

Ventura County Community College District (VCCCD)

Effective July 1, 2019

| Medical Benefits | Custom PPO 200/20/80 - ASCC (Commercial COB Plan*) | | 2019 Custom LPPO Plan 0P (Medicare Advantage) | |
|--|---|---|---|---|
| | ^ Denotes once Medicare pays their 80%, the member typically owes nothing after the VCCCD plan pays the remaining coinsurance | | | |
| | Member Pays | | Member Pays | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible* | \$200 combined in-network and out-of-network | \$200 combined in-network and out-of-network | \$200 combined in-network and out-of-network | \$200 combined in-network and out-of-network |
| Annual Maximum Out-of-Pocket** | \$1,700 | \$3,000 | \$1,500 combined in-network and out-of-network | \$1,500 combined in-network and out-of-network |
| Inpatient Benefits | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Inpatient Hospital Care (Including Substance Abuse) | \$0 copay per admission | 30% coinsurance per admission ^ | \$0 copay per admission | \$0 copay per admission |
| Inpatient Mental Health Care | \$0 copay per admission | 30% coinsurance per admission ^ | \$0 copay per admission | \$0 copay per admission |
| Skilled Nursing Facility Care 100 days each benefit period | \$0 copay | 30% coinsurance ^ | \$0 copay for days 1-100 | \$0 copay for days 1-100 |
| Home Health Agency Care | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Hospice Care | \$0 copay for the one-time hospice consultation | 30% coinsurance for the one-time hospice consultation ^ | \$0 copay for the one-time hospice consultation | \$0 copay for the one-time hospice consultation |
| Outpatient Benefits | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Primary Care Physician (PCP) Visits | \$20 copay ^ deductible waived | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Specialist Visits | \$20 copay ^ deductible waived | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Allergy Testing and Injections | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay for allergy testing \$0 copay for allergy injections | \$0 copay for allergy testing \$0 copay for allergy injections |
| Chiropractic Services (Medicare-Covered) | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Podiatry (Medicare-Covered) | \$20 copay ^ deductible waived | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Mental Health – Outpatient Professional | \$20 copay ^ deductible waived | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Mental Health – Outpatient Hospital | \$0 copay | 30% coinsurance ^ | \$0 copay | \$0 copay |
| Substance Abuse – Outpatient Professional | \$20 copay ^ deductible waived | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Substance Abuse – Outpatient Hospital | \$0 copay | 30% coinsurance ^ | \$0 copay | \$0 copay |
| Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency) | \$0 copay per visit | 30% coinsurance per visit limited to \$350 per day | \$0 copay per visit | \$0 copay per visit |
| Ambulance Services | \$0 copay | \$0 copay | \$0 copay per one-way trip | \$0 copay per one-way trip |
| Emergency Outpatient Care | \$100 copay, waived if admitted deductible waived | \$100 copay, waived if admitted deductible waived | \$0 copay, waived if admitted within 72 hours | \$0 copay, waived if admitted within 72 hours |
| Urgently Needed Services | \$20 copay deductible waived | 40% coinsurance ^ | \$0 copay, waived if admitted within 72 hours | \$0 copay, waived if admitted within 72 hours |
| Physical, Occupational and Speech Therapy | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Cardiac Rehabilitation Services | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Pulmonary Rehabilitation Services | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Durable Medical Equipment (DME) | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Prosthetics | 20% coinsurance ^ | 20% coinsurance ^ | \$0 copay | \$0 copay |
| Diabetic Therapeutic Shoes | 20% coinsurance ^ | 20% coinsurance ^ | \$0 copay | \$0 copay |
| X-Rays | \$0 copay | 20% coinsurance ^ | \$0 copay | \$0 copay |
| Complex Diagnostic Tests and Radiology Services | \$0 copay for complex diagnostic and/or radiology visit | 20% coinsurance for complex diagnostic and/or radiology visit ^ | \$0 copay for complex diagnostic and/or radiology visit | \$0 copay for complex diagnostic and/or radiology visit |
| Radiation Therapy | 20% coinsurance ^ | 40% coinsurance ^ | \$0 copay | \$0 copay |
| Laboratory Tests | \$0 copay | 20% coinsurance ^ | \$0 copay | \$0 copay |

