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# 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.

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# 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](http://www.HealthHelp.ca.gov)

# California Benefit Mandates

This plan complies with all California state-mandated benefits.