

2023-2024 SISC Plan Comparison/Election for Kaiser Permanente Senior Advantage (Enrolled in Medicare Only)



Services	Kaiser Permanente \$10 Senior Advantage	Kaiser Permanente \$25 Senior Advantage
Type of Plan	HMO Advantage, member must live in qualified service area and choose Primary doctor	HMO Advantage, member must live in qualified service area and choose Primary doctor
Lifetime Maximum	None	None
Annual Out-of-Pocket Maximum	\$1,500 per calendar year* *Not all services apply to Annual OOPM	\$1,500 per calendar year* *Not all services apply to Annual OOPM
Deductible	None	None
Office Visits	\$10 per visit	\$25 per visit
Lab/X-rays	No charge	No charge
Outpatient Surgery	\$10 per procedure	\$25 per procedure
Hospitalization Services	No charge	\$500 per stay
Emergency Services	\$50 per visit	\$50 per visit
Ambulance Services	\$50 per transport	\$150 per transport
Prescription Drugs Generic	\$10 for up to a 100-day supply	\$30 for up to a 100-day supply
Preferred Brand	\$20 for up to a 100-day supply	\$75 for up to a 100-day supply
Durable Medical Equipment	No charge	20% coinsurance
Home Health Care (part-time, intermittent)	No charge	No charge
Skilled Nursing Facility Care	No charge for up to 100 days per benefit period	No charge for up to 100 days per benefit period
Hearing Aids	\$500 allowance per aid every 36 months	\$500 allowance per aid every 36 months
Eyewear	\$150 allowance every 24 months	\$150 allowance every 24 months
Gym Membership/Discount Program	No charge	No charge

*This document is a brief comparison of the benefits. For details, members should review the details, limitations, and exclusions identified in the Benefit Summary, the Evidence of Coverage booklet, or with Medicare for each plan.*

## 2023-2024 SISC Medicare Group Retiree Plans/Sequoia Union High School District



Services	CompanionCare Medicare Supplement *	Anthem/Blue Shield 100-A \$0 EGWP PPO
Type of Plan	Medicare is billed primary, member keeps original Medicare and Plan pays on Medicare Allowable Expenses only (Medigap Plan C)	PPO plan-coordinates with Medicare
Lifetime Maximum	None	None
Annual Out-of-Pocket Maximum	None	\$1,000 individual/ \$3,000 family per calendar year* *Not all services apply to Annual OOPM
Deductible	None	None
Office Visits	No charge	No charge
Lab/X-rays	No charge	No charge
Outpatient Surgery	No charge	No charge
Hospitalization Services	No charge	No charge
Emergency Services	No charge	\$100 per visit
Ambulance Services	No charge per transport	\$100 per transport
Navitus Medicare Rx Prescription Drugs Generic	\$18 for up to a 90-day supply	\$0 for up to a 90-day supply
Preferred Brand	\$90 for up to a 90-day supply	\$20 - \$60 for up to a 90-day supply
Durable Medical Equipment	No charge	No charge
Home Health Care (part-time, intermittent)	No charge	No charge
Skilled Nursing Facility Care	No charge for up to 100 days per benefit period	No charge for up to 150 days per benefit period* *Combined with inpatient rehab. svcs
Hearing Aids	No hearing aid allowance	Up to \$700 combined maximum every 24 months
Eyewear	No eyewear allowance	No eyewear allowance
Gym Membership/Discount Program	No charge	\$28/month + \$28 enrollment fee

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