| Medical Benefits | Custom PPO 200/20/80 - ASCC (Commercial COB Plan [^]) | | 2019 Custom LPPO Plan 0P (Medicare Advantage) | |
|--|--|---|--|--|
| | [^] Denotes once Medicare pays their 80%, the member typically owes nothing after the VCCCD plan pays the remaining coinsurance | | | |
| | Member Pays | | Member Pays | |
| Outpatient Dialysis Treatments | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Home Dialysis | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Home Dialysis Equipment and Supplies | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Chemotherapy Part B Drugs (Medicare-Covered) | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Chemotherapy Part B Drug Administration (Medicare-Covered) | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Part B Drugs (Medicare-Covered) | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Part B Drug Administration (Medicare-Covered) | 20% coinsurance [^] | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Vision Care (Medicare-Covered) | 20% coinsurance for glasses/contacts following cataract surgery [^] Not Covered | 20% coinsurance for glasses/contacts following cataract surgery [^] Not Covered | \$0 copay for visits to a primary care physician and \$0 copay for visits to a specialist for exams to diagnose and treat diseases of the eye \$0 copay for glaucoma screening \$0 copay for diabetic retinopathy screening \$0 copay for glasses/contacts following cataract surgery | \$0 copay for visits to a primary care physician and \$0 copay for visits to a specialist for exams to diagnose and treat diseases of the eye \$0 copay for glaucoma screening \$0 copay for diabetic retinopathy screening \$0 copay for glasses/contacts following cataract surgery |
| Preventive Care and Screening Tests | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Bone Mass Measurement | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Colorectal Screening | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Diabetes Self-Management Training | \$20 copay [^] deductible waived | 40% coinsurance [^] | \$0 copay | \$0 copay |
| Immunizations (flu, pneumonia and hepatitis B) | \$0 copay deductible waived | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Breast Cancer Screening (Mammograms) | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Cervical and Vaginal Cancer Screening | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Prostate Cancer Screening Exam | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Welcome to Medicare Exam and Annual Wellness Visits | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Medicare Diabetes Prevention Program (MDPP) | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |
| Preventive Care and Screening Tests*** (Medicare-Covered) | \$0 copay | 20% coinsurance [^] | \$0 copay | \$0 copay |

