

# Northern California Cement Masons 2023 Summary of Benefits

## PPO Plan 0PH

[Anthem.com/CA](https://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](http://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.

	<b>In-network:</b>	<b>Out-of-network:</b>
<b>Annual medical deductible:</b>	\$0	
<b>Maximum out-of-pocket responsibility: (Does not include prescription drugs)</b>	\$0	
<b>Covered medical benefits</b>	<b>In-network, members pay:</b>	<b>Out-of-network, members pay:</b>
<b>Inpatient hospital care*</b>	\$0 copay Per Admission	\$0 copay Per Admission
<b>Outpatient Hospital Care</b> 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:
<b>Observation Room</b>	\$0 copay Per Visit	\$0 copay Per Visit
<b>Primary care office visit</b>	\$0 copay Per Visit	\$0 copay Per Visit
<b>Specialty care office visit</b>	\$0 copay Per Visit	\$0 copay Per Visit
<b>Video doctor visits</b> LiveHealth Online	\$0 copay Per Visit	
<b>Preventive care</b>	\$0 copay Per Visit	\$0 copay Per Visit
<b>Emergency room visit</b>	\$0 copay Per Visit	
<b>Urgently needed services</b>	\$0 copay Per Visit	
<b>Diagnostic services, labs, and imaging</b> 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
<b>Hearing services</b> 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 Per Purchase, \$1,000 every three calendar years	\$0 copay Per Purchase, \$1,000 every three calendar years
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
<b>Medicare Covered Dental</b> Non-routine care covered by Medicare	\$0 copay Per Visit	\$0 copay Per Visit
<b>Vision services</b> Medicare-covered exams given by a specialist to diagnose and treat eye diseases and conditions	\$0 copay Per Visit	\$0 copay Per Visit
Medicare-covered eyewear following cataract surgery	\$0 copay Per Surgery	\$0 copay Per Surgery

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Routine vision eye exam	\$0 copay Per Visit, 1 Visit every calendar year, \$70 maximum, every calendar year	\$0 copay Per Visit, 1 Visit every calendar year, \$70 maximum, every calendar year
Routine vision eyewear	\$0 copay for eyewear, maximum benefit, \$100 every two calendar years	\$0 copay for eyewear, maximum benefit, \$100 every two calendar years
<b>Mental Health Services</b> 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
<b>Skilled nursing facility (SNF)*</b>	\$0 copay Per Day, 1-100 Days Per Benefit Period	\$0 copay Per Day, 1-100 Days Per Benefit Period
<b>Outpatient rehabilitation services</b> Physical, occupational, and speech therapy visits*	\$0 copay Per Visit	\$0 copay Per Visit
<b>Ambulance services</b>	\$0 copay Per One Way Trip	
<b>Routine Transportation</b> Non-Emergency	\$0 copay for routine transportation, 12 one-way trips each year	
<b>Part B Drugs</b> Medicare-covered*	\$0 copay Per Visit	\$0 copay Per Visit
<b>Chiropractic services</b> Medicare-covered*	\$0 copay Per Visit	\$0 copay Per Visit
<b>Additional chiropractic services</b>	\$20 copay Per Visit, 40 visits per year	\$20 copay Per Visit, 40 visits per year
<b>Acupuncture</b> for chronic low back pain. Medicare-covered	\$0 copay Per Visit	\$0 copay Per Visit
<b>Additional acupuncture services</b>	\$20 copay Per Visit, 40 visits per year	\$20 copay Per Visit, 40 visits per year
<b>Diabetes management</b> 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

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
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
<b>Durable medical equipment (DME)*</b>	\$0 copay Per Purchase	\$0 copay Per Purchase
<b>Podiatry services</b> Medicare-covered	\$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
<b>Home health care*</b>	\$0 copay Per Visit	\$0 copay Per Visit

## Additional supplemental benefits, services, and discounts

Additional covered benefits and services	Members pay:
<b>Foreign travel emergency (outside U.S. territories)</b> Emergency care	\$0 copay Per Visit
Urgently needed services	\$0 copay Per Visit
Inpatient emergency care	\$0 copay Per Admission, 60 Days Per Lifetime
<b>Health and wellness programs SilverSneakers®</b> Take virtual fitness classes at home or visit us at a participating gym.	\$0 copay Per Visit
<b>Healthy Meals</b> 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
<b>Healthy Pantry</b> Monthly nutritional counseling and delivery of pantry items*	\$0 copay Per Year
<b>Health and fitness tracker</b> For your body and mind health	\$0 copay for health and fitness tracker, 1 device every two years
<b>Personal emergency response system (PERS)</b>	\$0 copay for personal emergency response system
<b>Medicare Community Resource Support</b>	\$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.