

**PERALTA COMMUNITY COLLEGE DISTRICT
MEDICAL HMO (TRADITIONAL)
EFFECTIVE: JAN 1, 2023**

PRE-2004 RETIREES ONLY (WITH MEDICARE)

MEDICAL PLAN BENEFITS	Kaiser - KPSA HMO (SISC) \$0 Copay
	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded
Physician Office Visit	No Charge
Specialist Copay	No Charge
Preventive Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge No Charge
Emergency Room	\$50 copay (waived if admitted)
Urgent Care Services	No Charge
Durable Medical Equipment	No Charge
Chiropractic / Acupuncture	\$10 copay (30 visits combined)
Vision	
Copay (Vision Correction)	No Charge
Copay (Injury/Disease)	No Charge
Allowance	\$150
Frequency	24 or 12 2
PRESCRIPTION DRUGS	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Retail - 100 day supply	\$5 / \$5
Mail Order - up to 100 day supply	\$5 / \$5

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.

**PERALTA COMMUNITY COLLEGE DISTRICT
MEDICAL HMO (TRADITIONAL)
EFFECTIVE: JAN 1, 2023**

POST 2004 and POST 2004 RETIREES (WITH MEDICARE)

MEDICAL PLAN BENEFITS	Kaiser - KPSA HMO (SISC) \$10 Copay
	In-Network Only
Calendar Year Deductible Individual / Family Embedded / Aggregate	None Embedded
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,500 / \$3,000 Embedded
Physician Office Visit	\$10 copay
Specialist Copay	\$10 copay
Preventive Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No Charge No Charge
Hospitalization Inpatient Outpatient	No Charge \$10 per procedure
Emergency Room	\$50 copay (waived if admitted)
Urgent Care Services	\$10 copay
Durable Medical Equipment	No Charge
Chiropractic / Acupuncture	\$10 copay (30 visits combined)
Vision	
Copay (Vision Correction)	No Charge
Copay (Injury/Disease)	1000%
Allowance	\$150
Frequency	24 or 12 2
PRESCRIPTION DRUGS	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Retail - 100 day supply	\$10 / \$20
Mail Order - up to 100 day supply	\$10 / \$20

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.