

Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: PRISM - City of Santa Rosa: Custom EPO 5

Your Network: EPO

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	\$25 copay per visit
Mental Health & Substance Use Disorder Services	\$25 copay per visit
Specialist care	\$25 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider
Overall Deductible	\$0 person
Overall Out-of-Pocket Limit	\$1,500 person / \$4,500 family

To get benefits under this Plan, you must use In-Network Providers. **Services from Out-of-Network Providers are not covered**, except for Emergency or Urgent Care, Authorized Services, or when required by law. Please be sure to contact us if you are not sure if we have approved an Authorized Service.

The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.

All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit.

Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*

Primary Care (PCP) <i>virtual and office</i>	\$25 copay per visit
Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$25 copay per visit
Specialist Provider <i>virtual and office</i>	\$25 copay per visit
<u>Other Practitioner Visits</u>	
Maternity Doctor services	
Prenatal and Postpartum care	\$25 copay per visit
Delivery	No charge
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$25 copay per visit
Manipulation Therapy	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider
Acupuncture	Not covered
<u>Other Services in an Office</u>	
Allergy Testing	No charge
Prescription Drugs <i>Dispensed in the office</i>	\$25 copay per visit
Surgery	No charge
Preventive care / screenings / immunizations	No charge
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge
<u>Diagnostic Services Lab</u>	
Office	\$25 copay per visit
Freestanding Lab	\$25 copay per visit
Outpatient Hospital	\$25 copay per visit
<u>Diagnostic Services X-Ray</u>	
Office	\$25 copay per visit
Freestanding Radiology Center	\$25 copay per visit
Outpatient Hospital	\$25 copay per visit
<u>Diagnostic Services Advanced Diagnostic Imaging</u> <i>for example: MRI, PET and CAT scans</i>	
Office	\$25 copay per visit
Freestanding Radiology Center	\$25 copay per visit
Outpatient Hospital	\$25 copay per visit
<u>Emergency and Urgent Care</u>	In-Network and Out-of-Network Providers:
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	No charge
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	In-Network and Out-of-Network Providers: \$75 copay per admission
Emergency Room Doctor and Other Services	In-Network and Out-of-Network Providers: No charge
Ambulance	In-Network and Out-of-Network Providers: \$50 copay per trip

Covered Medical Benefits	Cost if you use an In-Network Provider
<u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u>	
Facility Fees	\$250 copay per visit
Doctor Services	No charge
<u>Outpatient Surgery</u>	
Facility Fees	
Hospital	\$250 copay per visit
Ambulatory Surgical Center	\$250 copay per visit
Physician and other services <i>including surgeon fees</i>	
Hospital	No charge
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u>	
Facility Fees	\$250 copay per admission
Physician and other services <i>including surgeon fees</i>	No charge
<u>Home Health Care</u>	No charge
<u>Therapy Services</u>	
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i>	
Office	\$25 copay per visit
Outpatient Hospital	\$25 copay per visit
Pulmonary rehabilitation <i>office and outpatient hospital</i>	No charge
Cardiac rehabilitation <i>office and outpatient hospital</i>	No charge
Dialysis/Hemodialysis <i>office and outpatient hospital</i>	No charge
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	No charge
Skilled Nursing Care (facility) <i>Coverage is limited to 100 days per benefit period.</i>	\$250 copay per admission
Inpatient Hospice <i>Coverage is limited to \$5,000 maximum per lifetime.</i>	\$250 copay per admission
<u>Additional Services, Equipment and Devices</u>	

Covered Medical Benefits	Cost if you use an In-Network Provider
Durable Medical Equipment	No charge
Prosthetic Devices	No charge
Wigs <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not covered	Not covered
Pharmacy Out-of-Pocket Limit	Not covered	Not covered
<u>Prescription Drug Coverage</u> Network: Drug List:		
<u>Day Supply Limits</u>		
Tier 1 - Typically Generic	Not covered (retail and home delivery)	Not covered (retail and home delivery)
Tier 2 - Typically Preferred Brand	Not covered (retail and home delivery)	Not covered (retail and home delivery)
Tier 3 - Typically Non-Preferred Brand	Not covered (retail and home delivery)	Not covered (retail and home delivery)
Tier 4 - Typically Specialty (brand and generic)	Not covered (retail and home delivery)	Not covered (retail and home delivery)

Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services”.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Questions: (855) 333-5730 or visit us at www.anthem.com/ca

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Get help in your language

Language Assistance Services

Curious to know what all this says? We would be too. Here's the English version:

IMPORTANT: *Can you read this letter? If not, we can have somebody help you read it.*

You may also be able to get this letter written in your language. For free help with translations or interpreter services, in a timely manner, please call the telephone number on the back of your ID card. (TTY/TDD: 711). For more help call the CA Dept. of Insurance at 1-800-927-4357 (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternative formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card

Spanish

IMPORTANTE: ¿Puede leer esta carta? Si no puede leerla, podemos hacer que alguien lo ayude a leerla. También es posible que pueda recibir esta carta escrita en su idioma.

