Keenan & Associates

Ventura County Community College

Summary of PPO & HMO Plans	Current		Renewal
Effective Date	**7/1/2018**		**7/1/2018**
Renewal Date	**7/1/2019**		**7/1/2019**
Carrier Name	**Anthem Blue Cross**		**Kaiser Permanente Insurance Company**
Plan Name	**PPO**		**HMO**
Eligible Class	**ASCC**		**ASCC**
	In-Network Benefits	**Out-of-Network Benefits**	**Schedule of Benefits**
General Plan Information			
Annual Deductible/Individual		$200	N/A
Annual Deductible/Family		$600	N/A
Coinsurance	80%	60-80% see plan certificate	N/A
Office Visit/Exam	$20 copay (deductible waived)	60%	$20 copay
Outpatient Specialist Visit	$20 copay (deductible waived)	60%	$30 copay
Annual Out-of-Pocket Limit/Individual	$1,700	$3,000	$1,500
Annual Out-of-Pocket Limit/Family	$5,100	$9,000	$3,000
Deductible Included in Out-of-Pocket Limits	Yes	Yes	N/A
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required			Yes
Outpatient Services			
Preventive Services			
Well-Child Care	100% (deductible waived)	80%	100% through age 23 months
Immunizations	100% (deductible waived)	80%	100%
Well Woman Exams	100% (deductible waived)	80%	100%
Mammograms	100% (deductible waived)	80%	100%
Adult Periodic Exams with Preventive Tests	100% (deductible waived)	80%	100%
Diagnostic X-Ray and Lab Tests	100%	80%	100%
Maternity Care			
Pregnancy and Maternity Care (Pre-Natal Care)	100%	70%	100%
Inpatient Hospital Services			
Inpatient Hospitalization	100%	70%; additional 25% penalty applied*	100%
Pre-Authorization of Services Required	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	70%	100%
Surgical Services			
Outpatient Facility Charge	100%	70% (limited to $350/day for ambulatory surgical center)	$20 copay per procedure
Emergency Services			
Emergency Room	$100 copay per visit waived if admitted	$100 copay per visit waived if admitted	$100 copay waived if admitted
Ambulance			
Air	100%	100%	
Ground	100%	100%	$50 copay per trip
Urgent Care			
Urgent Care Facility	$20 copay per visit (deductible waived)	60%	$20 copay per visit
Mental Health Benefits			
Inpatient Care	100%	70%	100%
Outpatient Care	$20 copay per visit (deductible waived)	60%	$20 copay per individual visit; $10 copay per group visit
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100%	70%	100%
Inpatient Detoxification Services			100%
Outpatient Care			
Outpatient Services	$20 copay per visit (deductible waived)	60%	$20 copay per individual visit; $5 copay per group visit

Keenan & Associates

Ventura County Community College

Summary of PPO & HMO Plans	Current		Renewal
Effective Date	**7/1/2018**		**7/1/2018**
Renewal Date	**7/1/2019**		**7/1/2019**
Carrier Name	**Anthem Blue Cross**		**Kaiser Permanente Insurance Company**
Plan Name	**PPO**		**HMO**
Eligible Class	**ASCC**		**ASCC**
	In-Network Benefits	**Out-of-Network Benefits**	**Schedule of Benefits**
Prescription Drug Benefits			
Rx Calendar Year Out-of-Pocket Maximum	$750 per member / $1,500 family		N/A
Prescription Drug Deductible	$100 per member		N/A
Generic	$10 copay	$10 copay plus 50% of the drug max allowed amt. & costs in excess of the drug max. allowed amt.	$10 copay up to a 30-day supply; $20 copay up to a 31-60 day supply; $30 copay up to a 61-100 day supply
Brand (Formulary/Preferred)	$30 copay	$30 copay plus 50% of the drug max allowed amt. & costs in excess of the drug max. allowed amt.	$20 copay up to a 30-day supply; $40 copay up to a 31-60 day supply; $60 copay up to a 61-100 day supply
Brand (Non-Formulary/Non-preferred)	$50 copay	$50 copay plus 50% of the drug max allowed amt. & costs in excess of the drug max. allowed amt.	$20 copay up to a 30-day supply; $40 copay up to a 31-60 day supply; $60 copay up to a 61-100 day supply
Number of Days Supply	30 days	30 days	
Mail Order			
Generic	$20 copay	Not covered	$10 copay up to a 30 day supply; $20 copay up to a 31-100 day supply
Brand (Formulary/Preferred)	$60 copay	Not covered	$20 copay up to a 30 day supply; $40 copay up to a 31-100 day supply
Brand (Non-Formulary/Non-preferred)	$100 copay	Not covered	$20 copay up to a 30 day supply; $40 copay up to a 31-100 day supply
Number of Days Supply for Mail Order	90 days	90 days	
Other Services and Supplies			
Durable Medical Equipment & Prosthetic Devices	80%	60%	100%
Home Health Care	80% (not covered while member receives hospice care)	60% (not covered while member receives hospice care)	100% up to 100 visits per calendar year
Skilled Nursing or Extended Care Facility	100%	70%	100% up to 100 days per benefit period
Hospice Care	100% (deductible waived)	70%	100%
Chiropractic Services	80%	60%	Not covered
Acupuncture	Not covered	Not covered	Not covered
Vision			
Copay			
Annual Allowance Amount	N/A	N/A	$150 every 24 months
Examination	N/A	N/A	100% exams for refraction
Hearing			
Screening (Routine under Preventive	100%	100%	100%
Aid(s), (Comprehensive Screening)	80%	60%	Not covered
Outpatient Rehabilitative Therapy Services			
Physical	80%	60%	$20 copay
Occupational	80%	60%	$20 copay
Speech	80%	60%	$20 copay

* For California facilities, a discount will be applied if the facility has a contract with Anthem Blue Cross for fee-for-service business. For California facilities without a contract, covered expense for hospital services and supplies is reduced by 25%, resulting in higher costs for members.