



Chabot-Las Positas Community College District

Summary of Anthem PPO Plan

Current

Current

Effective Date
Carrier Name
Plan Name
Eligible Class

7/1/2024
Anthem Blue Cross
PPO (250/80/80)
Eligible Employees (closed to Actives)

7/1/2024
Anthem Blue Cross
PPO (500/80/80)
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				
Air	80%	80%	80%	80%
Ground	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% Limited to 100 visits/benefit period (in & out of network combined)	80% Limited to 100 visits/benefit period (in & out of network combined)	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)	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%	80%	80%
Chiropractic Services (Manipulation Therapy)	80%	80%	80%	80%
Acupuncture	80%	80%	80%	80%
Hearing				
Screening	100%	80%	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	80% 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 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%