Keenan

## Chabot-Las Positas Community College District

| Summary of Anthem PPO Plan | Current | Current |
|---|---|---|
| Effective Date | 7/1/2026 | 7/1/2026 |
| Carrier Name | Anthem Blue Cross | Anthem Blue Cross |
| Plan Name | PPO (250/80/80) | PPO (500/80/80) |
| Eligible Class | Eligible Employees (closed to Actives) | Eligible Employees |

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

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