b> <i>Triamcinolone Acetonide</i>	NL	NL	✓✓	NL	NL	✓✓
<b>Lanoxin</b> <i>Digoxin</i>	✓✓	✓✓	✓✓	✓	✓✓	✓✓
<b>Lasix</b> <i>Furosemide</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Levaquin</b> <i>No Generic Available</i>	NF	NF	NF	NL	✓	✓
<b>Lipitor</b> <i>No Generic Available</i>	NF*	NF*	NF*	NL	✓	NL
<b>Lopressor</b> <i>Metoprolol Tartrate</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Lorabid</b> <i>No Generic Available</i>	NF	NF	NF	NL	NL	NL
<b>Lotensin</b> <i>Benazepril HCl</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Lotensin HCT</b> <i>Benazepril-Hydrochlorothiazide</i>	✓✓*	✓✓*	✓✓	NL	✓✓	NL

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Benefit and copy information on pages 5-6  
Additional formulary listings for over 600 prescription drugs at [calchoice.com](http://calchoice.com)



# Brand Name/Generic Coverage

Generic equivalent  
in italics

	Blue Shield PPO	Blue Shield HMO	Solid HMO, Elect. Open Access	Kaiser Permanente Health Net	Western Health Advantage	Sharp
<b>Lotrisone</b> <i>Clotrimazole-Betamethasone</i>	✓✓*	✓✓*	✓✓*	NL	✓✓	NL
<b>Macrobid</b> <i>Nitrofurantoin Monohydrate Macro</i>	NF	NF	NR	✓	NF	NF
<b>Macrochantin</b> <i>Nitrofurantoin Macrocrystal</i>	✓✓*	✓✓*	✓✓	✓	NF	NL
<b>Medrol</b> <i>Methylprednisolone</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Micro-K</b> <i>Potassium Chloride</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Micronase</b> <i>Glyburide</i>	✓✓*	✓✓*	NR	✓	✓✓	✓✓
<b>Monopril</b> <i>Fosinopril Sodium</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓
<b>Neurontin</b> <i>Gabapentin</i>	✓✓	✓✓	✓✓	✓	✓	✓✓
<b>Nitrol</b> <i>Nitroglycerin</i>	✓✓*	✓✓*	✓✓*	✓	NL	✓✓
<b>Nitrostat</b> <i>Nitroglycerin</i>	✓✓*	✓✓*	✓✓*	✓	✓	✓✓
<b>Nolvadex</b> <i>Tamoxifen Citrate</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Norvasc</b> <i>Amlodipine Besylate</i>	✓✓	✓✓	✓	N - NL S - ✓	✓	NL
<b>Novolin</b> <i>No Generic Available</i>	NF	NF	NF	✓	✓	✓
<b>Plendil</b> <i>Felodipine</i>	✓✓	✓✓	NR	✓	✓	✓✓
<b>Pravachol</b> <i>Pravastatin Sodium</i>	✓✓*	✓✓*	✓✓*	NL	NL	✓✓

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- ✓ 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.

	Blue Shield PPO	Blue Shield HMO	Solid HMO, Elect. Open Access	Kaiser Permanente Health Net	Western Health Advantage	Sharp
<b>Prevacid</b> <i>No Generic Available</i>	PA*	PA*	NR	NL	PA	NL
<b>Prinivil</b> <i>Lisinopril</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Prinzide</b> <i>Lisinopril-Hydrochlorothiazide</i>	✓✓*	✓✓*	✓✓	✓	NL	NL
<b>Procardia XL</b> <i>Nifedipine</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Provera</b> <i>Medroxyprogesterone Acetate</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓
<b>Prozac</b> <i>Fluoxetine HCl</i>	✓✓*	✓✓*	✓✓*	✓	✓✓	✓✓*
<b>Pulmicort Turbuhaler</b> <i>No Generic Available</i>	✓*	✓*	✓*	N - ✓ S - NL	✓	✓
<b>Relafen</b> <i>Nabumetone</i>	NF*	NF*	NF	✓	✓	✓✓
<b>Restoril</b> <i>Temazepam</i>	✓✓*	✓✓*	✓✓*	✓	✓✓	✓✓
<b>Retin-A</b> <i>Tretinoin</i>	✓✓*	✓✓*	✓✓	✓	✓*	✓✓*
<b>Risperdal</b> <i>No Generic Available</i>	✓	✓	✓	✓	✓	✓
<b>Septra DS</b> <i>Trimethoprim-Sulfamethoxazole</i>	✓✓*	✓✓*	NR	✓	✓✓	NL
<b>Serzone</b> <i>Nefazodone HCl</i>	✓✓	✓✓	PA	✓	✓✓	✓✓
<b>Soma</b> <i>Carisoprodol</i>	NF*	NF*	✓✓	NL	✓✓	NL
<b>Synthroid</b> <i>Levothyroxine Sodium</i>	NF	NF	✓✓	N - NL S - ✓	✓	✓✓

- 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.

