

# Keenan

## Chabot-Las Positas Community College District

### Summary of Anthem PPO Plan

Current

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
<b>General Plan Information</b>		
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
<b>Preventive Services</b>		
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%
<b>Inpatient Hospital Services</b>		
Inpatient Hospitalization	80%	80%
Semi-Private Room & Board, Including Services and Supplies	80%	80%
<b>Surgical Services</b>		
Outpatient Facility Charge	80%	80%
<b>Emergency Services</b>		
Emergency Room	80%	80%
<b>Ambulance</b>		
Air	80%	80%
Ground	80%	80%
<b>Urgent Care</b>		
Urgent Care Facility	80%	80%
<b>Mental Health Benefits</b>		
Inpatient Care	80%	80%
Outpatient Care	80%	80%
<b>Substance Abuse</b>		
Inpatient Hospitalization	80%	80%
Outpatient Services	80%	80%
<b>Prescription Drug Benefits</b>		
Generic	\$5 copay	50% up to \$250
Brand (Formulary/Preferred)	\$15 copay	50% up to \$250
Number of Days Supply	30 days	30 days
<b>Mail Order</b>		
Generic	\$5 copay	Not covered
Brand (Formulary/Preferred)	\$15 copay	Not covered
Number of Days Supply for Mail Order	90 days	N/A
<b>Other Services and Supplies</b>		
Durable Medical Equipment & Prosthetic Devices	80%	80%
Home Health Care	80% Limited to 100 visits/benefit period (in & out of network combined)	80% Limited to 100 visits/benefit period (in & out of network combined)
Skilled Nursing or Extended Care Facility	80% Limited to 100 days/benefit period (in & out of network combined)	80% Limited to 100 days/benefit period (in & out of network combined)
Hospice Care	80%	80%
Chiropractic Services (Manipulation Therapy)	80%	80%
Acupuncture	80%	80%
<b>Hearing</b>		
Screening	100%	80% Deductible waived
Aid(s)	80% Limited to 1 item per ear every 3 years	80% Limited to 1 item per ear every 3 years
<b>Infertility</b>		
Diagnosis	Standard fertility preservation services as basic healthcare service	Standard fertility preservation services as basic healthcare service
Treatment	See plan certificate	See plan certificate
<b>Outpatient Rehabilitative Therapy Services</b>		
Physical	80%	80%
Occupational	80%	80%
Speech	80%	80%