# SISC Anthem 100-A PPO
## Summary of Benefits (1/01/22 - 09/30/22)

<table>
<thead>
<tr>
<th>Services</th>
<th>100-A $0 EGWP PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime Maximum</td>
<td>None</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum</td>
<td>$1,000 individual/ $3,000 family per calendar year</td>
</tr>
<tr>
<td>(Not all services apply to Annual OOPM)</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Office Visits</td>
<td>No charge</td>
</tr>
<tr>
<td>Primary Care</td>
<td>No charge</td>
</tr>
<tr>
<td>Specialist</td>
<td>No charge</td>
</tr>
<tr>
<td>Lab/X-rays</td>
<td>No charge</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>No charge</td>
</tr>
<tr>
<td>Hospitalization Services</td>
<td>No charge</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$100 per visit</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>$100 per transport</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No charge</td>
</tr>
<tr>
<td>Hearing Aids (every 24 months)</td>
<td>Up to a $700 combined maximum</td>
</tr>
<tr>
<td>Home care (part-time, intermittent)</td>
<td>No charge</td>
</tr>
<tr>
<td>Skilled Nursing Facility Care</td>
<td>No charge for up to 150* days per benefit period</td>
</tr>
<tr>
<td>*Combined with inpatient rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>Gym Membership/Discount Program</td>
<td>$25/month + $25 enrollment fee</td>
</tr>
</tbody>
</table>

**Important note:** this is a benefit overview of SISC’s 100-A $0 EGWP PPO group plan for in-network services. All benefits are subject to the definitions, limitations, and exclusions set forth in the Anthem or Blue Shield 100-A $0 EGWP PPO Plan Evidence of Coverages.