Benefit and copy information on pages 5-6  
Additional formulary listings for over 600 prescription drugs at [calchoice.com](http://calchoice.com)

# Brand Name/Generic Coverage

Generic equivalent  
in italics

	Blue Shield PPO	Blue Shield HMO	Solid HMO, PPOs & Elect Open Access	Health Net	Kaiser Permanente	Western Health Advantage	Sharp
<b>Tagamet</b> <i>Cimetidine</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓	
<b>Tenormin</b> <i>Atenolol</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓	
<b>Tiazac</b> <i>Diltiazem HCl ER Beads</i>	✓	✓	✓✓	NL	NF	✓✓	
<b>Timoptic XE</b> <i>Timolol Maleate</i>	NL	NL	✓✓	NL	✓✓	✓✓	
<b>TobraDex</b> <i>No Generic Available</i>	✓*	✓*	✓	N - NL S - ✓	✓	✓	
<b>Toprol-XL</b> <i>Metoprolol Succinate</i>	✓✓	✓✓	✓	NL	NL	✓✓	
<b>Valium</b> <i>Diazepam</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓	
<b>Vancanase AQ Double Strength</b> <i>No Generic Available</i>	NL	NL	NL	NL	NL	NL	
<b>Vasotec</b> <i>Enalapril Maleate</i>	NF*	NF*	✓✓	NL	✓✓	✓✓	
<b>Verelan</b> <i>Verapamil HCl</i>	✓✓*	✓✓*	✓✓	NL	✓✓	✓✓	
<b>Viagra</b> <i>No Generic Available</i>	PA*	PA*	PA*	NL	NR	✓*	
<b>Vivelle</b> <i>Estradiol</i>	✓✓*	✓✓*	✓✓*	N - PA S - NR	✓✓	✓✓	
<b>Xalatan</b> <i>No Generic Available</i>	NF	NF	NF*	N - NL S - ✓	NL	✓	
<b>Xanax</b> <i>Alprazolam</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓	
<b>Zantac</b> <i>Ranitidine HCl</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.

	Blue Shield PPO	Blue Shield HMO	Solid HMO, PPOs & Elect Open Access	Health Net	Kaiser Permanente	Western Health Advantage	Sharp
<b>Zephrex LA</b> <i>Pseudoephedrine-Guaifenesin</i>	NF	NF	✓✓	NL	✓✓	NL	
<b>Zestoretic</b> <i>Lisinopril-Hydrochlorothiazide</i>	NF*	NF*	✓✓	NL	NL	NL	
<b>Zestril</b> <i>Lisinopril</i>	✓✓*	✓✓*	✓✓	N - ✓ S - NL	✓✓	✓✓	
<b>Zithromax</b> <i>Azithromycin</i>	✓✓*	✓✓*	✓✓*	✓	✓*	✓✓	
<b>Zocor</b> <i>Simvastatin</i>	✓✓*	✓✓*	✓✓*	✓	✓✓	✓✓	
<b>Zoloft</b> <i>Sertraline HCl</i>	✓✓	✓✓	✓✓	✓	✓	✓✓	
<b>Zyloprim</b> <i>Allopurinol</i>	✓✓*	✓✓*	✓✓	✓	✓✓	✓✓	
<b>Zyrtec</b> <i>No Generic Available</i>	NL	NL	PA	N - NL S - ✓	NL	NL	

- 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.

