

Santa Monica-Malibu Unified School District	Anthem PPO	Anthem PPO	Anthem PPO	Anthem HMO	Anthem HMO	Kaiser Network	Kaiser Network
Medical Benefits Plan Comparison Sheet	Full Network	Full Network	Select Network	Full Network	Select Network	Kaiser HMO	Kaiser DHMO
SISC Plan Year: October 1, 2023 - September 30, 2024	90-G \$20	80-G \$20	80-G \$20	Premier 10	Premier 10	Trad HMO \$15	Trad DHMO* \$1,000
Active Employees							* hospital only deductible
MEDICAL - Calendar Year Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000	\$0/\$0	\$0/\$0	\$0/\$0	\$1,000/\$2,000*
Individual/Family Out-of-Pocket (OOP Maximum (includes medical deductibles 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	\$3,000/\$6,000
PROFESSIONAL SERVICES							
Office Visit Co-pay	\$0 co-pay first 3 visits, then \$20	\$0 co-pay first 3 visits, then \$20	\$0 co-pay first 3 visits, then \$20	\$10	\$10	\$15	\$20
Urgent Care Co-pay	\$20	\$20	\$20	\$10	\$10	\$15	\$20
Specialists/Consultants Co-pay	\$20	\$20	\$20	\$10	\$10	\$15	\$20
Prenatal, postnatal Office Visit Co-pay	\$20	\$20	\$20	\$10	\$10	\$0	\$0
Scans: CT, CAT, MRI, PET, etc...	10%	20%	20%	\$100/test	\$100/test	\$0	10% up to \$50
Diagnostics X-ray & Laboratory Procedures	10%	20%	20%	\$0	\$0	\$0	\$10
Infertility (refer to plan guide)	Not covered	Not covered	Not covered	50%	50%	Co-pay applies	Co-pay applies
Preventative Care (includes physical exams and screenings)	0%, ded waived	0%, ded waived	0%, ded waived	\$0	\$0	\$0	\$0, ded waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room Visit (co-pay waived if admitted)	10% + \$100 co-pay	20% + \$100 co-pay	20% + \$100 co-pay	\$100	\$100	\$100	20% after ded
Inpatient Hospital Co-pay (pre-authorization required)	10%	20%	20%	\$0	\$0	\$0	20% after ded
Outpatient Hospital Co-pay	10%	20%	20%	\$0	\$0	\$15	20% after ded
Surgery, Outpatient (performed in an ambulatory surgery center)	10%	20%	20%	\$0	\$0	\$15	20% after ded
Surgery, Outpatient (performed in a hospital)	10%	20%	20%	\$0	\$0	\$15	20% after ded
MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE TREATMENT							
Inpatient Care - Facility-based care (preauthorization required)	10%	20%	20%	\$0	\$0	\$0	20% after ded
Outpatient Care - Facility-based care (preauthorization required)	Co-pay applies, ded waived	Co-pay applies, ded waived	Co-pay applies, ded waived	\$0	\$0	\$15	20% after ded
OTHER SERVICES							
Acupuncture - Limits apply	10%	20%	20%	\$10/30 visits w/chiro	\$10/30 visits w/chiro	\$10/30 visits w/chiro	\$10/30 visits w/chiro
Ambulance (ground or air)	\$100 co-pay + 10%	\$100 co-pay + 20%	\$100 co-pay + 20%	\$100	\$100	\$50	\$150
Chiropractic - Limits apply	10%	20%	20%	\$10/30 visits w/acu	\$10/30 visits w/acu	\$10/30 visits w/acu	\$10/30 visits w/chiro
Durable Medical Equipment	10%	20%	20%	\$0	\$0	no charge	20% after ded
Physical and Occupational Therapy - Limits apply	10%	20%	20%	\$10	\$10	\$15	\$20
Hearing Aids	10% and cost in excess of \$700 allowance per 24-month period	20% and cost in excess of \$700 allowance per 24-month period	20% and cost in excess of \$700 allowance per 24-month period	50% benefit allowance per 1 device per 36 months	50% benefit allowance per 1 device per 36 months	Cost in excess of \$500 allowance every 36 months	Cost in excess of \$500 allowance every 36 months
PHARMACY BENEFITS	5-20	5-20	5-20	5-20	5-20	Custom 5-20 (30 day)	Custom 5-20 (30 day)
Pharmacy Benefits Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser
Mail Order Pharmacy	Costco MO	Costco MO	Costco MO	Costco MO	Costco MO	Kaiser MO	Kaiser MO
Individual/Family Brand & Specialty Rx Deductibles	None	None	None	None	None	None	None
Individual/Family Rx Out-of-Pocket Max (includes Rx deductibles and co-pay \$)	\$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	Included w/med OOP max

