CSEBO MEDICAL INSURANCE
HMO COMPARISON
EFFECTIVE 1/1/2024 - 12/31/2024

Anthem

KAISER PERMANENTE®

PLAN NUMBER GENERAL PLAN INFORMATION	HMO IN-NETWORK ONLY	HMO IN-NETWORK ONLY
Annual Medical and Prescription Drug Combined Out-of-Pocket Limit[1]		
Individual/Individual in Family/Family	$1,500/$1,500/$4,500	$1,500/$1,500/$3,000
Annual Medical Deductible		
Individual/Individual in Family/Family	$0	$0
Plan Information		
Type of Plan	Health Maintenance Organization (HMO)	Health Maintenance Organization (HMO)
Referrals Required?	Yes	Yes
Physician/Diagnostic Services		
Preventive Care	No Charge	No Charge
TeleMedicine (Audio/Video Visits)	No Charge	No Charge
Primary Care Office Visit	$10 Copay	$10 Copay
Specialist Office Visit	$10 Copay	$10 Copay
Diagnostic X-Ray and Lab Tests	No Charge	No Charge
Advanced Imaging	No Charge	No Charge
Inpatient Hospital Services		
Inpatient Hospitalization	No Charge	No Charge
Outpatient Services		
Outpatient Surgery	No Charge	$10 Copay per Procedure
Outpatient Lab and Imaging	No Charge	No Charge
Emergency Services		
Ambulance Services	No Charge	$50 per trip
Emergency Room	$50 Copay (Waived if Admitted)	$50 Copay (Waived if Admitted)
Urgent Care	**In-Network**	**In-Network**
Urgent Care Visits	$10 Copay	$10 Copay
Mental Health and Substance Abuse		
Inpatient Mental Health	No Charge	No Charge
Outpatient Mental Health Office Visit	$10 Copay	$10 Copay
Other Outpatient Mental Health Services	No Charge	No Charge

[1]The family out-of-pocket maximum is embedded, meaning the cost shares of one family member will be applied to the per-person out-of-pocket maximum. In addition, amounts for all covered family members apply to the family out-of-pocket maximum. No one member will pay more than the per person out-of-pocket maximum.

Oxnard Union High School District

CSEBO

CSEBO MEDICAL INSURANCE
HMO COMPARISON
EFFECTIVE 1/1/2024 - 12/31/2024

Anthem

KAISER PERMANENTE®

PLAN NUMBER GENERAL PLAN INFORMATION	HMO IN-NETWORK ONLY	HMO IN-NETWORK ONLY
Other Services		
Acupuncture	$10 copay for medically necessary acupuncture, referral required	$10 copay, combined 30 visits per 12-month period for acupuncure and chiropractic services, referral not required
Chiropractic Services	$10 copay, rehabilitative care only, referral required, per 60-day period	$10 copay, combined 30 visits per 12-month period for acupuncure and chiropractic services, referral not required
Hearing Aids	One per Ear, Every 36 Months	$1,500 per Ear, Every 36 Months
Fertility Benefits	No Coverage	$10 Office Copay, $0 Inpatient, $0 Lab, Imaging, & Special Encounter
PRESCRIPTION DRUG BENEFITS	**IN-NETWORK ONLY**	**IN-NETWORK ONLY**
Annual Prescription Drug Out-of-Pocket Limit		
Individual/Family	Combined with Medical	Combined with Medical
Prescription Drug Deductible		
Per Individual	$0	$0
Prescription Drug Formulary		
Formulary (Covered Drugs)	National 3-Tier	CA Commercial 2-Tier
Retail	**30-Day Supply**	**30-Day Supply**
Generic	$10 Copay	$10 Copay
Brand (Formulary/Preferred)	$20 Copay	$20 Copay
Brand (Non-Formulary/Non-Preferred)	$20 Copay	$20 Copay
Specialty Rx (Specialty Pharmacy Only; 30-day supply)	$20 Copay	$20 Copay
Mail Order	**90-Day Supply**	**100-Day Supply**
Generic	$20 copay	$10 Copay
Brand (Formulary/Preferred)	$40 copay	$20 Copay
Brand (Non-Formulary/Non-Preferred)	$40 copay	$20 Copay
Specialty Rx (Specialty Pharmacy Only; 30-day supply)	$40 copay	Retail Only

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Oxnard Union High School District

CSEBO