

**California Health Insurance Plans - DME Coverage as of February 2007**

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**Plans with DME benefit limits = 194 of 214; 20 have no DME benefit limits; 13 do not have DME coverage; no information for I plan**

Plan	DME	Coverage	Limit	Notes	
1	Aetna EPO 80	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
2	Aetna EPO 90	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
3	Aetna HMO \$10/\$20	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
4	Aetna HMO \$10/\$30	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
5	Aetna HMO \$20/\$40	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
6	Aetna HMO \$30/\$40	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
7	Aetna Value Network 10/20	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
8	Aetna Value Network 15/30	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
9	Aetna Value Network 25/40	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
10	Aetna Indemnity	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
11	Aetna MC \$0 90/60	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
12	Aetna MC \$1000 80/50	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
13	Aetna MC \$2000 80/50	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
14	Aetna MC \$250 80/60	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
15	Aetna MC \$250 90/70	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
16	Aetna MC \$500 80/50	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
17	Aetna MC \$500 80/60	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
18	Aetna MC Basic	N			
19	Aetna MC HDHP \$3000 80/50 (HSA Compatible)	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
20	Aetna MC HSA Compatible HDHP \$2200 80/50	Y		2,000	No charge (After ded; max \$2,000 benefits/yr); (Hearing Aids not covered)
21	Aetna PPO \$500 90/70	Y	50%	2,000	50% (max \$2,000/yr In/out); (Hearing Aids not covered)
22	Blue Cross Classic HMO	Y	80%	2,000	80% to a maximum of \$2,000 per member/yr for all DME expenses. Orthotics limited to \$400/year
23	Blue Cross HMO 100%	Y	80%	2,000	80% to a maximum of \$2,000 per member/yr for all DME expenses. Orthotics limited to \$400/year
24	Blue Cross Power Select HMO Plan	Y	80%	2,000	80% (max \$2,000/yr.); Footwear orthotics limited to \$400/yr.
25	Blue Cross Saver HMO	Y	80%	2,000	80% up to \$2,000/memberyear (Footwear/orthotics limited to \$400)
26	Blue Cross Advantage PPO \$25 Co-pay	Y	70%/50%		70% of neg. fee to \$900, 90% from \$901 to \$3,600, (In Network); 50% of the neg. fee (Out Network)
27	Blue Cross Basic PPO	Y			\$400 benefit for custom orthotics
28	Blue Cross High Ded. EPO - \$2000 Ded	Y	80%	2,000?	80% of neg fee after annual deductible; \$200 footwear benefit
29	Blue Cross Power HealthFund 500 Plan	Y	60%		60% of neg fee
30	Blue Cross Power HealthFund 750 Plan	Y	75%		75% of neg fee
31	Blue Cross PPO \$30 Co-Pay	Y	70%		70% of neg fee (\$400 footwear benefit)
32	Blue Cross PPO \$35 Copay GenRx Plan	Y	65%		65% of neg fee
33	Blue Cross PPO \$40 Co-Pay	Y	60%		60% (\$400 footwear benefit)
34	Blue Cross PPO 2400 (HSA-Compatible) Plan	Y			80% of neg fee (in network); 50% of neg fee (out network)
35	Blue Cross PPO 3500 (HSA-Compatible) Plan	Y			100% of neg fee (in network); 50% of neg fee (out network)
36	Blue Cross PPO Hospital BeneFits	Y	70%/50%		70% of neg. fee (\$400 footwear benefit) (in network); 50% of neg. fee (\$400 footwear benefit) (out network)
