# 2020 Contra Costa County Health Plan Comparison Guide

## Active Employees

### Network Eligibility

- **Contra Costa Health Plan (CCHP) HMOs**
  - CCIP Plan A
  - CCIP Plan B
  - Kaiser HMO Plan A
  - Kaiser HMO Plan B
  - Kaiser HDHP
  - Teamsters BSK Trust Fund KP
  - Health Net HMO Plan A
  - Health Net HMO Plan B
  - Health Net SmartCare HMO A
  - Health Net SmartCare HMO B

- **Calendar Year Deductible**
  - Individual
    - None (None)
    - $500
  - Family
    - None (None)
    - $1,000 (Member)
    - $2,000 (Family)

- **Max Calendar Year Out of Pocket (OOP) Expense**
  - Individual
    - None (None)
    - $1,500
  - Family
    - None (None)
    - $3,000 (Member)
    - $6,000 (Family)

### Calendar Year Deductible

- **In Network**
  - You must reside in or work for or have worked for Contra Costa County.
  - You must live or work in a Kaiser service area at the time of enrollment.

- **Out of Network**
  - You must reside in a Health Net service area.
  - You may receive care from any licensed provider in the USA for covered services.

### When does the Deductible apply?

- **N/A**
  - Deductible applies to all services requiring a coinsurance % unless otherwise noted below. Dollar copays are not subject to the deductible.

### What counts towards the OOP Max?

- **N/A**
  - All Copays/Coinsurance apply to OOP.

### Hospital Services

- **Inpatient**
  - $0
  - $0
  - $0

- **Outpatient Surgery (at a Facility)**
  - $10
  - $10

- **Emergency Services**
  - $10

### For the purpose of Deductible and Out of Pocket Maximum limits “Family” means any coverage level other than Individual including Employee + 1 and Employee + 2 or more

*Open Enrollment Information and Comparison Guide*  
2020 Employee Benefits  
2020
<table>
<thead>
<tr>
<th>Physician Services</th>
<th>HMO PLANS</th>
<th>PPO PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>$0</td>
<td>$10</td>
</tr>
<tr>
<td>Preventive Exams</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent Care Visits</td>
<td>$0</td>
<td>$15</td>
</tr>
<tr>
<td>Allergy Injections</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Physical, Occupational, Speech Therapy</td>
<td>$0</td>
<td>$10</td>
</tr>
<tr>
<td>Diagnostic X-Ray &amp; Lab</td>
<td>$0</td>
<td>$10</td>
</tr>
</tbody>
</table>

### Prescription Drugs

- **Retail Pharmacy - 30 (Kaiser or Health Net) or 90 (CCHP) day supply**
  - Contra Costa Health Plan (CCHP) HMOs: $0
  - Kaiser Permanente: $0

- **Mail-Order Pharmacy - 100 (Kaiser) or 90 (Health Net or CCHP) day supply**
  - Contra Costa Health Plan (CCHP) HMOs: $0
  - Kaiser Permanente: $0

### Additional Services

- **Durable Medical Equipment**
  - Medicare
    - Contra Costa Health Plan (CCHP) HMOs: $0
    - Kaiser Permanente: $0

- **Hospice**
  - Contra Costa Health Plan (CCHP) HMOs: $0
  - Kaiser Permanente: $0

### Other Services

- **Acupuncture**
  - Contra Costa Health Plan (CCHP) HMOs: $0
  - Kaiser Permanente: $0

- **Chiropractic**
  - Contra Costa Health Plan (CCHP) HMOs: $0
  - Kaiser Permanente: $0

### Notes:

- **CCHP Plans allow 1 standard hearing aid every 5 years**
- **The PPO benefits available to non-California residents slightly differ from the above. For non-California PPO plan design details, please refer to the Evidence of Coverage (EOC).**