

City of San Jose (Part B only)

2023 Summary of Benefits

PPO Plan 0PH

Anthem.com/CA

Anthem BC Health Insurance Company gives you the tools and resources you need to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. For more details about your benefits and services, please review your Evidence of Coverage (EOC).

Medicare & You 2023 resource: For more information, we encourage you to read Medicare & You 2023. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

How much is the monthly premium? Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

	In-network:	Out-of-network:
Annual medical deductible:	\$0	
Maximum out-of-pocket responsibility: (Does not include prescription drugs)	\$0	
Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	\$0 copay Per Admission	\$0 copay Per Admission
Outpatient Hospital Care Facility or ambulatory surgical center visit for surgery*	\$0 copay Per Visit	\$0 copay Per Visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Observation Room*	\$0 copay Per Visit	\$0 copay Per Visit
Primary care office visit*	\$0 copay Per Visit	\$0 copay Per Visit
Specialty care office visit*	\$0 copay Per Visit	\$0 copay Per Visit
Video doctor visits LiveHealth Online	\$0 copay Per Visit	
Preventive care	\$0 copay Per Visit	\$0 copay Per Visit
Emergency room visit	\$0 copay Per Visit	
Urgently needed services	\$0 copay Per Visit	
Diagnostic services, labs, and imaging Diagnostic lab services*	\$0 copay Per Visit	\$0 copay Per Visit
Diagnostic radiology services, such as MRIs and CT scans*	\$0 copay Per Visit	\$0 copay Per Visit
Outpatient X-rays*	\$0 copay Per Visit	\$0 copay Per Visit
Hearing services Medicare-covered diagnostic hearing and balance evaluations*	\$0 copay Per Visit	\$0 copay Per Visit
Routine hearing exams	\$0 copay Per Visit, 1 Visit every calendar year, \$70 maximum, including hearing aid fitting evaluations, every calendar year	\$0 copay Per Visit, 1 Visit every calendar year, \$70 maximum, including hearing aid fitting evaluations, every calendar year
Hearing aids	\$0 copay for hearing aids, supplied by Hearing Care Solutions, \$500 every calendar year	\$0 copay for hearing aids, supplied by Hearing Care Solutions, \$500 every calendar year
Hearing aid fitting evaluations	\$0 copay Per Visit, 1 Visit Per Hearing Aid, \$70 maximum, including routine hearing exams, every calendar year	\$0 copay Per Visit, 1 Visit Per Hearing Aid, \$70 maximum, including routine hearing exams, every calendar year
Medicare Covered Dental Non-routine care covered by Medicare*	\$0 copay Per Visit	\$0 copay Per Visit
Vision services Medicare-covered exams given by a specialist to diagnose and treat eye diseases and conditions	\$0 copay Per Visit	\$0 copay Per Visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered eyewear following cataract surgery	\$0 copay Per Surgery	\$0 copay Per Surgery
Routine vision eye exam	\$0 copay Per Visit, 1 Visit Per Year, \$50 Per Calendar Year	\$0 copay Per Visit, 1 Visit Per Year, \$50 Per Calendar Year
Routine vision eyewear	Not Covered	Not Covered
Mental Health Services Inpatient visit*	\$0 copay per admission	\$0 copay per admission
Outpatient group therapy professional visit*	\$0 copay Per Visit	\$0 copay Per Visit
Outpatient individual therapy professional visit*	\$0 copay Per Visit	\$0 copay Per Visit
Professional partial hospitalization*	\$0 copay Per Visit	\$0 copay Per Visit
Skilled nursing facility (SNF)*	\$0 copay Per Day, 1-100 Days Per Benefit Period	\$0 copay Per Day, 1-100 Days Per Benefit Period
Outpatient rehabilitation services Physical, occupational, and speech therapy visits*	\$0 copay Per Visit	\$0 copay Per Visit
Ambulance services	\$0 copay Per One Way Trip	
Part B Drugs Medicare-covered*	\$0 copay Per Visit	\$0 copay Per Visit
Chiropractic services*	\$0 copay Per Visit	\$0 copay Per Visit
Acupuncture for chronic low back pain*	\$0 copay Per Visit	\$0 copay Per Visit
Diabetes management Supplies, including blood glucose test strips, lancet devices, lancets, and glucose control solutions	\$0 copay Per Purchase, 30 Days Per Supply	\$0 copay Per Purchase, 30 Days Per Supply
Blood glucose monitor	\$0 copay Per Purchase	\$0 copay Per Purchase
Therapeutic shoes	\$0 copay Per Purchase	\$0 copay Per Purchase
Self-management training	\$0 copay Per Visit	\$0 copay Per Visit
Continuous glucose monitor*	\$0 copay Per Purchase	\$0 copay Per Purchase
Durable medical equipment (DME)*	\$0 copay Per Purchase	\$0 copay Per Purchase
Podiatry services*	\$0 copay Per Visit	\$0 copay Per Visit
Routine foot care	\$0 copay Per Visit, 12 visits per year	\$0 copay Per Visit, 12 visits per year

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Home health care*	\$0 copay Per Visit	\$0 copay Per Visit

Additional supplemental benefits, services, and discounts

Additional covered benefits and services	Members pay:
Foreign travel emergency (outside U.S. territories) Emergency care	\$0 copay Per Visit
Urgently needed services	\$0 copay Per Visit
Inpatient emergency care	\$0 copay Per Admission, 60 days per lifetime
Health and wellness programs SilverSneakers® Take virtual fitness classes at home or visit us at a participating gym.	\$0 copay Per Visit
Healthy Meals Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition*	\$0 copay Per Qualifying Event, 14 Meals Per Qualifying Event, four (4) Events Per Year, 56 Meals In Total
Medicare Community Resource Support	\$0 copay Per Visit

*Benefit requires physician referral or prior authorization.

This document reflects cost shares only.

Some of the benefits listed above are combined in-network and out-of-network.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.