

No Recipient, No Subject

To:
From: Steve Shorr Insurance <steveshorr1@cox.net>
Subject:
Cc:
Bcc:
Attached:

I need to ask further regarding the Medical coverage. Lets take for example California Choice PPO 1000 Plan

***Thank you very much for naming the specific plan we are talking about. Here's the Company Brochure http://www.calchoice.com/Shared/PDF/PPO_Summary_20080701.pdf

Tier	Deductible	Office Visit	Hospital Co-Pay	Co-Pay Limit	Out Patient PD
PPO	\$1000/3000	\$35	\$1000+30%	\$4000/8000	\$15G

on Deductible - the employee needs to pay a deductible amount of \$1000 even the employee gets a bill from the hospital of \$10G

***(Grand = \$1,000) ..

Is that what it is?

Deductible, Copay and Out-of-Pocket Maximum		CalChoice® PPO 750	CalChoice® PPO 1000
Deductibles¹ (Deductibles do not apply to the calendar year copay maximum)			
■ Individual		\$ 750	\$ 1,000
■ Family		\$ 2,250	\$ 3,000

Yes. The Insurance Company would then pay, based on the remaining 9K (K = Kilo + 1,000)

Office Visit - employee will only pay \$35 per visit instead of a regular consultation fee...right?

Deductible, Copay and Out-of-Pocket Maximum		CalChoice® PPO 750	CalChoice® PPO 1000
Deductibles¹ (Deductibles do not apply to the calendar year copay maximum)			
■ Individual		\$ 750	\$ 1,000
■ Family	558x153	\$ 2,250	\$ 3,000
Copays			
Physician Office Visit Copay			
■ Per visit		\$ 35	\$ 35

Yes

Hospital co-pay - who pays the \$1000-30%, is it the employee? or hospital?

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Benefits	CalChoice® PPO 750		CalChoice® PPO 1000	
	In Network ²	Out of Network ²	In Network ²	Out of Network ²
Hospital Services – Inpatient Room, Board, Service and Supplies <i>Skilled Nursing Facility/In Hospital Max. 100 Days PPO 750 & 1,000 Max. 90 Days PPO 2400</i>	\$ 500 copay then: 80%	50% ³ (to \$ 600 a day)	\$ 1,000 Ded. then: 70%	50% ³ (to \$ 600 a day)

The employee pays the 1K deductible and then he pays 30%, but not more than the co pay max. This looks like the SAME deductible in the first question. I'll double check.

<http://www.calchoice.com/FormPdfStreamer.aspx?FormId=448&Ext=.pdf>

This is another brochure... It doesn't mention a deductible for hospital, so it "must" be the same as the original deductible. I can double check

Medical Benefits	CalChoice® PPO 750*		CalChoice® PPO 1000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible ¹ / Family Maximum	\$750 - 3 Aggregate	\$750 - 3 Aggregate	\$1,000 - 3 Aggregate	\$1,000 - 3 Aggregate
DR. OFFICE VISITS	\$35 Copay ²	50% ¹	\$35 Copay ²	50% ¹
Annual Physical Exam	\$35 Copay ²	Not Covered	\$35 Copay ²	Not Covered
Lab And X-Ray	\$35 Copay ²	50% ²	\$35 Copay ²	50% ²
HOSPITAL SERVICES	\$500 Copay - 80%	50% ²	\$1,000 Ded. - 70%	50% ²
Inpatient Physician Fees	80%	50% ²	70%	50% ²

Co pay Limit - to whom this limit applies for? the employee

Medical Benefits	CalChoice® PPO 750*		CalChoice® PPO 1000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
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Inpatient Physician Fees	80%	50% ²	70%	50% ²

Calendar Year Copay Maximum		
In-Network Providers		
■ Individual	\$ 3,750	\$ 4,000
■ Family	\$ 7,500	\$ 8,000
Out-of-Network Providers		
■ Individual	\$ 10,000	\$ 10,000
■ Family	\$ 20,000	\$ 20,000

The means the most out of pocket the employee pays is \$3,750 + deductible. His entire family \$7,500 + deductible.

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Out PPD- max of \$15G

***I'm not sure if we are on the same page in our abbreviations

for all expenses incurred for out patient.

Prescription Costs	Participating Pharmacy PPO 750**/1000***/2400****	Non-Participating Pharmacy PPO 750**/1000***
Outpatient Prescription Drugs¹ (Not subject to deductible, includes oral contraceptives)	Prescription Costs	Up to 30 day supply Member pays 25% plus
Generic Drugs	\$ 15	\$ 15
Formulary Brand Drugs	\$ 30	\$ 30
Non-Formulary Brand Drugs	\$ 50	\$ 50

** A separate \$ 150 per individual deductible applies to formulary and non-formulary brand drugs.
*** A separate \$ 200 per individual deductible applies to formulary and non-formulary brand drugs.
**** A separate \$ 250 per individual deductible applies to formulary and non-formulary brand drugs.

This means you pay \$15 for a generic drug and there is NO deductible