Principal Benefits for
Contra Costa Health Plan (CCHP) Commercial Plan A COB (1/1/21 – 12/31/21)

Accumulation Period

The Accumulation Period for this plan is 1/1/21 through 12/31/21 (calendar year).

Out-of-Pocket Maximum(s) and Deductible(s)

For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below

Amounts per Accumulated Period	Self-Only Coverage (Family of one Member)	Family Coverage Each Member in a Family of two or more Members	Family Coverage Entire Family of two or more Members
Plan Out-of-Pocket Maximum	None	None	None
Plan Deductible	None	None	None
Drug Deductible	None	None	None

Procedure	Benefit Description
Abortions	C
Acupuncture	10 visits / Year
Alcohol	See Substance Abuse
Allergy Injection	C
Allergy Testing	C
Autism	C:
Biofeedback	NC
Blood & Blood Products	C
Blood Self Donation	NC
Cancer Clinical Trials: Routine Care Only	C
Chiropractic Care	C: 10 Visits/Year
Circumcision Medically Necessary Only	C
Contact lens (conventional)	C: 1/Year, up to $65 max
Contact or intraocular Lenses Medically Necessary	C: After first cataract surgery or for keratoconus
Contraceptives	C
Custodial Care In skilled facility	NC
Dental Care	NC
Dental Anesthesia	Inpatient anesthesia for dental services if condition requires the dental procedure to be performed in a hospital setting, or enrollees under seven (7) or developmentally disabled enrollees, regardless of age
Diabetic Supplies	C
Durable Medical Equipment "DME"	C: check with CCHP authorization unit on specific items
Diagnostic Testing/Imaging	C
Dialysis-Acute	C
Dialysis-Chronic	C
Durable Medical Equipment	C: check with CCHP authorization unit on specific items
Emergency Medical / Mental Health Treatment	C: Worldwide
Eye Glasses (Conventional)	C: One Pair/Year, up to $65 Max
Eye glasses Medically Necessary	C: After first cataract surgery
Family Planning	C
Hearing Aid (batteries excluded except for initial Hearing Aid)	C: 1 Hearing Aid every 5 years
Hearing Tests (Audiology)	C
Home Health Services (excluding: Housekeeping)	C
Hospice Care	C: When provided by Certified Hospice Program
Hospitalization and Maternity Care	C
Immuno-Suppressive Drug Therapy (After organ transplant)	C

Procedure	Benefit Description
Infertility Services	C: Diagnosis of infertility & medically necessary treatment of a medical condition causing infertility. NC: In-vitro fertilization, ovum transplants and other infertility services, other than artificial insemination.
Immunizations and Inoculations (travel)	C: Child and adult standard immunizations; travel inoculations as recommended by CDC
Laboratory	C
General Mental Health Outpatient Care	C: As Medically Necessary
Mental Health Acute Inpatient Care	C: As Medically Necessary
Midwife Services	NC
Newborn Coverage	C for newborn to a subscriber or eligible spouse for month of birth and following Month C for newborn to a subscriber's eligible dependent child for 48-96 hours only
Office visits	C
Optometry	Vision exams, Cataract spectacles and Cataract lenses and those glasses and lenses for treatment of Keratoconous only
Organ Transplant (Heart, Heart/Lung, Liver, Kidney, Bone Marrow, Corneal)	C
Orthotics	C: As Medically Necessary
Over-the-Counter Drugs	NC
Perinatal Exams (pre-Natal, post-Natal visits)	C
Phenyiketonuria (PKU)	C
Physical Examinations Including third Party Requests (except for insurance, court ordered licensure and travel)	C
Podiatry	C
Prescription Drugs-Outpatient (** Mail Order Services) See also Contraceptives and Diabetic Supplies) up to 90 day supply or 100 pills	C
Prosthetic Devices, Corrective Appliances and Artificial aides SEE ALSO DME & Supplies	C: Confirm coverage for each item with CCHP Authorization
Reconstructive Surgery	C
Refraction	C
Rehabilitation- Acute Inpatient	For acute medical conditions only. Refer to UM Nurse
Respite Care with Hospice	C
Second Opinion	C
Skilled Nursing Sub Acute Facility Stay (limited to services for recovery from illness or injury)	C: 100 days/ benefit period for skilled nursing needs
Sterilization	C
Sub-Acute Care	Refer to UR Nurse
Detox for Substance Use Disorder: ER, Inpatient, Outpatient	C: As medically necessary
Substance Use Disorder Inpatient for Addiction	Covered as medically necessary
Substance Use Disorder Counseling - Outpatient	C
Medical Supplies-Disposable non-renewable (See also DME & Prosthetics)	C: Confirm coverage for each item with Authorization
Therapy-Outpatient: Physical, Speech-language pathology and Occupational	C: Medically Necessary up to 2 months; Additional as appropriate to medical condition
TMJ Treatment (Medical Treatment Only)	C
Transportation, Emergency or Medically Necessary	C
Transgender Services	C: Check with CCHP authorization unit for specifics
Urgent Care	C

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the *EOC*. Please note that we provide all benefits required by law (for example, diabetics testing supplies).