



**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
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
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	\$0 at Costco \$5 at Other Network	\$0 at Costco \$5 at Other Network	\$0 at Costco \$5 at Other Network	\$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 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$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	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco 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 Maximum. With the Kaiser and 2 Tiered Anchor Bronze plans the medical and prescription OOP Maximum is combined. Once the OOP Maximum 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.*