

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

Retirees 65+ Plan Comparison

2022-2023	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
MEDICAL - CALENDAR YEAR Deductibles & Maximums		Member Pays	Member Pays
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
PROFESSIONAL SERVICES			
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
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
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
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT			
INPATIENT: Facility Based Care (preauth required)	\$0	\$0	\$0
OUTPATIENT: Facility Based Care (preauth required)	\$0	\$10 copay individual \$5 copay group	\$20
OTHER SERVICES			
Acupuncture - Limits apply	Not covered	\$10 copay/30 visits can combine with Chiro	only Medicare covered services - check with www.medicare.gov
Ambulance (Ground or Air)	\$0	\$50 per trip	\$0

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MEDICAL - CALENDAR YEAR Deductibles & Maximums		Member Pays	
Chiropractic - Limits apply	\$0	Member Pays \$10 copay/30 visits can combine with Acu	
Durable Medical Equipment (DME)	\$0	0% - Kaiser DME guidelines apply	
Hearing Aid	Not covered	\$500 allowance every 36 months	
Laboratory Services	\$0	\$0	
Physical and Occupational Therapy - Limits apply	\$0	\$10	
PHARMACY BENEFITS		\$10-\$20	\$10-\$30
Pharmacy Benefit Manager	Navitus	Kaiser	CVS Caremark
Individual/Family Brand & Specialty Rx Deductibles	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$5,100	combined with medical	
Generic co-pay/30 days supply	\$9	\$10 (100 day supply)	\$10 (30 day supply)
Brand co-pay/30 days supply	\$35	\$20 (100 day supply)	\$30 (30 day supply)
Specialty co-pay/up to 30 days supply	\$35 Must use Navitus Mail	\$20 must use Kaiser (30 day supply)	\$30 must use Blue Shield (30 day supply)
Mail Order (Generic-Brand co-pay/90 days supply)	\$18-\$90	\$10 (100 day supply)	\$20-\$60 (90 day supply)
Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order	
2022-2023 Monthly Premium/per person		\$193.00	\$299.00

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.