| Medical Benefits | Custom PPO 200/20/80 - ASCC (Commercial COB Plan [^]) | | 2019 Custom LPP0 Plan 0P (Medicare Advantage) | |
|---|--|---|--|--|
| | [^] Denotes once Medicare pays their 80%, the member typically owes nothing after the VCCCD plan pays the remaining coinsurance | | | |
| | Member Pays | | Member Pays | |
| Additional Benefits | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Video Doctor Visits (LiveHealth Online) | \$10 copay deductible waived | \$10 copay deductible waived | \$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist | \$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist |
| Routine Hearing Services | \$0 copay for routine hearing exams deductible waived 20% coinsurance for hearing aids | 20% coinsurance for routine hearing exams deductible waived 40% coinsurance for hearing aids | \$0 copay for routine hearing exams 1 exam every 12 months \$70 maximum benefit every 12 months \$0 copay for hearing aids \$500 maximum benefit every 12 months combined in-network and out-of-network | \$0 copay for routine hearing exams 1 exam every 12 months \$70 maximum benefit every 12 months \$0 copay for hearing aids \$500 maximum benefit every 12 months combined in-network and out-of-network |
| Routine Vision Services | \$0 copay for routine vision exams as part of preventive care visit | 20% coinsurance for routine vision exams as part of preventive care visit | \$0 copay for routine vision exams 1 exam per year \$50 maximum benefit per year combined in-network and out-of-network | \$0 copay for routine vision exams 1 exam per year \$50 maximum benefit per year combined in-network and out-of-network |
| Routine Foot Care | \$20 copay [^] | 40% coinsurance [^] | \$0 copay for visits to a primary care physician \$0 copay for visits to a specialist Up to 4 visits per year combined in-network and out-of-network | \$0 copay for visits to a primary care physician \$0 copay for visits to a specialist Up to 4 visits per year combined in-network and out-of-network |
| Foreign Travel Outpatient Emergency Care (Outside the USA) | Silent | 40% coinsurance | \$0 copay | \$0 copay |
| Foreign Travel Outpatient Urgently Needed Services (Outside the USA) | Silent | 40% coinsurance | \$0 copay | \$0 copay |
| Foreign Travel Inpatient Hospital Care (Outside the USA) 60 days per lifetime | Silent | 40% coinsurance | \$0 copay per emergency admission | \$0 copay per emergency admission |
| Clinical and Wellness Programs | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Medicare Advantage Care Management | Not Included | | Included | |
| Care Coordination | Included | | Included | |
| Fitness | Not Included | | SilverSneakers included | |
| Nurse Line | 24/7 NurseLine included | | 24/7 NurseLine included | |
| SpecialOffers Discount Programs - Vision and Hearing - Vitamins, Alternative Therapy and Personal Care - Diet, Nutrition and Fitness | Included | | Included | |

For Use by Benefits Administrators Only

This document reflects cost shares only.

* 2019 Medical Deductible

If plan includes an annual deductible, the annual deductible applies to all services except Hospice One-Time Consultation, Ambulance Services, Emergency Care, Urgently Needed Services, Diabetic Supplies if purchased from pharmacy, Blood Glucose Monitors if purchased from pharmacy, Diabetes Self-Management Training, COPD Testing, Blood, Glaucoma Screening, Diabetic Retinopathy Screening, Abdominal Aortic Aneurysm Screening, Bone Mass Measurement, Colorectal Cancer Screening and Colorectal Services, HIV Screening, Screening for Sexually Transmitted Infections (STIs) and Counseling to Prevent STIs, Medicare Part B Immunizations, Breast Cancer Screening (Mammograms), Cervical and Vaginal Cancer Screening, Prostate Cancer Screening Exams, Cardiovascular Disease Risk Reduction Visit, Cardiovascular Disease Testing, Welcome to Medicare Preventive Exam, Annual Wellness Visit, Depression Screening, Diabetes Screening, Medicare Diabetes Prevention Program (MDPP), Obesity Screening and Therapy to Promote Sustained Weight Loss, Screening and Counseling to Reduce Alcohol Misuse, Screening for Lung Cancer with Low Dose Computed Tomography, Medical Nutrition Therapy, Smoking and Tobacco Use Cessation, Kidney Disease Education Services, Outpatient Dialysis Treatments, Home Dialysis, Self-Dialysis Training, Part B Drugs and Administration, Chemotherapy Part B Drugs and Administration, Routine Hearing Services, Annual Routine Physical Exam, LiveHealth Online, Fitness, Nurse Line, and Foreign Travel. Please note all of these benefit categories may not be listed in this benefit summary.

** 2019 Medical Member Out-Of-Pocket

All coinsurance, copayments and deductibles listed in this benefit summary are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services and the foreign travel emergency and urgently needed care cost-sharing amounts. Part D Prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

*** LPPO Preventive Services: A complete list of the preventive services is available.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem BC Health Insurance Company depends on contract renewal.

Anthem Insurance Companies, Inc., operating in California as Anthem BC Health Insurance Company (Anthem BC Health), is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan(s) noted above or herein. Anthem BC Health is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. Anthem BC Health has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region. Anthem BC Health Insurance Company is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross Association.