Para obtener ayuda gratuita con traducciones o servicios de interpretación, de manera oportuna, llame al número de teléfono que figura en el dorso de su tarjeta de identificación. (TTY/TDD: 711). Para obtener más ayuda llame al Departamento de Seguros de California al 1-800-927-4357 (TTY/TDD: 711)

Arabic

هام: هل يمكنك قراءة هذا الخطاب؟ إذا كان لا يمكنك ذلك، يمكننا أن نوفر لك شخصاً ما لمساعدتك على قراءته. يمكنك أيضاً الحصول على هذا الخطاب مكتوباً بلغة. للحصول على المساعدة المجانية بشأن الترجمات المكتوبة والفورية، وفي الوقت المناسب، نرجى الاتصال برقم الهاتف المكتوب على ظهر بطاقة ID الخاصة بك. (TTY/TDD: 711). للحصول على المزيد من المساعدة اتصل على إدارة التأمين في CA على الرقم 1-800-927-4357 (TTY/TDD: 711)

Armenian

Նամակը: Եթե ոչ, մեր մասնագետներից մեկը կարող է օգնել ձեզ կարդալ այն: Դուք կարող եք նաև այս նամակը ստանալ ձեր լեզվով: Թարգմանությունների կամ թարգմանչական ծառայությունների անվճար և ժամանակին օգնության համար խնդրում ենք զանգահարել ձեր ID քարտի հակառակ կողմում նշված հեռախոսահամարով: (TTY/TDD: 711): Ավելի շատ օգնության համար զանգահարեք CA-ի ապահովագրության բաժին՝ 1-800-927-4357 հեռախոսահամարով (TTY/TDD: 711):

Chinese

重要提示：您能看此信嗎？如果不能，我們可以請人幫您看。您還可以獲得以您的語言寫的此信件。如需及時獲得免費的翻譯或口譯服務協助，請撥打您 ID 卡背面的電話號碼。(TTY/TDD: 711)。欲取得其他協助，請致電 1-800-927-4357 (TTY/TDD: 711) 與 CA 保險部聯絡。

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانیم ترتیبی دهیم که کسی در خواندن آن به شما کمک کند. همچنین ممکن است بتوانید این نامه را به صورت کتبی به زبان خودتان دریافت کنید. برای کمک رایگان و به موقع در خدمات ترجمه کتبی و شفاهی، لطفاً با شماره تلفن مندرج در پشت کارت ID خود تماس بگیرید. (TTY/TDD: 711) برای دریافت کمک بیشتر، با اداره بیمه CA به شماره 1-800-927-4357 (TTY/TDD: 711) تماس بگیرید.

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम किसी से इसे पढ़ने में आपकी मदद करवा सकते हैं। आप इस पत्र को अपनी भाषा में भी लिखवा सकते हैं। अनुवाद या द्वाभाषेया सेवाओं में मुफ्त मदद के लिए, कृपया समय पर अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करें। (TTY/TDD: 711)। अधिक सहायता के लिए कैलिफ़ोर्निया बीमा विभाग को CA 1-800-927-4357 (TTY/TDD: 711) पर कॉल करें।

Hmong

TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog nyeem tsis tau, peb muaj neeg los pab koj nyeem nws. Koj los yeej tuaj yeem tau txais daim ntawv no ua koj yam lus. Kom tau txais kev pab txhais ntaub ntawv los sis cov kev pab cuam txhais lus pab dawb, kom raws sij hawm, thov hu tus npawb xov tooj nyob sab nraum qab ntawm koj daim npawv ID. (TTY/TDD: 711). Rau kev pab ntxiv hu lub CA Lub Tuam Tsev Hauj Lwm ntsig txog Kev Tuav Pov Hwm ntawm 1-800-927-4357 (TTY/TDD: 711)

Japanese

重要: この手紙を読むことができますか? もし読めない場合は、読むのを手伝ってもらうことができます。また、この手紙をお使いの言語で入手できる場合もあります。翻訳や通訳サービスの無料サポートが必要な場合は、お持ちの ID カード裏面に記載されている電話番号まで、できるだけ早くお電話ください。(TTY/TDD: 711) さらに詳しいサポートが必要な場合は、CA カリフォルニア州保険局までご連絡ください。電話番号: 1-800-927-4357 (TTY/TDD: 711)

