



Chabot-Las Positas Community College District

Summary of Anthem HMO Plans

	Current	Current	Current
Effective Date	7/1/2024	7/1/2024	7/1/2024
Carrier Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO \$0 copay plan	HMO - \$15 copay plan (High)	HMO - Value Plan (Low)
Eligible Class	Eligible Employees (closed to Actives)	Eligible Employees	Eligible Employees

	Schedule of Benefits	Schedule of Benefits	Schedule of Benefits
General Plan Information			
Annual Deductible/Individual	None	None	None
Annual Deductible/Family	None	None	None
Coinsurance	100%	100%	100%
Office Visit/Exam	\$0 copay	\$15 copay	\$30 copay
Outpatient Specialist Visit	\$0 copay	\$15 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500	\$500 Individual	\$1,500
Annual Out-of-Pocket Limit/Family	\$1,000 Two-Party; \$1,500 Family	\$1,000 Two-party; \$1,500 Family	\$3,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes	Yes
Preventive Services			
Well-Child Care	100%	100%	100%
Immunizations	100%	100%	100%
Well Woman Exams	100%	100%	100%
Mammograms	100%	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%	100%
Diagnostic X-Ray and Lab Tests	100%	100%	100%
Pregnancy and Maternity Care (Pre-Natal Care)	100%	\$15 copay	\$30 copay
Inpatient Hospital Services			
Inpatient Hospitalization	100%	100%	\$500 copay/day up to 3 days per admission
Pre-Authorization of Service Required	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%	\$500 copay/day up to 3 days per admission
Surgical Services			
Outpatient Facility Charge	100%	100%	80%
Emergency Services			
Emergency Room	\$100 copay, waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
Ambulance			
Air	100%	100%	100%
Ground	100%	100%	100%
Urgent Care			
Urgent Care Facility	100%	\$15 copay	\$40 copay
Mental Health Benefits			
Inpatient Care	100%	100%	\$500 copay/day up to 3 days per admission
Outpatient Care	100%	100%	\$30 copay
Substance Abuse			
Inpatient Hospitalization	100%	100%	\$500 copay/day up to 3 days per admission
Outpatient Services	100%	100%	\$30 copay
Prescription Drug Benefits			
Generic	\$2 copay	\$15 copay	\$5 copay
Brand (Formulary/Preferred)	\$5 copay	\$25 copay	\$15 copay
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Generic	\$2 copay	\$15 copay	\$5 copay
Brand (Formulary/Preferred)	\$5 copay	\$25 copay	\$15 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days
Other Services and Supplies			
Durable Medical Equipment & Prosthetic Devices	100%	100%	80%
Home Health Care	100%; Limited to 100 visits/benefit period	\$15 copay; Limited to 100 visits/benefit period	100% Limited to 100 visits/benefit period
Skilled Nursing or Extended Care Facility	100%; Limited to 100 days/benefit period	100% Limited to 100 days/benefit period	100% Limited to 100 days/benefit period
Hospice Care	100%	100%	100%
Chiropractic Services (Manipulation Therapy)	100%	\$15 copay	\$30 copay
Acupuncture	\$0 copay	\$15 copay	\$30 copay
Hearing			
Screening	100%	100%	100%
Aid(s)	Limited to 1 item per ear every 3 years	Limited to 1 item per ear every 3 years	80% Limited to 1 item per ear every 3 years
Infertility			
Diagnosis	Standard fertility preservation services as a basic healthcare service	Standard fertility preservation services as a basic healthcare service	Standard fertility preservation services as a basic healthcare service
Treatment	See plan certificate	See plan certificate	See plan certificate
Outpatient Rehabilitative Therapy Services			
Physical	\$0 copay	\$15 copay	\$30 copay
Occupational	\$0 copay	\$15 copay	\$30 copay
Speech	\$0 copay	\$15 copay	\$30 copay

Note: Anthem Rehabilitation Therapy (physical, occupational, or speech therapy or chiropractic (manipulation therapy) care, limited to 60 visits per benefit period.