PERALTA COMMUNITY COLLEGE DISTRICT
ANTHEM (SISC) PPO
EFFECTIVE: JAN 1, 2023
PRE-2004 RETIREE 65+ WITH DEPENDENT(S) UNDER 65

MEDICAL **PLAN BENEFITS**	**Anthem PPO (SISC)** **$100-A $0, Rx $0-0**	
	In-Network	**Out-of-Network**
Lifetime Max	None	
Out-of-Pocket Maximum	$1,000 / $3,000	No Limit
Deductible	None	None
Hospital	$0	Member pays difference between max allowed and actual charges
Dr. Office Visits	$0	
Preventive Care	$0	Not Covered
Emergency Room	$100 Copay (Waived if admitted)	
Urgent Care	$0	Member pays difference between max allowed and actual charges [1]
Lab, X-Ray, Advanced Imaging	$0	
Chiropractic Max Visits	$0 No limit of covered visits[2]	Not Covered
Accupuncture	$0 (12 visits/year)	50%
Vision	Not Covered	
Hearing Aids	$700 every 24 months	
Routine Podiatry	$0	Member pays difference between max allowed and actual charges [1]
Private Duty Nursing Max Visits	$0 100 visits(up to 4 hours each)	$0 ($150/day max)
Rx	**Retail / Mail**	
Rx Copay OOP Max	$1,500 / $2,500	
Generic	$0	Not Covered
Preferred Brand	$0	Not Covered
Non-Preferred Brand	$0	Not Covered

[1] *Lab and X-Ray not covered Out-of-Network*

[2] *Precertification is required after 5 visits*

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.

PERALTA COMMUNITY COLLEGE DISTRICT
ANTHEM (SISC) PPO
EFFECTIVE: JAN 1, 2023

POST-2004 AND POST-2012 RETIREE 65+ WITH DEPENDENT(S) UNDER 65
MEDICARE MEMBERS ONLY

MEDICAL **PLAN BENEFITS**	**Anthem PPO (SISC)** **$100-A $0, Rx 0-20 EGWP**	
	In-Network	**Out-of-Network**
Calendar Year Deductible Individual / Family Embedded / Aggregate	None N/A	
Annual Out-of-Pocket Maximum Individual / Family	$1,000 / $3,000	No Limit
Embedded / Aggregate	Embedded	
Physician Office Visit	$0 copay	Member pays difference between max allowed and actual charges
Specialist Copay	$0 copay	Member pays difference between max allowed and actual charges
Preventive Care	No charge	Not Covered
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	 No charge No charge	 Member pays all billed amounts exceeding $800 per test* Not Covered
Hospitalization Inpatient Outpatient	 No charge No charge	 All billed amounts exceeding $600 per day* All billed amounts exceeding $350 per day*
Emergency Room	$100 copay (Waived if admitted)	
Urgent Care Services	$0 copay	Member pays difference between max allowed and actual charges
Durable Medical Equipment	No charge	Not Covered
PRESCRIPTION DRUGS	**Generic / Brand**	
Rx Copay Out-of-Pocket Maximum Retail - 30 day supply Mail Order - 90 day supply	$1,500 / $2,500 $0 / $20 (At a network pharmacy provider) $0 / $50 (Costco Mail Order)	

*When using non-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount.

This document is intended as a quick reference, not a comprehensive description. Limitations and exclusions can be found in the official plan documents. In case of any discrepancies, the official plan documents will govern.

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ANTHEM (SISC) PPO
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Embedded / Aggregate	Embedded	
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