# City of San Jose (A&B)

## 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**<br>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**<br>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**<br>Medicare-covered diagnostic hearing and balance evaluations* | $0 copay Per Visit | $0 copay Per Visit |
| Routine hearing exams | $0 copay Per Visit,<br>1 Visit every calendar year,<br>$70 maximum, including hearing aid fitting evaluations, every calendar year | $0 copay Per Visit,<br>1 Visit every calendar year,<br>$70 maximum, including hearing aid fitting evaluations, every calendar year |
| Hearing aids | $0 copay for hearing aids, supplied by Hearing Care Solutions,<br>$500 every calendar year | $0 copay for hearing aids, supplied by Hearing Care Solutions,<br>$500 every calendar year |
| Hearing aid fitting evaluations | $0 copay Per Visit,<br>1 Visit Per Hearing Aid,<br>$70 maximum, including routine hearing exams, every calendar year | $0 copay Per Visit,<br>1 Visit Per Hearing Aid,<br>$70 maximum, including routine hearing exams, every calendar year |
| **Medicare Covered Dental**<br>Non-routine care covered by Medicare* | $0 copay Per Visit | $0 copay Per Visit |
| **Vision services**<br>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,<br>1 Visit per year,<br>$50 Per Calendar Year | $0 copay Per Visit,<br>1 Visit per year,<br>$50 Per Calendar Year |
| Routine vision eyewear | Not Covered | Not Covered |
| **Mental Health Services**<br>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,<br>1-100 Days Per Benefit Period | $0 copay Per Day,<br>1-100 Days Per Benefit Period |
| **Outpatient rehabilitation services**<br>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**<br>Medicare-covered* | $0 copay Per Visit | $0 copay Per Visit |
| **Chiropractic services*** | $0 copay Per Visit | $0 copay Per Visit |
| **Acupuncture**<br>for chronic low back pain* | $0 copay Per Visit | $0 copay Per Visit |
| **Diabetes management**<br>Supplies, including blood glucose test strips, lancet devices, lancets, and glucose control solutions | $0 copay Per Purchase,<br>30 Days Per Supply | $0 copay Per Purchase,<br>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,<br>12 visits per year | $0 copay Per Visit,<br>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)**<br>Emergency care | $0 copay Per Visit |
| Urgently needed services | $0 copay Per Visit |
| Inpatient emergency care | $0 copay Per Admission,<br>60 days per lifetime |
| **Health and wellness programs**<br>**SilverSneakers®**<br>Take virtual fitness classes at home or visit us at a participating gym. | $0 copay Per Visit |
| **Healthy Meals**<br>Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition* | $0 copay Per Qualifying Event,<br>14 Meals Per Qualifying Event,<br>four (4) Events Per Year,<br>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.