Santa Monica-Malibu Unified School District 2023-2024 Plan Comparison, Summary & Election Form

	Full Network	Full Network	Select Network	Full Network	Select Network	Kaiser Network
	Anthem PPO	Anthem PPO	Anthem PPO	Anthem HMO	Anthem HMO	Kaiser HMO
Plan Description Name	90-G \$20	80-G \$20	80-G \$20	Premier 10	Premier 10	Trad HMO \$15
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays					
Individual/Family Deductibles	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$0/\$0	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$0 copay 1st 3 visits then	\$0 copay 1st 3 visits then \$0 copay 1st 3 visits then \$0 copay 1st 3 visits then			610	Ć4.F
	\$20	\$20	\$20	\$10	\$10	\$15
Urgent Care co-pay	\$20	\$20	\$20	\$10	\$10	\$15
Specialists/Consultants co-pay	\$20	\$20	\$20	\$10	\$10	\$15
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$10	\$10	\$0
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	\$100/test	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	\$0	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	50%	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0%	0%	0%	\$0	\$0	\$0
Preventive care (includes physical exams & screenings)	Ded Waived	Ded Waived	Ded Waived			ŞU
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
	10%	20%	20%	\$100	\$100	¢100
Emergency Room visit (copay waived if admitted)	\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100		\$100
Inpatient Hospital (preauthorization required) - limits may apply	10%	20%	20%	\$0	\$0	\$0
Outpatient Hospital	10%	20%	20%	\$0	\$0	\$15
Surgery, Outpatient (performed in Surgery Center)	10%	20%	20%	\$0	\$0	\$15
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	20%	20%	\$0	\$0	\$15

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	10%	20%	20%	\$0	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	20%	\$0	\$0	\$15
OTHER SERVICES						

Ambulance (Ground or Air)	10%	20%	20%	\$100	\$100	\$50
	\$100 co-pay	\$100 co-pay	\$100 co-pay			
Acupuncture - Limits apply - Must use ASH Network	10%	20%	20%	\$10/30 visits	\$10/30 visits	\$10/30 visits
Acapanetare Limits apply mast use Ash Network	10/0	2078	2078	combined w/chiro	combined w/chiro	combined w/chiro
Chiropractic - Limits apply - Must use ASH Network	10%	20%	20%	\$10/30 visits	\$10/30 visits	\$10/30 visits
chiloplactic - Linits apply - Must use Ash Network	10%			combined w/acu	combined w/acu	combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	\$0	\$0	no charge
Physical and Occupational Therapy - Limits apply	10%	20%	20%	\$10	\$10	\$15
	10% and	20% and	20% and	50% Coinsurance	50% Coinsurance	Amount in excess of
Hearing Aids	Amount in excess of	Amount in excess of	Amount in excess of	1 device per ear/36	1 device per ear/36	\$500 allowance every 36
	\$700 allowance/24	\$700 allowance/24	\$700 allowance/24	, ,		months
	months	months	months	months months	monuns	montris

PHARMACY BENEFITS	5-20	5-20	5-20	5-20	5-20	Custom \$5-\$20 (30 day)
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none

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Plan Description Name	90-G \$20	80-G \$20	80-G \$20	Premier 10	Premier 10	Trad HMO \$15
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays				
Individual/Family Deductibles	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$0/\$0	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	\$1,500/\$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$5 up to 30 day supply				
Brand co-pay/30 days supply	\$20	\$20	\$20	\$20	\$20	\$20 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$20 up to 30 day supply				
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$50	\$0-\$50	\$0-\$50	\$0-\$50	\$10-\$40/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy				
Please initial in the box under the plan you wish to enroll in						
	Initial	Initial	Initial	Initial	Initial	Initial
PRINT YOUR NAME CLEARLY	SIGNATURE				DATE	

I understand the only time I may change from one Medical Plan to another Medical Plan is during the district's designated Open Enrollment Period for an effective date of October 1. if I gain a new dependent (marriage, birth or adoption) I can add those dependents by completing a Change Form but I cannot change my Medical Plan except during Open Enrollment.

All SISC medical and prescription plans have an Out-of-Pocket Maximum. All Medical co-pays deductibles and co-insurance paid by the member for In-Network eligible services will be applied to the medical Out-of-Pocket Maximum. For the PPO AND HMO plans with the Navitus prescription drug carve out there is a separate Prescription OOP Maximim. With the Kaiser and 2 Tiered Anchor Bronze plans the medical and prescription OOP Maximum is combined. Once the OOP Maximim is satisfied the member will be covered 100% for the remainder of the calendar year for In-Network eligible charges.

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.