

**Group Retiree Medicare Advantage with Prescription Drug (MAPD) Summary prepared for:
Peralta Community College District (Page 1 of 2)**

Plan: MAPD – Anthem - Peralta Community College District
1/1/2023 - 12/31/2023

Medical Coverage	Member Pays
Medical Deductible	\$0
Medical Maximum Out-of-Pocket	N/A
Primary Care Visit	\$0
Specialist Visit	\$0
Inpatient Hospital Care	\$0
Outpatient Surgery	\$0
Inpatient Mental Health & Substance Abuse	\$0
Outpatient Mental Health & Substance Abuse	\$0
Skilled Nursing Facility	\$0 Days 1-100
Urgent Care Center	\$0
Emergency Room	\$0
Ambulance	\$0
Durable Medical Equipment	\$0
Ancillary Benefit Coverage	
Foreign Travel Coverage	\$0 Emergency Room & Urgently Needed Care \$0, Inpatient Care - 60 Days lifetime maximum
Hearing	\$0 copay for routine exam, \$70 maximum benefit every 12 months, limited to 1 exam every 12 months; \$500 hearing aid allowance every 12 months
Vision	\$0 copay for routine exam 12 months; \$100 combined materials allowance 24 months
Podiatry	\$0, 12 Visits per year
Chiropractic & Acupuncture	\$0, Unlimited Visits
Private Duty Nursing	\$10,000 Allowance per year
Fitness Benefit	Included

Medical MAPD Stipulations

- National Passive Preferred Provider Organization Network: Plan is accepted wherever Medicare is accepted in all 50 states including U.S. Territories.
- During this policy term, if there are changes by CMS or federal law in relation to MAPD, MA, Med Supp or EGWP plans there may be changes to the rates and/or benefit provisions. In the event that this were to occur, any changes will be communicated to the Group not less than 60 days before the effective date of any such change (other than mutually agreed changes) or shorter notice as may be required to comply with CMS or federal law

**Group Retiree Medicare Advantage with Prescription Drug (MAPD) Financial Rate Summary
prepared for: Peralta Community College District (Page 2 of 2)**

Pharmacy Coverage	Member Pays
Prescription Deductible	\$0
Retail 30 Day Supply	
Tier 1 (Generics)	\$1
Tier 2 (Brands)	\$1
Tier 3 (NP Brands)	\$1
Tier 4 (Specialty)	\$1
Retail 90 Day Supply	
Tier 1 (Generics)	\$3
Tier 2 (Brands)	\$3
Tier 3 (NP Brands)	\$3
Tier 4 (Specialty)	Limited to a one-month supply
Mail-Order 90 Day Supply	
Tier 1 (Generics)	\$1
Tier 2 (Brands)	\$1
Tier 3 (NP Brands)	\$1
Tier 4 (Specialty)	Limited to a one-month supply
Part D Coverage Specifications	
Drug Formulary	Most Comprehensive (Open)
Lifestyle Drugs Covered	Yes
All Non-Part D Drugs Covered	Yes
Utilization Management	Prior Authorizations, Quantity Limits and Step Therapy
Coverage Gap	Full-Coverage
Catastrophic Coverage	The greater of 5% or standard CMS copays, to a maximum of \$1

Prescription MAPD Stipulations

- The catastrophic coverage phase begins once the true out-of-pocket costs has reached \$7,400 in 2023 as defined per CMS.
- Pharmacy network of over 60,000+ locations including all major chains, super markets, and mom/pop store

