

**PERALTA COMMUNITY COLLEGE DISTRICT**

**ANTHEM (SISC) PPO**

**EFFECTIVE: JAN 1, 2023**

**Under 65 Retirees**

<b>MEDICAL PLAN BENEFITS</b>	<b>Anthem PPO (SISC) \$100-A \$10, Rx \$5-20</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
Calendar Year Deductible Individual / Family Embedded / Aggregate	None N/A	
Annual Out-of-Pocket Maximum Individual / Family Embedded / Aggregate	\$1,000 / \$3,000	No Limit
	Embedded	
Physician Office Visit	\$10 copay; copay waived for visits 1-3 in a benefit period	Member pays difference between max allowed and actual charges
Specialist Copay	\$10 copay	Member pays difference between max allowed and actual charges
Preventive Care	No charge	Not Covered
Lab and X-Ray CT, MRI, PET scans	No charge	Member pays all billed amounts exceeding \$800 per test*
Other lab and x-ray tests	No charge	Not Covered
Hospitalization Inpatient	No charge	All billed amounts exceeding \$600 per day*
Outpatient	No charge	All billed amounts exceeding \$350 per day*
Emergency Room	\$100 copay (Waived if admitted)	
Urgent Care Services	\$10 copay	Member pays difference between max allowed and actual charges
Durable Medical Equipment	No charge	Not Covered
<b>PRESCRIPTION DRUGS</b>	<b>Generic / Brand</b>	
Rx Copay Out-of-Pocket Maximum	\$1,500 / \$2,500	
Retail - 30 day supply	\$5 / \$20 (At a network pharmacy provider)	
Mail Order - 90 day supply	\$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.