# Physician Access & Referral

QUESTIONS	Blue Shield of California HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
How often can my family members and I change Primary Care Physicians (PCP)?	Anytime	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 13-14)</i>	Yes—if using Access+ HMO provider	<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—if using Access+ HMO provider	<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—please call 1-800-622-9402 to find out if the out-of-state Blue Shield plan where the dependents live participates in the Away From Home Care	Yes—only if a full-time student who maintains a permanent residence within Health Net's California Service Area for emergency/urgent services only	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	Yes—only if a full-time student who maintains a permanent residence within Sharp Health Plan's Service Area. Students 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	Blue Shield PPO				CalChoice® HSA 1500* & HSA 2400*
	CalChoice® PPO 750	CalChoice® PPO 1000	CalChoice® PPO 2400	Active Choice <sup>SM</sup> 500	
Once a month	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	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	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	Blue Shield of California HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
Can a member self-refer to an OB/GYN?	Yes—if OB/GYN is in the same medical group* or IPA* as your PCP	<u>HMO:</u> Yes—OB/GYN must be in same medical group* or IPA* as your PCP <u>Elect Open Access:</u> Yes	Anytime	Yes—on an unlimited basis if OB/GYN is in the same medical group* or IPA* as your PCP
How often does health carrier allow a <u>routine</u> PAP smear?	Once a year†	Annually	Annually	Annually†
How often does health carrier allow a <u>routine</u> Mammogram?	Once a year†	<u>Ages 35-39:</u> One mammogram <u>Ages 40-49:</u> Every two years <u>Ages 50+ over:</u> Every year	As recommended by Health Plan Physician	<u>Ages 40-49:</u> Every 1-2 years, as recommended by Physician <u>Ages 50+ over:</u> Every year
Does the carrier cover oral contraceptives?	Yes	Yes	Yes	Yes

† 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	Blue Shield of California PPO				CalChoice® HSA 1500* & HSA 2400*
	CalChoice® PPO 750	CalChoice® PPO 1000	CalChoice® PPO 2400	Active Choice <sup>SM</sup> 500	
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	Once a year	Once a year	Once a year	Once a year	Once a year
<u>Ages 35-39:</u> one during five year period <u>Ages 40 &amp; over:</u> one every calendar year	Once a year	Once a year	Once a year	Once a year	Once a year
Yes	Yes	Yes	Yes	Yes	Yes

\*HSA - Qualified High Deductible Health Plan

## 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.

# Prescription Drug Benefits

QUESTIONS	Blue Shield of California HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan																																																																																																																																																																								
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	Yes—or you must pay the brand copay plus the difference in cost between the brand name & generic equivalent	Yes	Yes—or you must pay the Non-Formulary copay																																																																																																																																																																								
If doctor writes "dispense as written" on prescription, is brand name available at the brand copay?	Yes	Yes	Yes	Yes, if on the formulary																																																																																																																																																																								
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																																																																																																																																																																								
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*The copay shall be the designated amount, or 50% of the provider's contract rate, whichever is less	Home self-injectable† (excluding insulin): 20% contract rate—max \$100/prescription The Brand Rx deductible will apply, excluding CalChoice® HMO 15	All plans: self-injectables are subject to 30% coinsurance The Brand Rx deductible will apply, excluding CalChoice® HMO 15		The Brand Rx deductible will apply, excluding CalChoice® HMO 15																																																																																																																																																																								
Are Non-Formulary drugs covered?	Yes—if medically necessary and pre-approved. Standard HMO copays apply (see above)	Yes—\$50 Non-Formulary copay applies Prior authorization may be required for certain medications	Yes—if deemed medically necessary by Health Plan Physician	Yes—copay is double the brand copay. Prior authorization may be required for certain medications																																																																																																																																																																								
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† For the Blue Shield of California HMO plans, Home Self-Administered Injectable Medications will be limited to Specialty Pharmacies contracted by Blue Shield of California to provide covered Home Self-Administered Injectables. Member pays 20% of allowed charges (up to a \$100 copay maximum per prescription). Prior authorization may be required.