37	Blue Cross PPO Hospital BeneFits Plus	Y	70%/50%		70% of neg. fee (\$400 footwear benefit) (in network); 50% of neg. fee (\$400 footwear benefit) (out network)
38	Blue Cross PPO Hospital BeneFits Preferred	Y	70%/50%		70% of neg. fee (\$400 footwear benefit) (in network); 50% of neg. fee (\$400 footwear benefit) (out network)
39	Blue Cross Premier PPO \$10 Co-Pay	Y	90% /70%		90% (\$400 footwear benefit) (in network); 70% C and R (\$400 footwear benefit max. combined) (out network)

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Plan	DME	Coverage	Limit	Notes
40 Blue Cross Premier PPO \$20 Co-Pay	Y	80%/60%		80% of negotiated rate (\$400 footwear benefit) subject to review, (in network); 60% of C&R (\$400 footwea
41 Blue Cross Saver PPO	N			
42 Blue Shield Access + HMO Plan 10	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
43 Blue Shield Access + HMO Plan 15	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
44 Blue Shield Access + HMO Plan 20	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
45 Blue Shield Access + HMO Plan 25	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
46 Blue Shield Access + HMO Plan 30	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
47 Blue Shield Access + HMO Plan 40	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
48 Blue Shield Access + HMO Plan 5	Y	80%	2,000?	80% (Orthothotics except for services under diabetes care, are limited to a \$2,000 max/person)
49 Blue Shield Added Advantage POS Plan	Y	50%	2,000	50% Orthotics except for services under diabetes care, are limited to a \$2,000 max/person)
50 Blue Shield PPO Active Choice 500	Y			\$500 Individual/\$1,000 family First Dollar Services
51 Blue Shield PPO Active Choice 750	Y			\$750 Individual/\$1,500 family First Dollar Services
52 Blue Shield Spectrum PPO 500 Standard	Y	50%	2,000	50%; max \$2,000/yr; hearing aids not covered
53 Blue Shield Spectrum PPO 1000 Value	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
54 Blue Shield Spectrum PPO 1500 Value	Y	50%	2,000	50% (max Benefits \$2,000/Calendar Year); No DME out network
55 Blue Shield Spectrum PPO 250 Premier	Y	90%/70%	2,000	90% (Orthosis benefits are limited to a \$2,000, max/person) (in net work); 70% & \$2,000 (out net work);
56 Blue Shield Spectrum PPO 250 Standard	Y	80%/60%	2,000	80% (Orthosis benefits are limited to a \$2,000, max/person) (in net work); 60% & \$2,000 (out net work);
57 Blue Shield Spectrum PPO 500 Value	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
58 Blue Shield Spectrum PPO 750 Value	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
59 Blue Shield Spectrum PPO 250 Premier	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
60 Blue Shield Spectrum PPO 250 Standard	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
61 Blue Shield Spectrum PPO Plan 500 Premier	Y	50%	2,000	50% (max \$2,000/yr); No DME out network
62 Blue Shield Spectrum PPO Savings Plan 2250	Y	80%/50%	2,000	80% (Orthosis benefits are limited to a \$2,000, max/person) (in net work); 50% & \$2,000 (out net work);
63 Blue Shield Spectrum PPO Savings Plan 2600	Y	70%/50%	2,000	70% (max \$2,000 benefits/yr) (in network); 50%, \$2,000 (outnetwork)
64 Blue Shield Spectrum PPO Savings Plan 3400	Y	70%	2,000	70% (max \$2,000 benefits/yr); No DME out network
65 Blue Shield Spectrum PPO Savings Plan 4800	Y	100%	2,000	100% (max \$2,000 benefits/yr); No DME out network
66 Blue Shield Spectrum PPO Zero Deductible	Y	90%/70%	2,000	90% (Orthosis benefits are limited to a \$2,000, max/person) (in net work); 70% & \$2,000 (out net work);
