

**Group Retiree Medicare Advantage with Prescription Drug (MAPD) Summary
prepared for: Peralta Community College District**

Plan: MAPD - Anthem- Peralta Community College District - 2025
Rate Period: 1/1/2025 - 12/31/2025

Medical Coverage	Member Pays
Medical Deductible	\$0
Medical Maximum Out-of-Pocket	N/A
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0 Days 1-100
Urgent Care Center	\$0
Emergency Room	\$0
Ambulance	\$0
Durable Medical Equipment	\$0
Ancillary Benefit Coverage	
Foreign Travel Coverage	\$0 Emergency Room & Urgently Needed Care \$0, Inpatient Care - 60 Days lifetime maximum
Hearing	\$0 copay for routine exam, \$70 maximum benefit every 12 months, limited to 1 exam every 12 months; \$500 hearing aid allowance every 12 months
Vision	\$0 copay for routine exam 12 months; \$100 combined materials allowance 24 months
Dental	Medicare covered services only
Podiatry	\$0, 12 visits per year
Chiropractic	\$0 copay, Unlimited Visits
Acupuncture	\$0 copay, Unlimited Visits
Private Duty Nursing	\$0 copay for private duty nursing Private duty nursing is limited to a maximum benefit of \$10,000 per year combined in-network and out-of-network
Fitness Benefit	Included

Medical MAPD Stipulations

- National Passive Preferred Provider Organization Network: Plan is accepted wherever Medicare is accepted in all 50 states including U.S. Territories.

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Pharmacy Coverage	Member Pays
Prescription Deductible	\$0
Retail 30 Day Supply	
Tier 1-A (Preferred Generics)	\$0 Select Generics
Tier 1 (Generics)	\$1
Tier 2 (Brands)	\$1
Tier 3 (NP Brands)	\$1
Tier 4 (Specialty)	\$1
Retail 90 Day Supply	
Tier 1-A (Preferred Generics)	\$0 Select Generics
Tier 1 (Generics)	\$3
Tier 2 (Brands)	\$3
Tier 3 (NP Brands)	\$3
Tier 4 (Specialty)	Limited to one-month supply
Mail-Order 90 Day Supply	
Tier 1-A (Preferred Generics)	\$0 Select Generics
Tier 1 (Generics)	\$1
Tier 2 (Brands)	\$1
Tier 3 (NP Brands)	\$1
Tier 4 (Specialty)	Limited to one-month supply
Part D Coverage Specifications	
Prescription Maximum Out-of-Pocket	N/A (\$2,000 IRA Limit)
RX Tiers	4 Tier
Drug Formulary	Most Comprehensive (Open)
Lifestyle Drugs Covered	Yes
All Non-Part D Drugs Covered	Yes
Part B Diabetic Rider	No
ACA Preventative Drug	No
Utilization Management	Prior Authorizations, Quantity Limits and Step Therapy
Coverage Gap	Eliminated for 2025
Catastrophic Coverage	Member pays \$0.

Prescription MAPD Stipulations

- Pharmacy network of over 60,000+ locations including all major chains, super markets, and mom/pop stores