

**Principal Benefits for  
Contra Costa Health Plan (CCHP) Commercial Plan A2 (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	\$1,500	n/a	\$3,000
Plan Deductible	0	0	0
Drug Deductible	0	0	0

Procedure	Benefit Description
Abortions	C
Acupuncture	NC
Allergy Injection	C
Allergy Testing	C: \$5 OV, (Copay waived at CCRMC)
Autism	C:
Biofeedback	NC
Blood & Blood Products	C
Blood Self Donation	NC
Cancer Clinical Trials: Routine Care Only	C
Chiropractic Care	NC
Circumcision Medically Necessary Only	C
Contact lens (conventional)	NC
Contact or intraocular Lenses Medically Necessary	C: After first cataract surgery or for keratoconus
Contraceptives	C:no co-pay
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
Diagnostic Testing	C
Dialysis-Acute	C
Dialysis-Chronic (apply for Medicare/SSI)	C
Durable Medical Equipment	C:
Emergency Medical / Mental Health Treatment	C : Worldwide
Eye Glasses (Conventional)	NC
Eye glasses Medically Necessary	NC
Family Planning	C
Hearing Aid	NC
Hearing Tests (Audiology)	C: \$5 (copay waived at CCRMC)
Home Health Services (excluding: Housekeeping)	C: \$10
Hospice Care	C: When provided by Certified Hospice Program
Hospitalization and Maternity Care	C
Immuno-Suppressive Drug Therapy (After organ transplant)	C
Infertility Services	C: Diagnosis of infertility & medically necessary treatment of a medical condition causing infertility.

Procedure	Benefit Description
	NC: In-vitro fertilization, ovum transplants and other infertility services, other than artificial insemination.
Immunizations and Inoculations (travel)	C
Laboratory	C:
General Mental Health Outpatient Care	C: As medically necessary
<b>Mental Health Acute Inpatient Care</b>	C: As medically necessary
<b>Mental Health Long Term Facility</b>	Refer to CCHP Mental Health Coordinator
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 (Medical)	C: \$5 OV.(Copay waived at CCRMC) ( No copay for Preventative and Periodic well exams;
Optometry	C: \$5 OV; (copay waived at CCRMC vision exams, cataract spectacles and cataract lenses and those glasses and lenses for treatment of Keratoconus 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 visit)	C
Phenyketonuria (PKU)	C
Physical Examinations	C: \$5 OV.(Copay waived at CCRMC) ( No copay for Preventative and Periodic well exams;
Podiatry	C: \$5 (copay waived at CCRMC)
Prescription Drugs-Outpatient & Mail Order	C: \$5 Generic, \$10 Brand,
Prosthetic Devices, Corrective Appliances and Artificial aides	C:
Reconstructive Surgery	C
Refraction	C: \$5 OV (Copay waived at CCRMC
Rehabilitation- Acute Inpatient	For acute medical conditions only.
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
Detox for Substance Use Disorder: ER, Inpatient, Outpatient Visit	C: As medically necessary
Substance-Use Disorder : Inpatient for Addiction	C: As medically necessary
Substance Use Disorder: Counseling - Outpatient	C: As medically necessary
Medical Supplies-Disposable non-renewable	C:
Therapy-Outpatient: Physical, Speech-language pathology and Occupational	C: \$10, Medically Necessary up to 2 months; Additional as appropriate to medical condition, (Copay waived at CCRMC)
TMJ Treatment (Medical Treatment Only)	C
Transgender Services	C: Refer to CCHP for Specifics
Transportation, Emergency or Medically Necessary	C
Urgent Care	C: \$5 (Copay waived at CCRMC)

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).