67 CaliforniaChoice Blue Shield HMO 10	Y	90%	2,500	90% (max \$2,500/yr.)
68 CaliforniaChoice Blue Shield HMO 25	Y	70%	2,500	70% (max \$2,500/yr.)
69 CaliforniaChoice Blue Shield HMO 40	Y	50%	2,500	50% (max 2,500 benefits/yr)
70 CaliforniaChoice Health Net Elect Open Access 25	Y	90%	2,500	90% (max \$2,500/yr.)
71 CaliforniaChoice Health Net HMO 10	Y	90%	2,500	90% (max \$2,500/yr.)
72 CaliforniaChoice Health Net HMO 25	Y	70%	2,500	70% (max \$2,500/yr.)
73 CaliforniaChoice Health Net HMO 40	Y	50%	2,500	50% (max \$2,500 benefits/yr)
74 CaliforniaChoice Kaiser Permanente 10	Y	90%	2,500	90% (max \$2,500/yr.)
75 CaliforniaChoice Kaiser Permanente 25	Y	70%	2,500	70% (max \$2,500/yr.)
76 CaliforniaChoice Kaiser Permanente 40	Y	50%	2,500	50% (max 2,500 benefits/yr)
77 CaliforniaChoice Blue Shield Active Choice 500	Y	50%		\$500 ind. or \$1,000 fam. 1st Dollar Services
78 CaliforniaChoice Blue Shield HSA 1500	Y	80%/ 50%		80% or 50%
79 CaliforniaChoice Blue Shield HSA 2400	Y	80%/ 50%		80% or 50%
80 CaliforniaChoice Blue Shield PPO 1000	Y	50%	2,000	50% (max \$2000/yr)
81 CaliforniaChoice Blue Shield PPO 2400	Y	50%	2,000	50% (max \$2000/yr)
82 CaliforniaChoice Blue Shield PPO 750	Y			See benefit schedule

**California Health Insurance Plans - DME Coverage as of February 2007**

<b>Plan</b>	<b>DME</b>	<b>Coverage</b>	<b>Limit</b>	<b>Notes</b>	
83	Cigna HMO A - \$15/150 Plan	Y	0%	3,500	No charge ( max \$3,500/yr)
84	Cigna HMO B - \$20/200 Plan	Y	0%	3,500	No charge ( max \$3,500/yr)
85	Cigna HMO C - \$30/300 Plan	Y	0%	3,500	No charge ( max \$3,500/yr)
86	Cigna HMO D - \$15/150 Plan + Infertility	Y	0%	3,500	No charge ( max \$3,500/yr)
87	Cigna HMO E - \$20/200 Plan + Infertility	Y	0%	3,500	No charge ( max \$3,500/yr)
88	Cigna HMO F - \$30/300 Plan + Infertility	Y	0%	3,500	No charge ( max \$3,500/yr)
89	Cigna POS G \$15/150 Plan	Y	0%	3,500	No charge ( max \$3,500/yr)
90	Cigna POS H \$30/300 Plan	Y	0%	3,500	No charge ( max \$3,500/yr)
91	Cigna POS I \$15/150 Plan + Infertility	Y	0%	3,500	No charge ( max \$3,500/yr)
92	Cigna POS J \$30/300 Plan + Infertility	Y	0%	3,500	No charge ( max \$3,500/yr)
93	Cigna OAP K \$20/90/60% Plan	Y	90%/ 60%	700	90% or 60% (max \$700/yr)
94	Cigna OAP L \$20/80/50% Plan	Y	80% /50%	700	80% or 50% (max \$700/yr)
