



Peralta CCD - Effective January 1, 2023 (Kaiser \$10, Kaiser \$15, Anthem 100-A)

Peralta CCD - Effective March 1, 2023 (addition of Anthem 80-E)

PLAN NAME	Certificated & Management Kaiser HMO (SISC) \$10 Copay	Classified Kaiser HMO (SISC) \$15 Copay	Certificated, Management, & Classified Anthem PPO (SISC) Plan 100-A \$10, Rx \$5/20	Certificated, Management, & Classified Anthem PPO (SISC) Plan 80-E \$20, Rx \$5/20
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Individual/Family Deductibles	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$300 / \$600
Individual/Family Calendar Out-of-Pocket Max <i>(includes medical co-pays, deductibles and co-insurance)</i>	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$3,000	\$1,000 / \$3,000

PROFESSIONAL SERVICES

Office Visit co-pay	\$10	\$15	\$10 (waived for visits 1-3)	\$20 (waived for visits 1-3; ded waived)
Urgent Care co-pay	\$10	\$15	\$10	\$20 (ded waived)
Specialists/Consultants co-pay	\$10	\$15	\$10	\$20 (ded waived)
Prenatal, postnatal office visit co-pay	\$0	\$0	\$10	\$20 (ded waived)
Scans: CT, CAT, MRI, PET etc.	\$0	\$0	\$0	20%
Diagnostic X-ray & Laboratory Procedures	\$0	\$0	\$0	20%
Infertility (diagnosis/treatment of causes of infertility)	Covered ¹	Covered ¹	Covered - restrictions may apply	Covered - restrictions may apply
Preventive Care Services (includes physical exams & screenings)	\$0	\$0	\$0	\$0 (ded waived)

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit co-pay (waived if admitted)	\$100	\$100	\$100	\$100 + 20%
Inpatient Hospital co-pay	\$0	\$0	0%	20%
Outpatient Hospital co-pay	\$10	\$15	0% - benefit limits may apply	20% - benefit limits may apply
Surgery, Outpatient (performed in an Ambulatory Surgery Center)	\$10	\$15	0%	20%
Surgery, Outpatient (performed in a Hospital)	\$10	\$15	0% - benefit limits may apply	20% - benefit limits may apply

MENTAL HEALTH SERVICES & SUBSTANCE ABUSE TREATMENT

INPATIENT CARE: Facility based care (preauthorization required)	\$0	\$0	0%	20%
OUTPATIENT CARE: Facility based care (preauthorization required)	Ind: \$10 Group: \$5	Ind: \$15 Group: \$7	0%	20%

OTHER SERVICES

Acupuncture - Limits apply	\$10 (30 visits/year, combined)	\$10 (30 visits/year, combined)	0% (12 visits/year)	20% (12 visits/year)
Ambulance (Ground or Air)	\$50	\$50	\$100	\$100 + 20%
Chiropractic - Limits apply	\$10 (30 visits/year, combined)	\$10 (30 visits/year, combined)	0% - pre-auth. after 5 th visit	20% - pre-auth. after 5 th visit
Durable Medical Equipment (DME)	\$0	\$0	\$0	20%
Physical and Occupational Therapy - Limits apply	\$10	\$15	\$0	20%
Vision Allowance	\$150	\$150	Enrolled in UHC Vision	Enrolled in UHC Vision
Vision Exam	\$0	\$0	Enrolled in UHC Vision	Enrolled in UHC Vision

PRESCRIPTION DRUG PLANS

Provider Network	Kaiser	Kaiser	Navitus	Navitus
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	Included w/ Med OOP Max	Included w/ Med OOP Max	\$1,500 / \$2,500	\$1,500 / \$2,500
Tier/Generic 1 co-pay/days supply	\$10 (100-day supply)	\$5 (30-day supply)	\$5 (30-day supply)	\$5 (30-day supply)
Tier 2/Brand co-pay/days supply	\$10 (100-day supply)	\$20 (30-day supply)	\$20 (30-day supply)	\$20 (30-day supply)
Mail Order (Generic-Brand co-pay/days supply)	\$10 / \$10 (100-day supply)	\$10 / \$40 (100-day supply)	\$0 / \$50 (90-day supply)	\$0 / \$50 (90-day supply)

¹ The Cost Share you would pay if the Services were to treat any other condition

Note: This is a brief benefit summary that reflects in-network benefits from a participating or contracted provider. For additional details, limitations, exclusions and out-of-network coverage, please refer to the Summary of Benefits or Coverage Booklet.