Khmer

ចំណុចសំខាន់៖ តើអ្នកអាចអានសំបុត្រនេះដែរឬទេ? ប្រសិនបើមិនទេនោះ យើងអាចជួយអ្នកណាម្នាក់ជួយអ្នកអានវាបាន។ អ្នកក៏អាចជួយគេសរសេរសំបុត្រនេះជាភាសារបស់អ្នកបានផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃជាមួយនឹងសេវាកម្មប្រឆាំងភាពរើសអើង ឬផ្ទាល់មាត់ឱ្យបានពេលវេលា សូមទូរសព្ទទៅកាន់លេខនៅផ្នែកខ្នងកាត ID សម្គាល់របស់អ្នក។ (TTY/TDD: 711)។ សម្រាប់ជំនួយបន្ថែមសូមទូរសព្ទទៅកាន់ក្រសួងធានារ៉ាប់រងនៃរដ្ឋ CA តាមលេខ 1-800-927-4357 (TTY/TDD: 711)

Korean

중요: 이 서신을 읽으실 수 있습니까? 그렇지 않다면 서신을 읽을 수 있게 도움을 드릴 수 있습니다. 원하시는 언어로 이 서신을 받으실 수도 있습니다. 번역이나 통역 서비스를 무료로 적시에 이용하시려면 ID 카드 뒷면에 있는 전화 번호로 전화해 주십시오. (TTY/TDD: 711). 추가 도움이 필요하시면 CA 보험부에 1-800-927-4357 (TTY/TDD: 711) 번으로 전화해 주십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਅਨੁਵਾਦ ਜਾਂ ਦੁਬਾਸੀਏ ਸੇਵਾਵਾਂ ਵਿੱਚ ਮੁਫਤ ਮਦਦ ਲਈ, ਸਮੇਂ ਸਿਰ, ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711). ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian

ВАЖНАЯ ИНФОРМАЦИЯ: Можете ли вы прочитать данное письмо? Если нет, наш сотрудник поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Чтобы своевременно получить бесплатные услуги письменного или устного перевода, позвоните по номеру телефона, указанному на обратной стороне вашей идентификационной карты участника (TTY/TDD: 711). Для получения дополнительной помощи позвоните в Департамент страхования штата CA по номеру 1-800-927-4357 (TTY/TDD: 711)

Tagalog

MAHALAGA: Puwede mo bang basahin ang sulat na ito? Kung hindi, puwede tayong humanap ng taong tutulong sa iyo na basahin ito. Maaaring matanggap mo rin ang sulat na ito sa iyong wika. Para sa libreng tulong sa pagsasalin-wika o mga serbisyo ng interpreter, na napapanahon, mangyaring tawagan ang numero ng telepono sa likod ng iyong card ng ID. (TTY/TDD: 711). Para sa higit pang tulong tawagan ang Departamentol ng Insurance ng CA sa 1-800-927-4357 (TTY/TDD: 711)

Thai

ข้อสำคัญ: คุณอ่านจดหมายนี้ได้หรือไม่ หากไม่ได้ เรามีคนช่วยอ่านให้คุณหรือสามารถขอให้ส่งจดหมายนี้เป็นภาษาที่คุณต้องการ ขอความช่วยเหลือด้านการแปลหรือบริการล่ามที่รวดเร็วโดยติดต่อหมายเลขโทรศัพท์ที่ด้านหลังบัตรประจำตัวของคุณ (TTY/TDD: 711). ขอความช่วยเหลือเพิ่มเติมโดยติดต่อ CA ฝ่ายประกันภัยที่หมายเลข 1-800-927-4357 (TTY/TDD: 711).

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc được lá thư này không? Nếu không, chúng tôi có thể bỏ trí người giúp quý vị đọc. Quý vị cũng có thể yêu cầu nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí về dịch vụ biên dịch hoặc thông dịch, vui lòng gọi số điện thoại ở mặt sau thẻ ID của quý vị để được hỗ trợ kịp thời. (TTY/TDD: 711). Để được giúp đỡ thêm, hãy gọi Sở Bảo hiểm CA theo số 1-800-927-4357 (TTY/TDD: 711).

It's important we treat you fairly

We follow state and federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services, in a timely manner, like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or if you think you were discriminated against based on race, color, national origin, age, disability, or sex, you can mail a complaint directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>