95	Cigna OAP M \$20/80/50% Plan	Y	80%/50%	700	80% or 50% (max \$700/yr)
96	Cigna OAP N \$20/90/60% Plan + Infertility	Y	90%/ 60%	700	90% or 60% (max \$700/yr)
97	Cigna OAP O \$20/80/50% Plan + Infertility	Y	80%/50%	700	80% or 50% (max \$700/yr)
98	Cigna OAP P \$20/80/50% Plan + Infertility	Y	80%/50%	700	80% or 50% (max \$700/yr)
99	HealthNet EOA 10 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
100	HealthNet EOA 10 - Value	Y	50%	2,000	50% (max \$2,000/yr)
101	HealthNet EOA 20 - Standard	Y	50%	2,000	50% (max \$2000/yr)
102	HealthNet EOA 20 - Value	Y	50%	2,000	50% (max \$2,000/yr)
103	HealthNet EOA 30 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
104	HealthNet EOA 30 - Value	Y	50%	2,000	50% (max \$2,000/yr)
105	HealthNet EOA 40 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
106	HealthNet EOA 40 - Value	Y	50%	2,000	50% (max \$2,000/yr)
107	HealthNet HMO 10 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
108	HealthNet HMO 10 - Value	Y	50%	2,000	50% (max \$2,000/yr)
109	HealthNet HMO 20 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
110	HealthNet HMO 20 - Value	Y	50%	2,000	50% (max \$2,000/yr)
111	HealthNet HMO 30 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
112	HealthNet HMO 30 - Value	Y	50%	2,000	50% (max \$2,000/yr)
113	HealthNet HMO 40 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
114	HealthNet HMO 40 - Value	Y	50%	2,000	50% (max \$2,000/yr)
115	HealthNet Options EOA 25	Y	50%	2,000	50% (max \$2,000/yr)
116	HealthNet Options EOA 35	Y	50%	2,000	50% (max \$2,000/yr)
117	HealthNet Options HMO 25	Y	50%	2,000	50% (max \$2,000/yr)
118	HealthNet Options HMO 35	Y	50%	2,000	50% (max \$2,000/yr)
119	HealthNet Silver HMO 10 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
120	HealthNet Silver HMO 10 - Value	Y	50%	2,000	50% (max \$2,000/yr)
121	HealthNet Silver HMO 20 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
122	HealthNet Silver HMO 20 - Value	Y	50%	2,000	50% (max \$2,000/yr)
123	HealthNet Silver HMO 30 - Standard	Y	50%	2,000	50% (max \$2,000/yr)
124	HealthNet Silver HMO 30 - Value	Y	50%	2,000	50% (max \$2,000/yr)
125	HealthNet Silver HMO 40 - Standard	Y	50%	2,000	50% (max \$2,000/yr)

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<b>Plan</b>	<b>DME</b>	<b>Coverage</b>	<b>Limit</b>	<b>Notes</b>	
