

## Santa Monica-Malibu Unified School District - Medicare Retiree Plan Options

### Retirees 65+ Plan Comparison

	Anthem	Kaiser	Blue Shield
SISC Plan Name	Companion Care	KPSA \$10	BSMA
	Medicare Supplement	Medicare Advantage	Medicare Advantage
Plan Type	Supplements on Medicare allowed	Medicare is assigned to HMO	Medicare is assigned to HMO
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
Individual/Family Deductibles	\$0	\$1,500	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$0	\$3,000	\$1,500
<b>PROFESSIONAL SERVICES</b>			
Office Visit (OV); Urgent Care, Specialists co-pay	\$0	\$10	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	\$0 OV copay may apply if part of visit	\$0 OV copay may apply if part of visit
Diagnostic X-ray & Laboratory Procedures	\$0	\$0 OV copay may apply if part of visit	\$0
Preventive Care (includes physical exams & screenings)	Not covered	\$0	\$0
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>			
Emergency Room visit (copay waived if admitted)	\$0	\$50 copay	\$50 copay
Immunizations (Includes flu injections and all Medicare approved immunizations)	\$0	\$0 OV copay may apply if part of visit	\$0 OV copay may apply if part of visit
Inpatient Hospital (preauthorization required) - limits may apply	\$0	\$0	\$0
Outpatient Hospital	\$0	\$10	\$0
Surgery, Outpatient (performed in Surgery Center)	\$0	\$10	\$0
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$0	\$10	\$0
Skilled Nursing Facility Must be approved by Medicare	Covered in full for 100 days per benefit period	Covered in full for 100 days per benefit period	Covered in full for 100 days per benefit period
Hospice (covered in full from a Medicare Certified Hospice under Medicare Part A)	Covered under Med A	Covered under Med A	Covered under Med A
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>			
<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	\$0	\$0
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	\$0	\$10 copay individual \$5 copay group	\$20
<b>OTHER SERVICES</b>			
Acupuncture - Limits apply	Not covered	\$10 copay/30 visits can combine with Chiro	only Medicare covered services - check with <a href="http://www.medicare.gov">www.medicare.gov</a>
Ambulance (Ground or Air)	\$0	\$50 per trip	\$0

