

	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	HIGH 90/10	LOW 80/20	CALIFORNIA CARE	SELECT	VIVITY	

MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$500/\$1,000	\$1,000/\$2,000	\$0/\$0	\$0/\$0	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000	\$1,500/\$3,000

PROFESSIONAL SERVICES

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$30	\$20	\$20	\$20	\$20
Urgent Care Office-Based co-pay	\$20	\$30	\$20	\$20	\$20	\$20
Urgent Care Facility-Based co-pay	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	\$100	\$100	\$0	\$20
Prenatal, postnatal office visit co-pay	\$20	\$30	\$20	\$20	\$20	\$0
Specialists/Consultants co-pay	\$20	\$30	\$20	\$20	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	10% after Ded	20% after Ded	\$100/test	\$100/test	\$100/test	\$0
Laboratory Procedures	10% after Ded	20% after Ded	\$0	\$0	\$0	\$0
Diagnostic X-rays	10% after Ded	20% after Ded	\$0	\$0	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	50%	50%	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	\$0	\$0	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted) - Avg Cost: \$2,847 \$100+10%: \$375 \$100+20%: \$649	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	\$100	\$100	\$200	\$100
Inpatient Hospital (preauthorization required) - Avg Cost for one day: \$6,067 10%: \$607 20%: \$1,213	10% after Ded	20% after Ded	\$200/admit	\$200/admit	0%	\$0
Surgery, Outpatient (performed in Surgery Center)	10% after Ded	20% after Ded	\$100	\$100	0	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	10% after Ded	20% after Ded	\$100	\$100	0	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	10% after Ded	20% after Ded	\$200	\$200	0%	\$0
OUTPATIENT: Facility Based Care (preauth required)	10% after Ded	20% after Ded	\$0	\$0	\$0	\$20

OTHER SERVICES

Ambulance (Ground or Air)	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	\$100	\$100	\$100	\$50
Acupuncture - Limits apply	10% after Ded Subject to PA	20% after Ded Subject to PA	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	10% after Ded Subject to PA	20% after Ded Subject to PA	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits (through ASH) combined w/acu
Physical and Occupational Therapy - Limits apply	10% after Ded	20% after Ded	\$20	\$20	\$20	\$20
Durable Medical Equipment (DME)	10% after Ded	20% after Ded	20%	20%	0%	no charge
Hearing Aids	10% after Ded and Amount in excess of \$700 allowance/24 months	20% after Ded 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	50% Coinsurance 1 device per ear/36 months	amount in excess of \$500 allowance every 36 months

*See SISC HMO Chiro
Acu Benefit

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

PHARMACY BENEFITS

Plan	Rx 9-35	Rx 9-35	Rx 9-35	Rx 9-35	Rx 9-35	\$10-30 (30 day) Rx
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)	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco+ \$9 at Other Network	\$0 at Costco+ \$9 at Other Network	\$0 at Costco+ \$9 at Other Network	\$0 at Costco+ \$9 at Other Network	\$0 at Costco+ \$9 at Other Network	\$10 up to 30 day supply
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$35	\$30 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90+	\$0-\$90+	\$0-\$90+	\$0-\$90+	\$0-\$90+	\$20-\$60 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

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

*Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.