

Starting October 1, 2020, if you have a Self-Insured Schools of California (SISC) PPO plan, you may be eligible to have your copays waived for your first three visits to your PCP in a calendar year.

Your PCP can be a family or general practitioner, internist, gynecologist, obstetrician, pediatrician or nurse practitioner who:*

- Sees you for yearly checkups and preventive care.
- Learns about your family medical history.
- Treats minor illnesses and injuries.
- Helps manage your care if you have a chronic condition, like heart disease or diabetes.
- Offers advice to help you make informed decisions about care.

Find out if your SISC PPO plan is eligible

Look at your Benefits Booklet or contact Member Services at the phone number on your Member ID card to see if you qualify for \$0 copay for the first three visits. We are here to help you understand your benefits and put your care first.



Choose a PCP

To search for in-network doctors who qualify as PCPs, go to anthem.com/ca/sisc. Then log in and select Find Care.

See the next page for frequently asked questions about this new benefit.





What is a primary care physician (PCP)?

A PCP is your main doctor or health professional who provides most of your care. He or she coordinates your total care — from preventive checkups and routine medical care to specialized care and hospitalizations. A PCP's job is to provide basic care and to give you someone to reach out to for advice and direction when you have a health problem.

What kind of a doctor does my PCP have to be?

Your PCP can be any of these providers who are generalists, under the following specialties: family doctor, general practice doctor, internist or internal medicine doctor, OB/GYN, pediatrician or nurse practitioner.

Do I need to choose a PCP and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a PCP or get referrals.

What if I want to use a specialist as my PCP?

Your plan's office visit copay will apply to your specialist visit.

Can I use a provider who is outside of the Anthem network?

Yes, but you will not have a \$0 copay for the first three PCP visits. When you see network providers, you only have to pay the copays, deductibles and coinsurance required by your health plan. If you get treatment from a provider outside the network, you may have to pay more for services. Look for more information in your Benefits Booklet. To search for doctors in your plan who qualify as PCPs, go to anthem.com/ca/sisc and log in. Then select Find Care.

Does the \$0 copay for the three visits apply for each covered member of the family?

You and your enrolled dependents are each eligible to have the copay waived for the first three primary care office visits at an in-network PCP each year.

Does the \$0 copay for the first three PCP visits mean that all services performed during the visit will be covered at 100%?

The \$0 copay for the first three office visits applies to the actual office visit only. Costs may apply for any other service performed in the office, like an X-ray, lab or treatment, after any deductible.

Does everyone in my family have to share the same PCP?

No. Each member of your family who is enrolled in the plan can choose his or her own PCP or personal doctor.

If I have an HSA-compatible plan, do I get my first three visits with a PCP covered at a \$0 copay?

No. The HSA-compatible plans, including HSA-A, HSA-B, Minimum Value and Anchor Bronze PPO plans, do not waive PCP copays.

Do preventive/well exam visits count toward the three \$0 copay visits?

No. You will continue to have \$0 copay preventive/well exam visits, as well as three additional \$0 copay visits for each eligible member in one calendar year.

What if my PCP tries to collect my copay during my office visit?

Kindly notify your doctor's office that your plan waives the copay for the first three visits to a PCP. Your doctor can contact the provider number listed on the back of your Member ID card to verify your benefits.