126	HealthNet Silver HMO 40 - Value	Y	50%	2,000	50% (max \$2,000/yr)
127	HealthNet POS 10	Y	50%	2,000	50% (max \$2,000/yr)
128	HealthNet POS 20	Y	50%	2,000	50% (max \$2,000/yr)
129	HealthNet HSA 10	Y	80%/ 60%	3,000	80% or 60%
130	HealthNet HSA 20	Y	80%/ 50%	2,000	80% or 50%
131	HealthNet HSA 30	Y	70%/50%	2,000	70% or 50%
132	HealthNet HSA 40	Y	50%	2,000	50% (max \$2,000/yr)
133	HealthNet Options PPO 1500 (70/50)	Y	70%/50%	2,000	70% or 50% combined max \$2,000/yr
134	HealthNet Options PPO 1750 (60/50)	Y	60%/50%	2,000	60% or 50% combined max \$2,000/yr
135	HealthNet Options PPO 250 (80/50)	Y	80%/50%	2,000	80% or 50% combined max \$2,000/yr
136	HealthNet Options PPO 3000 (70/50)	Y	70%/50%	2,000	70% or 50% combined max \$2,000/yr
137	HealthNet Options PPO 4000 (60/50)	Y	60%/50%	1,000	60% or 50% combined max \$2,000/yr
138	HealthNet Options PPO 500 (70/50)	Y	70%/50%	1,000	70% or 50% combined max \$2,000/yr
139	HealthNet PPO 10 - Standard	Y	90%/60%	3,000	90% or 60% (max \$3,000/yr)
140	HealthNet PPO 10 - Value	Y	80%/ 60%	3,000	80% or 60% (max \$3,000/yr)
141	HealthNet PPO 20 - Standard	Y	90%/50%	2,000	90% or 50% (max \$2,000/yr)
142	HealthNet PPO 20 - Value	Y	80%/50%	2,000	80% or 50% (max \$2,000/yr)
143	HealthNet PPO 30 - Standard	Y	80%/50%	1,000	80% or 50% (max \$1,000/yr)
144	HealthNet PPO 30 - Value	Y	70%/50%	1,000	70% or 50% (max \$1,000/yr)
145	HealthNet PPO 40 - Standard	Y	60%/50%	1,000	60% or 50% (max \$1,000/yr)
146	HealthNet PPO 40 - Value	Y	50%	1,000	50% (max \$1,000/yr)
147	Kaiser \$0/\$1500 Plan With HSA	None			
148	Kaiser \$0/\$2700 Plan With HSA	None			
149	Kaiser \$30/ \$1500 with HRA	None			
150	Kaiser \$30/\$1000 Plan	None			
151	Kaiser \$30/\$1500 Plan	None			
152	Kaiser \$30/\$2500 with HRA	None			
153	Kaiser \$30/\$2700 Plan With HSA	None			
154	Kaiser \$40/\$1000 Plan	None			
155	Kaiser Plan 15	Y	80%	2,000	80% (max \$2,000/yr.)
156	Kaiser Plan 20	Y	80%	2,000	80% (max \$2,000/yr.)
157	Kaiser Plan 30	None			
158	Kaiser Plan 5	Y	80%	2,000	80% (max \$2,000/yr.)
159	Kaiser Plan 50	None			
160	Kaiser \$35 POS Plan	Y	70%/50%	2,000	70% or 50%
161	Kaiser Permanente Choice HMO \$20/\$1000				(see benefits schedule)
162	Kaiser Permanente Choice HMO 10	Y	80%	2,000	(see benefits schedule)
163	Kaiser Permanente Choice HMO 30	Y	70%	2,000	(see benefits schedule)
164	Kaiser Permanente Choice HSA 1400	None			
165	Kaiser Permanente Choice HSA 2400	Y	80%	2,000	(see benefits schedule)
166	Kaiser Permanente Choice Indemnity	Y	100%	2,000	(see benefits schedule)
167	Kaiser Permanente Choice POS 1000	Y	70%	2,000	(see benefits schedule)
168	Kaiser Permanente Choice POS 500	Y	90%	2,000	(see benefits schedule)

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169 Kaiser Permanente Choice PPO 500	Y	80%	2,000	(see benefits schedule)
170 Nationwide PPO Plan 5 (HRA/HSA)	Y	80%/ 60%	3,000	80% or 60% comined max \$2000/yr)
171 PacifiCare SignatureValue HMO 10-30/100	Y	50%	2,000	50% (max \$2,000/yr)
172 PacifiCare SignatureValue HMO 10/500d	Y	50%	2,000	50% (max \$2,000/yr)
173 PacifiCare SignatureValue HMO 15-30/250a	Y	50%	2,000	50% (max \$2,000/yr)
174 PacifiCare SignatureValue HMO 20-40/500d	Y	50%	2,000	50% (max \$2,000/yr)
175 PacifiCare SignatureValue HMO 20/1500ded	Y	50%	2,000	50% (max \$2,000/yr)
176 PacifiCare SignatureValue HMO 35/600d	Y	50%	2,000	50% (max \$2,000/yr)
