

Healthcare Plan Report

Company Name

Generated: 2025-12-16

Member Healthcare Plans

Member Name: John Doe

Member ID: 12345

Plan Name: Gold PPO

This document contains your healthcare coverage information.

Dental Coverage Details

Benefits Summary

Service	Coverage
Preventive Care (Cleanings, Exams)	100% covered
Basic Procedures (Fillings)	80% covered
Major Procedures (Crowns, Root Canals)	50% covered

Dental Provider Network

Access to a nationwide network of dental care providers.

Medical Coverage Details

Benefits Summary

Service	In-Network	Out-of-Network
Primary Care Visit	\$25 copay	40% coinsurance
Specialist Visit	\$50 copay	40% coinsurance
Emergency Room	\$250 copay	\$250 copay

Medical Provider Network

Access to a comprehensive network of healthcare providers including hospitals, clinics, and specialists.

Prescription Drug Coverage

Comprehensive prescription drug coverage with preferred pharmacy network.

Individual Mandate Notice

Important information about the individual health insurance mandate.

Cost Sharing Details

Information about deductibles, copayments, and coinsurance for individual plans.

California DMHC Disclosure

Notice: This health plan is licensed and regulated by the California Department of Managed Health Care (DMHC).

For questions or complaints about your health plan, please contact DMHC at 1-888-466-2219 or visit www.HealthHelp.ca.gov

California Benefit Mandates

This plan complies with all California state-mandated benefits.