

Keenan

Chabot-Las Positas Community College District

Summary of Anthem HMO Plans

	Current	Current
Effective Date	7/1/2026	7/1/2026
Carrier Name	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO - \$15 copay plan (High)	HMO - Value Plan (Low)
Eligible Class	Eligible Employees	Eligible Employees

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