177 PacifiCare SignaturePOS 15/80-60	Y	80%/ 60%	2,000	80% or 60% comined max \$2000/yr)
178 PacifiCare SignatureFreedom 50-50/3000 - SDHP	Y	50%	2,000	50% (max \$2,000/yr)
179 PacifiCare SignatureFreedom 50/50-SDHP w/dent:	Y	50%	2,000	50% (max \$2,000/yr)
180 PacifiCare SignatureFreedom 70/50-SDHP w/dent:	Y	70%/50%	2,000	70% or 50%
181 PacifiCare SignatureFreedom 80/50-SDHP w/dent:	Y	80%/50%	2,000	80% or 50%
182 PacifiCare SignatureFreedom PPO 70/50-SDHP	Y	70%/50%	2,000	70% or 50%
183 PacifiCare SignatureFreedom PPO 80/50 - SDHP	Y	80%/50%	2,000	80% or 50%
184 PacifiCare SignatureOptions 80-50/2700 (HSA)	Y	80%/50%	2,000	80% or 50%
185 PacifiCare SignatureOptions 100-50/5000 (HSA)	Y	100%/50%	2,000	100% or 50%
186 PacifiCare SignatureOptions 70-50/3500 (HSA)	Y	70%/50%	2,000	70% or 50%
187 PacifiCare SignatureOptions PPO 15/90-50/250	Y	90%/50%	2,000	90% or 50%
188 PacifiCare SignatureOptions PPO 20/80-60/250	Y	80%/ 60%	2,000	80% or 60% comined max \$2,000/yr)
189 PacifiCare SignatureOptions PPO 30/70-50/250	Y	70%/50%	2,000	70% or 50% combined max \$2,000/yr
190 PacifiCare SignatureOptions PPO 35/50-50/1000	Y	50%	2,000	50% (max \$2,000/yr)
191 PacifiCare SignatureOptions PPO 35/70-50/1000	Y	70%/50%	2,000	70% or 50% combined max 2000/yr
192 PacifiCare SignatureOptions PPO 35/80-60/ 500	Y	80%/ 60%	2,000	80% or 60% comined max \$2000/yr)
193 PacifiCare SignatureOptions PPO 70-50/2000	Y	70%/50%	2,000	70% or 50% combined max \$2,000/yr
194 PacifiCare SignatureOptions PPO 70-50/3500	Y	70%/50%	2,000	70% or 50% combined max \$2,000/yr
195 UnitedHealthcare Non-Differential PPO QL-A	Y	80%	2,000	80% (max \$2,000/yr.)
196 UnitedHealthcare Choice Plus 100% QA-J	Y	100%/80%	2,500	100% or 80% (max \$2,500/yr)
197 UnitedHealthcare Choice Plus QA-A	Y	70%/50%	2,500	70% or 50% (max \$2,500/yr)
198 UnitedHealthcare Choice Plus QA-B	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
199 UnitedHealthcare Choice Plus QA-C	Y	70%/50%	2,500	70% or 50% (max \$2,500/yr)
200 UnitedHealthcare Choice Plus QA-D	Y	70%/50%	2,500	70% or 50% (max \$2,500/yr)
201 UnitedHealthcare Choice Plus QA-E	Y	70%/50%	2,500	70% or 50% (max \$2,500/yr)
202 UnitedHealthcare Choice Plus QA-F	Y	80%/50%	2,500	80% or 50% (max \$2,500/yr)
203 UnitedHealthcare Choice Plus QA-G	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
204 UnitedHealthcare Choice Plus QA-H	Y	90%/70%	2,500	90% or 70% (max \$2,500/yr)
205 UnitedHealthcare Choice Plus QA-I	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
206 UnitedHealthcare Definity HSA QB-A	Y	80%/50%	2,500	80% or 50% (max \$2,500/yr)
207 UnitedHealthcare Definity HSA QB-B	Y	70%/50%	2,500	70% or 50% (max \$2,500/yr)
208 UnitedHealthcare Definity HSA QB-C	Y	100%/50%	2,500	100% or 50% (max \$2,500/yr)
209 UnitedHealthcare HRA QA-K	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
210 UnitedHealthcare HRA QA-L	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
211 UnitedHealthcare HRA QA-M	Y	100%/80%	2,500	100% or 80% (max \$2,500/yr)

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<b>Plan</b>	<b>DME</b>	<b>Coverage</b>	<b>Limit</b>	<b>Notes</b>
212 UnitedHealthcare HSA HD-O	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
213 UnitedHealthcare HSA HY-B	Y	80%/ 60%	2,500	80% or 60% (max \$2,500/yr)
214 UnitedHealthcare HSA HY-C	Y	100%/80%	2,500	100% or 80% (max \$2,500/yr)