

Chabot-Las Positas Community College District

Summary of Anthem PPO Plan

Effective Date Carrier Name Plan Name Eligible Class 7/1/2023 Anthem Blue Cross PPO (500/80/80) Eligible Employees

	In-Network Benefits	Out-of-Network Benefits
General Plan Information		
Annual Deductible/Individual	\$500	\$500
Annual Deductible/Family	\$1,500	\$1,500
Coinsurance	80%	80%
Office Visit/Exam	80%	80%
Outpatient Specialist Visit	80%	80%
Annual Out-of-Pocket Limit/Individual	\$1,750	\$1,750
Annual Out-of-Pocket Limit/Family	\$3,500	\$3,500
Lifetime Plan Maximum	Unlimited	Unlimited
Preventive Services		
Well-Child Care	100%	80%
Immunizations	100%	80%
Well Woman Exams	100%	80%
Mammograms	100%	80%
Adult Periodic Exams with Preventive Tests	100%	80%
Diagnostic X-Ray and Lab Tests	80%	80%
Pregnancy and Maternity Care (Pre-Natal Care)	80%	80%
Inpatient Hospital Services		
Inpatient Hospitalization	80%	80%
Semi-Private Room & Board; Including Services and Supplies	80%	80%
Surgical Services	~2/2	2070
Outpatient Facility Charge	80%	80%
Emergency Services		
Emergency Room	80%	80%
Ambulance	8070	8070
Air	80%	80%
Ground	80%	80%
Urgent Care	8078	8078
Urgent Care Facility	80%	80%
Mental Health Benefits	8076	8076
	000/	000/
Inpatient Care	80%	80%
Outpatient Care	80%	80%
Substance Abuse	000/	2021
Inpatient Hospitalization	80%	80%
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Outpatient Services	80%	80%
Outpatient Services Prescription Drug Benefits		
Outpatient Services Prescription Drug Benefits Generic	\$5 copay	50% up to \$250
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred)	\$5 copay \$15 copay	50% up to \$250 50% up to \$250
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply	\$5 copay	50% up to \$250
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order	\$5 copay \$15 copay 30 days	50% up to \$250 50% up to \$250 30 days
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic	\$5 copay \$15 copay 30 days \$5 copay	50% up to \$250 50% up to \$250 30 days
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred)	\$5 copay \$15 copay 30 days \$5 copay \$15 copay	50% up to \$250 50% up to \$250 30 days Not covered Not covered
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply	\$5 copay \$15 copay 30 days \$5 copay	50% up to \$250 50% up to \$250 30 days
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Other Services and Supplies	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80%	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80%
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Other Services and Supplies	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80%
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Other Services and Supplies	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80%	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80%
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Other Services and Supplies	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80% 80%	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80%
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80% 80% Limited to 100 visits/benefit period (in &	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80% 80% Limited to 100 visits/benefit period (in &
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80% Limited to 100 visits/benefit period (in & out of network combined)	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80% Limited to 100 visits/benefit period (in & out of network combined)
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices	\$5 copay \$15 copay 30 days \$5 copay \$15 copay 90 days 80% Limited to 100 visits/benefit period (in & out of network combined)	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80% 80% Limited to 100 visits/benefit period (in & out of network combined) 80%
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices Home Health Care	\$5 copay \$15 copay 30 days \$5 copay \$15 copay \$15 copay 90 days 80% 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in &	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80% 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in &
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices Home Health Care Skilled Nursing or Extended Care Facility Hospice Care	\$5 copay \$15 copay 30 days \$5 copay \$15 copay \$15 copay \$15 copay 90 days 80% 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined)	50% up to \$250 50% up to \$250 30 days Not covered Not covered N/A 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined)
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Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices Home Health Care Skilled Nursing or Extended Care Facility Hospice Care Chiropractic Services (Manipulation Therapy) Acupuncture Hearing Screening Aid(s) Infertility Diagnosis	\$15 copay \$15 copay 30 days \$55 copay \$15 copay \$15 copay \$15 copay 90 days 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined) 80% \$60% Limited to 1 item per ear every 3 years Standard fertility preservation services as basic healthcare service	50% up to \$250 50% up to \$250 30 days Not covered Not covered Not covered Not covered Not covered Not covered N/A 80% 60% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined) 80% 80% 80% 80% 80% S0% S0% S0% Limited to 1 item per ear every 3 years Standard fertility preservation services as basic healthcare service
Outpatient Services Prescription Drug Benefits Generic Brand (Formulary/Preferred) Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment & Prosthetic Devices Home Health Care Skilled Nursing or Extended Care Facility Hospice Care Chiropractic Services (Manipulation Therapy) Acupuncture Hearing Screening Aid(s) Infertility Diagnosis Treatment	\$15 copay \$15 copay \$30 days \$55 copay \$15 copay \$15 copay \$15 copay 90 days 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined) 80% \$80% \$80% \$80% Limited to 10 title period title period (in & cout of network combined) 80% \$80% \$80% Limited to 1 item per ear every 3 years Standard fertility preservation services as	50% up to \$250 50% up to \$250 30 days Not covered Not covered Not covered N/A 80% Limited to 100 visits/benefit period (in & out of network combined) 80% Limited to 100 days/benefit period (in & out of network combined) 80% Limited to 10 network combined) 80% 80% Limited to 1 item per ear every 3 years Standard fertility preservation services as
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