

## CCHP Individual and Family Plan Benefit Matrix

This matrix is intended to be used as a summary only. The Evidence of Coverage (EOC) should be consulted for a detailed description of coverage benefits and limitations. Applicants have a right to review the EOC prior to enrollment. Please call CCHP sales department at 415-955-8800 to request a copy.

Covered Services	Member Pay
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b> (per calendar year)	\$3,500 per individual \$7,000 per family
<b>LIFETIME MAXIMUM</b>	No Limit
<b>Professional Services</b> Primary and specialty care visits Well-baby visits: birth to 24 months Age 2 to 17 Adults Eye examinations Hearing examinations	\$25 per visit \$10 per visit \$25 per visit \$25 per visit \$25 per visit \$25 per visit
<b>Outpatient Services</b> Lab tests, X-rays Allergy testing, testing materials and serum Immunizations Physical, speech & occupation therapy Outpatient surgery (facility)	No charge 50% of cost No charge \$25 per visit \$100 per procedure
<b>Hospitalization Services</b> Inpatient hospital services Skilled nursing facility care (up to 30 days per year)	\$250 per day; limit of \$1,000 per admission No charge
<b>Emergency Room</b>	\$100 per visit (waived if admitted directly to the hospital as an inpatient)
<b>Ambulance</b>	\$100 per trip
<b>Prescription Drug Coverage (on CCHP formulary)</b> Generic drugs Brand-name drugs* <i>*brand-name drugs have a \$250 calendar year deductible</i>	\$10 for a 30-day supply \$30 for a 30-day supply
<b>Durable Medical Equipment &amp; Prosthetics</b> Inpatient Outpatient	No charge 50% of cost; max annual benefit of \$2000
<b>Mental Health &amp; Chemical Dependency</b> Inpatient Mental Health services (Max of 30 days per year)* Inpatient chemical dependency—detoxification only Outpatient Care (maximum of 20 visit per year)* <i>*with some diagnoses these limits do not apply</i>	\$250 per day; limit of \$1,000 per admission \$25 per visit
<b>Home Health Services</b>	No charge

