

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

ACTIVE EMPLOYEES - CERTIFICATED & MANAGEMENT ONLY

MEDICAL PLAN BENEFITS	Kaiser 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	\$100 copay (waived if admitted)
Urgent Care Services	\$10 per visit
Durable Medical Equipment	No Charge
Chiropractic / Acupuncture	\$10 copay (30 visits combined)
Vision	
Copay (Vision Correction)	No Charge
Copay (Injury/Disease)	\$10
Allowance	\$150
Frequency	24 or 12*
PRESCRIPTION DRUGS	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Retail - 100 day supply	\$10 / \$10
Mail Order - up to 100 day supply	\$10 / \$10

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**

ACTIVE EMPLOYEES - CLASSIFIED ONLY

MEDICAL PLAN BENEFITS	Kaiser HMO (SISC) \$15 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	\$15 copay
Specialist Copay	\$15 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 \$15 per procedure
Emergency Room	\$100 copay (waived if admitted)
Urgent Care Services	\$15 copay
Durable Medical Equipment	No Charge
Chiropractic / Acupuncture	\$10 copay (30 visits combined)
Vision	
Copay (Vision Correction)	No Charge
Copay (Injury/Disease)	\$15
Allowance	\$150
Frequency	24 or 12*
PRESCRIPTION DRUGS	Generic / Brand
Rx Copay Out-of-Pocket Maximum	Combined with Medical
Retail - 100 day supply	\$5 / \$20(30 day supply)
Mail Order - up to 100 day supply	\$10 / \$40

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