# Prescription Drug Benefits

Western Health Advantage	Blue Shield of California PPO				CalChoice® HSA 1500** & HSA 2400**																					
	CalChoice® PPO 750	CalChoice® PPO 1000	CalChoice® PPO 2400	Active Choice <sup>SM</sup> 500																						
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 generic copay plus the difference between the cost of the brand name & generic <sup>1</sup>	Yes—or you must pay the generic copay plus the difference between the cost of the brand name & generic <sup>1</sup>	Yes—or you must pay the generic copay plus the difference between the cost of the brand name & generic <sup>1</sup>	Yes—or you must pay the generic copay plus the difference between the cost of the brand name & generic <sup>1</sup>	Yes—or you must pay the generic copay plus the difference between the cost of the brand name & generic <sup>1</sup>																					
Yes	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>	Yes <sup>1</sup>																					
No—brand name dispensed at brand name copay	No—brand name dispensed at brand name copay <sup>1</sup>	No—brand name dispensed at brand name copay <sup>1</sup>	No—brand name dispensed at brand name copay <sup>1</sup>	No—brand name dispensed at brand name copay <sup>1</sup>	No—brand name dispensed at brand name copay <sup>1</sup>																					
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<p>Yes</p> <p>CalChoice® HMO 15: \$35 CalChoice® HMO 25: \$50 CalChoice® HMO 30: \$50 CalChoice® HMO 40: \$50 CalChoice® HMO 40 Value: \$50</p>	<p><u>Participating Pharmacy:</u><sup>1</sup> \$50</p> <p><u>Non-Participating Pharmacy:</u> \$50 + 25%</p> <p>\$150 per individual brand deductible applies</p>	<p><u>Participating Pharmacy:</u><sup>1</sup> \$50</p> <p><u>Non-Participating Pharmacy:</u> \$50 + 25%</p> <p>\$200 per individual brand deductible applies</p>	<p><u>Participating Pharmacy:</u><sup>1</sup> \$50</p> <p>\$250 per individual brand deductible applies</p> <p><u>Non-Participating Pharmacy:</u> Not Covered</p>	<p><u>Participating Pharmacy:</u><sup>1</sup> \$50 or 50% whichever is greater</p> <p>\$500 per individual brand deductible applies</p> <p><u>Non-Participating Pharmacy:</u> Not Covered</p>	<p><u>Participating Pharmacy:</u> \$50*</p> <p><u>Non-Participating Pharmacy:</u> Member pays 50%*</p>																					
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\* Prescription Drugs are subject to the medical deductible. The submission of a prescription drug claim is required for reimbursement of out-of-network pharmacies.

\*\* HSA - Qualified High Deductible Health Plan

<sup>1</sup> For the Blue Shield of California PPO plans, Home Self-Administered Injectable Medications are limited to Specialty Pharmacies contracted by Blue Shield of California to provide covered Home Self-Administered Injectables. Member pays 30% and prior authorization may be required. The Brand Rx deductible will apply.



# Diabetes Benefits

QUESTIONS	Blue Shield of California HMO	Health Net HMO, Elect Open Access (EOA) & Salud HMO y mas	Kaiser Permanente	Sharp Health Plan
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 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% 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% Elect Open Access–80% CalChoice® HMO 25 Value–80% CalChoice® HMO 30 Value–80% CalChoice® HMO 40 Value–80% Salud HMO y mas–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	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered under the Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit
Insulin Pump	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered at: CalChoice® HMO 15–90% CalChoice® HMO 25–80% CalChoice® HMO 30–80% CalChoice® HMO 40–80% Elect Open Access–80% CalChoice® HMO 25 Value–80% CalChoice® HMO 30 Value–80% CalChoice® HMO 40 Value–80% Salud HMO y mas–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 as Durable Medical Equipment rather than Prescription Drug Benefit	Covered at: CalChoice® HMO 15–90% CalChoice® HMO 25–80% CalChoice® HMO 30–80% CalChoice® HMO 40–80% Elect Open Access–80% CalChoice® HMO 25 Value–80% CalChoice® HMO 30 Value–80% CalChoice® HMO 40 Value–80% Salud HMO y mas–80%	Covered as Durable Medical Equipment rather than Prescription Drug Benefit	Covered as Durable Medical Equipment rather than Prescription Drug Benefit

# Diabetes Benefits

	Blue Shield PPO				
Western Health Advantage	CalChoice® PPO 750	CalChoice® PPO 1000	CalChoice® PPO 2400	Active Choice <sup>SM</sup> 500	CalChoice® HSA 1500* & HSA 2400*
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>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: Not Covered</p>	<p>In or Out-of-Network: 100% up to \$500/\$1000<sup>†</sup></p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>
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>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: Not Covered</p>	<p>In or Out-of-Network: 100% up to \$500/\$1000<sup>†</sup></p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>
<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>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: Not Covered</p>	<p>In or Out-of-Network: 100% up to \$500/\$1000<sup>†</sup></p>	<p>Covered as Durable Medical Equipment (Medical Deductible applies)</p> <p>In-Network: 50%            Out-of-Network: 50%</p>

<sup>†</sup> After the first \$500 (individual), \$1000 (family) limit is reached the member is responsible for all allowed charges until the calendar year maximum is reached; once the calendar year maximum is reached, Blue Shield of California pays 100% of the allowable amount.

\* HSA - Qualified High Deductible Health Plan

## **Blue Shield of California**

HMO-English (800) 424-6521

HMO-Español (800) 248-5451

PPO (800) 535-8000

## **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.

