

Del Mar Union School District
Medical Plan Options for all Full Time Benefit Eligible Employees
Effective January 1, 2021

| SISC (Self-Insured Schools of California) | | | | | | |
|---|---|--|---|--|--|---|
| HMO's | | | | PPO's | | |
| KAISER | ANTHEM HMO's | | SIMNSA | ANTHEM (In-Network Benefits Only) | | |
| Kaiser HMO | Anthem HMO Full Premier | Anthem HMO Select Premier | SIMNSA HMO | Anthem PPO Plan | Anthem HDHP Plan | |
| Benefits | Member Responsibility: | | | (In-Network) | | (In-Network) |
| Office Visit | \$15 copay | \$10 copay | \$10 copay | \$5 copay | \$0 copay for visits 1-3, then \$20 copay per visit for visits 4+ | 10% coinsurance* |
| Specialist Visit | \$15 copay | \$10 copay | \$10 copay | \$5 copay | \$20 copay | 10% coinsurance* |
| Preventive Care | 100% covered | 100% covered | 100% covered | 100% covered | 100% covered in-network | 100% covered in-network |
| Inpatient Hospitalization | 100% covered | 100% covered | 100% covered | 100% covered | 10% coinsurance* | 10% coinsurance* |
| Outpatient Surgery | \$15 copay | 100% covered | 100% covered | 100% covered | 10% coinsurance (some surgeries include \$ limits if performed in outpatient) | 10% coinsurance* |
| X-Ray & Laboratory | 100% covered | 100%, \$100 complex radiology | 100%, \$100 complex radiology | 100% | 10% coinsurance | 10% coinsurance* |
| Urgent Care | \$15 copay | \$10 copay (from your primary care group) | \$10 copay (from your primary care group) | Mexico: \$25 copay Outside Mexico: \$50 copay | \$20 copay | 10% coinsurance* |
| Emergency Room | \$100 copay (waived if admitted) | \$100 copay (waived if admitted) | \$100 copay (waived if admitted) | In and Out of Plan's Area: \$250 copay (waived if admitted) | \$100 copay, then 10%* (may be waived) | \$100 copay, then 10%* (may be waived) |
| Chiropractic Services (All HMO plans will combine chiropractic & acupuncture thru ASH - Accept SIMNSA) | \$10 copay, up to 30 visits per calendar year | \$10 copay, up to 30 visits per calendar year | \$10 copay, up to 30 visits per calendar year | \$10 copay (massage and physical therapy) (From your SIMNSA medical provider) | 10% coinsurance* | 10% coinsurance* |
| Prescriptions | Kaiser Pharmacy Only | | | \$5 brand (generic drugs are not available in Mexico) 30 day supply | \$5 generic \$20 brand 30 day supply | (After deductible is met*) \$9 generic \$35 brand 30 day supply |
| Retail-Network (Other than Costco) | \$5 generic \$20 brand 30 day supply | \$5 generic \$20 brand 30 day supply | \$9 generic \$35 brand 30 day supply | | | |
| Costco Walk-In | | \$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply | \$0 generic, up to a 90 day supply \$35 brand, 30 day supply; \$90 brand for 90 day | NA | \$0 generic, up to a 90 day supply \$20 brand, 30 day supply; \$50 brand for 90 day supply | \$0 generic, \$35 brand, 30 day supply; (90 day supply is not available through walk-in) |
| Mail Order (Provided by Costco) | Kaiser Pharmacy Only - 100 day supply \$10 generic \$20 brand | \$0 generic/\$50 brand, 90 day supply | \$0 generic/\$90 brand, 90 day supply | NA, mail order not available in Mexico | \$0 generic/\$50 brand, 90 day supply | \$18 generic/\$90 brand, 90 day supply |
| Annual Deductible | NA | NA | NA | NA | \$100 individual/ \$300 family | \$1,500 individual \$3,000 family (no individual greater than \$2,800) |
| Medical Out-of-Pocket Maximum | \$1,500 indiv/ \$3,000 family | \$1,000 indiv/ \$2,000 family | \$1,000 indiv/ \$2,000 family | \$6,350 indiv/ \$12,700 family | \$1,000 individual/ \$3,000 family | \$3,000 individual \$6,000 family (no individual greater than \$3,000) |
| Rx Out-of-Pocket Maximum | Included in medical out-of-pocket maximum | \$1,500 indiv/ \$2,500 family | \$2,500 indiv/ \$3,500 family | Included in medical out-of-pocket maximum | \$1,500 individual/ \$2,500 family | Included in medical out-of-pocket maximum |
| * This is a brief description of each plan. Any variances from the master policy; the master policy will prevail. | | | | | (*After deductible is met) | |
| Monthly Payroll Deductions | | | | | | |
| 2021 Employee Cost 11 Months - Total Payroll Deductions (Includes Medical, Dental, Vision and Life Insurance) | | | | | | |
| Employee Only | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$148.24 | \$0.00 |
| Plus 1 Dependent | \$583.51 | \$791.88 | \$585.69 | \$0.00 | \$1,102.78 | \$571.51 |
| Plus 2 or More Dependents | \$1,000.24 | \$1,277.33 | \$1,008.97 | \$0.00 | \$1,687.51 | \$999.15 |