

Blue Cross California Care & Kaiser HMO Benefit Summaries

Your Co-Payment and Maximums		
	<i>BC California Care</i>	<i>Kaiser</i>
How to Access Care	Select a Primary Care Physician who will coordinate your healthcare services	All care must be provided by a Kaiser provider or facility
Annual Deductible	None	None
Stop Loss (Out of Pocket Maximum)	\$1,000 per member \$3,000 per family	\$1,000 per member \$3,000 per family
Maximum Lifetime Benefit	None	None
Hospital Inpatient	100%	100%
Physician & Specialist Office Visit Co-payment	\$10.00	\$10.00
Emergency Room	\$75 Co-pay (waived if admitted)	
Maternity	100%	100%
Prescription Drug Benefits		
Generic Co-payment	\$10.00	\$10.00
Brand Name Co-payment	\$15.00	\$15.00
Mental & Nervous Benefits		
Inpatient	\$100 Co-pay -- 30 days per calendar year max	100% -- 45 days per calendar year max
Outpatient	\$35 Co-pay -- 20 visits per calendar year max	100%
Substance Abuse Benefits		
Inpatient	\$100 Co-pay -- 30 days per calendar year max	100% detox only when medically necessary
Outpatient	\$35 Co-pay -- 20 visits per calendar year max	100%