Santa Monica-Malibu Unified School District
2022-2023 Plan Comparison & Selection Sheet
Early Retirees (Non-Medicare)

SISC Group Number - Certificated Retiree	**40963K**	**40963L**	**40963M**	**57ARPK**	**57ARPL**	**234480-0111RCN**
SISC Group Number - Classified Retiree	**40963N**	**40963P**	**40963Q**	**57ARPN**	**57ARPP**	**234480-0111RLN**
SISC Group Number - Management Retiree	**40963R**	**40963S**	**40963T**	**57ARPR**	**57ARPS**	**234480-0111RMN**
	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**	**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**
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 $20	$0 copay 1st 3 visits then $20	$0 copay 1st 3 visits then $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% Ded Waived	0% Ded Waived	0% Ded Waived	$0	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit (copay waived if admitted)	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	$100	$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% $100 co-pay	20% $100 co-pay	20% $100 co-pay	$100	$100	$50
Acupuncture - Limits apply - Must use ASH Network	10%	20%	20%	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro
Chiropractic - Limits apply - Must use ASH Network	10%	20%	20%	$10/30 visits combined w/acu	$10/30 visits combined w/acu	$10/30 visits 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
Hearing Aids	10% and Amount in excess of $700 allowance/24 months	20% and Amount in excess of $700 allowance/24 months	20% and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	50% Coinsurance 1 device per ear/36 months	Amount in excess of $500 allowance every 36 months

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	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**	**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**
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**
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**
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 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.