## Summary of PPO & HMO Plans

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Effective Date</th>
<th>Current Renewal</th>
<th>Renewal Date</th>
<th>Carrier Name</th>
<th>Plan Type</th>
<th>Eligible Class</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/1/2014</td>
<td>7/1/2014</td>
<td>7/1/2015</td>
<td>Anthem Blue Cross</td>
<td>PPO</td>
<td>ASCC</td>
<td>$200</td>
<td>$200</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kaiser Permanente Insurance Company</td>
<td>HMO</td>
<td>ASCC</td>
<td>$20</td>
<td>$20</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$600</td>
<td>$600</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### General Plan Information

- **Annual Deductible/Individual**: $0
- **Annual Deductible/Family**: $0
- **Coinsurance**: 100%
- **Outpatient Specialist Visit**: $0
- **Annual Out-of-Pocket Limit/Individual**: $0
- **Annual Out-of-Pocket Limit/Family**: $0
- **Lifetime Plan Maximum**: Unlimited
- **Primary Care Physician Election Required**: Yes

### Preventive Services

- **Well-Child Care**: 100% (deductible waived; birth through age 6)
- **Immunizations**: 100% (deductible waived; birth through age 6)
- **Well Woman Exams**: 100% (deductible waived)
- **Mammograms**: 100% (deductible waived)
- **Adult Preventive Exams with Preventive Tests**: 100% (deductible waived)
- **Diagnostic X-Ray and Lab Tests**: 100% (deductible waived)

### Maternity Care

- **Pregnancy and Maternity Care (Pre-Natal Care)**: 100%

### Inpatient Hospitalization

- **Inpatient Hospitalization**: 100%

### Mental Health Benefits

- **Inpatient Care**: 100%
- **Outpatient Care**: 100%

### Substance Abuse

- **Inpatient Care**: 100%
- **Outpatient Care**: 100%

### Outpatient Services

- **Inpatient Services**: $20 copay per visit (deductible waived)
- **Outpatient Services**: $20 copay per visit (deductible waived)

### Pre-Authorization of Services Required

- Yes

### Schedule of Benefits

- **In-Network Benefits**: $10 copay
- **Out-of-Network Benefits**: $35 copay

### Keenan & Associates

- CA License # 0451271
- 1 of 2
- 5/27/2014

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## Ventura County Community College
### Summary of PPO & HMO Plans

- **Effective Date**: 7/1/2014
- **Renewal Date**: 7/1/2015
- **Carrier Name**: Health Net, Inc.
- **Plan Name**: ASCC
- **Eligible Class**: ASCC

<table>
<thead>
<tr>
<th>Prescription Drug Benefits</th>
<th>In-Network Benefits</th>
<th>Out-of-Network Benefits</th>
<th>Schedule of Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current</td>
<td>Renewal</td>
<td>Current</td>
</tr>
<tr>
<td><strong>Generic</strong></td>
<td>$10 copay</td>
<td>$10 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td><strong>Brand (Formulary/Preferred)</strong></td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Brand (Non-Formulary/Non-preferred)</strong></td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Number of Days Supply</strong></td>
<td>30 days</td>
<td>30 days</td>
<td>30 days</td>
</tr>
<tr>
<td><strong>Mail Order</strong></td>
<td>$20 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Brand (Formulary/Preferred)</strong></td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Brand (Non-Formulary/Non-preferred)</strong></td>
<td>$60 copay</td>
<td>$60 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td><strong>Number of Days Supply for Mail Order</strong></td>
<td>90 days</td>
<td>90 days</td>
<td>90 days</td>
</tr>
</tbody>
</table>

### Other Services and Supplies

- **Durable Medical Equipment & Prosthetic Devices**: 80% (not covered while member receives hospice care)
- **Home Health Care**: 100%
- **Skilled Nursing or Extended Care Facility**: 100%
- **Hospice Care**: 100% (deductible waived)
- **Chiropractic Services**: 80%
- **Acupuncture**: Not covered

### Hearing

- **Screening**: $10 copay; for diagnosis and treatment
- **Aid(s)**: 80%

### Outpatient Rehabilitative Therapy Services

- **Physical**: 80%
- **Occupational**: 80%
- **Speech**: 80%

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CA License # 0451271
2 of 2
5/27/2014

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