

# Ventura County Community College District

## HMO Benefits - CalPERS vs SISC (Kaiser)

### January 1, 2023



	CalPERS HMO Plan - Kaiser	SISC Kaiser \$15 HMO
<b>Networks</b>	Kaiser	Kaiser
<b>MEDICAL</b>		
<b>Deductible</b>	none	none
<b>Out of pocket maximum</b>		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
<b>Office visit copay (PCP / specialist)</b>		
Primary Care Physician	\$15	\$15
Specialist Office Visit	\$15	\$15
<b>Hospitalization</b>		
Inpatient	No charge	No charge
Outpatient	\$15 per procedure	\$15 per procedure
<b>Lab and X-ray</b>	No charge	No charge
<b>Emergency services</b>	\$50	\$100
<b>Urgent care</b>	\$15	\$15
<b>Preventive</b>	No charge	No charge
<b>Chiropractic/Acupuncture</b>	\$15 20 visits/year	\$10 30 visits/year
<b>PHARMACY</b>		
<b>Deductible</b>	none	none
<b>Out of pocket maximum</b>	included in Medical	included in Medical
<b>Retail Pharmacy</b>		Supply Limit 30 days
Generic Drugs	\$5	\$5
Preferred Brand Drugs	\$20	\$20
<b>Mail Order Pharmacy</b>		Supply Limit 100 days
Generic Drugs	\$10	\$10
Preferred Brand Drugs	\$40	\$40

Ventura County Community College District  
**HMO Benefits - CalPERS vs SISC (Anthem)**  
 January 1, 2023



	CalPERS HMO Plans	SISC Anthem	SISC Anthem
<b>Networks</b>	Anthem Select Anthem CA Care (Full) Blue Shield Access + Blue Shield Trio Health Net Smart Care Health Net Salud y Mas UHC Alliance UHC Harmony	Anthem CA Care (Full)	Anthem Select HMO
<b>MEDICAL</b>			
<b>Deductible</b>	none	none	none
<b>Out of pocket maximum</b>			
Individual	\$1,500	\$1,000	\$1,000
Family	\$3,000	\$2,000	\$2,000
<b>Office visit copay (PCP / specialist)</b>			
Primary Care Physician	\$15	\$10	\$10
Specialist Office Visit	\$15	\$10	\$10
<b>Hospitalization</b>			
Inpatient	No charge	No charge	No charge
Outpatient	No charge	No charge	No charge
<b>Lab and X-ray</b>	No charge	No charge (\$100 advanced Imaging)	No charge (\$100 advanced Imaging)
<b>Emergency services</b>	\$50	\$100	\$100
<b>Urgent care</b>	\$15	\$10	\$10
<b>Preventive</b>	No charge	No charge	No charge
<b>Chiropractic/Acupuncture</b>	\$15	\$10	\$10
	20 combined visits/year	50 combined visits/year**	50 combined visits/year**
		Navitus closed formulary	Navitus closed formulary
<b>PHARMACY</b>			
<b>Deductible</b>	none	none	none
<b>Out of pocket maximum</b>			
Individual	\$7,200	\$1,500	\$1,500
Family	\$14,400	\$2,500	\$2,500
<b>Retail Pharmacy</b>	Supply Limit 30 days	Supply Limit 30 days*	Supply Limit 30 days*
Generic Drugs	\$5	\$0/\$5*	\$0/\$5*
Preferred Brand Drugs	\$20	\$20	\$20
Specialty	\$20	\$20	\$20
<b>Mail Order Pharmacy</b>	Supply Limit 90 days	Supply Limit 90 days	Supply Limit 90 days
Generic Drugs	\$10	\$0	\$0
Preferred Brand Drugs	\$40	\$50	\$50
Specialty	\$20	\$20	\$20

\*Costco pharmacy provides most generics at no cost for both 30 and 90 day supplies and brand drugs for \$20 (30 day) and \$50 (90 day and mail)

\*\*20 combined visits through IPA, 30 combined visits through ASH rider

	CalPERS Gold PPO Plan		SISC Anthem 80-K \$30 Classic PPO Plan		CalPERS Platinum PPO Plan		SISC Anthem 90-G \$20 Classic PPO Plan	
	Select PPO Preferred Provider		Prudent Buyer/ Blue Card		Prudent Buyer/ Blue Card		Prudent Buyer/ Blue Card	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>Networks</b>								
<b>MEDICAL</b>								
<b>Deductible</b>								
Individual		\$1,000		\$1,000		\$500		\$500
Family		\$2,000		\$2,000		\$1,000		\$1,000
<b>Total Medical Out of pocket maximum</b>								
Individual	\$7,100	None	\$3,000	None	\$7,100	None	\$1,000	None
Family	\$14,200	None	\$6,000	None	\$14,200	None	\$3,000	None
<b>Coinsurance (plan pays)</b>	80%	60%	80%	See footnote 1	90%	60%	90%	See footnote 1
<b>Office visit copay</b>								
Primary Care Physician	\$10 (PCP) / \$35	40%	\$0 (visits 1-3) \$30 (visits 4 + )	See footnote 1	\$20	40%	\$0 (visits 1-3) \$20 (visits 4 + )	See footnote 1
Specialist Office Visit	\$35	40%	\$30	See footnote 1	\$35	40%	\$20	See footnote 1
<b>Hospital</b>								
Inpatient	20%	40%	20%	See footnote 1	\$250 admit, 10%	40%	10%	See footnote 1
Outpatient	20%	40%	20%	See footnote 1	10%	40%	10%	See footnote 1
<b>Lab and X-ray</b>	20%	40%	20%	not covered	10%	40%	10%	not covered
<b>Emergency Services</b>	\$50 (waived if admitted), 20%		\$100 (waived if admitted), 20%		\$50 (waived if admitted), 10%		\$100 (waived if admitted), 10%	
<b>Urgent care copay</b>	\$35, 20%	40%	\$30	See footnote 1	\$35, 10%	40%	\$20	See footnote 1
<b>Preventive</b>	No charge	40%	No charge	See footnote 1	No charge	40%	No charge	See footnote 1
<b>Chiropractic/Acupuncture</b>	\$15 20 combined visits/year	40%	20% Pre-authorization after 5th visit/12 visits Navitus closed formulary	not covered/50%	\$15 20 combined visits/year	40%	10% Pre-authorization after 5th visit/12 visits Navitus closed formulary	not covered/50%
<b>PHARMACY</b>								
<b>Deductible</b>		none		none		none		none
<b>Out of pocket maximum</b>								
Individual	\$2,000	none	\$1,500	none	\$2,000	none	\$1,500	none
Family	\$4,000	none	\$2,500	none	\$4,000	none	\$2,500	none
<b>Retail Pharmacy</b>								
	Supply Limit 30 days		Supply Limit 30 days*		Supply Limit 30 days		Supply Limit 30 days*	
Generic Drugs	\$5		\$0/\$5		\$5		\$0/\$5	
Preferred Brand Drugs	\$20	Not covered	\$20	Not covered	\$20	Not covered	\$20	Not covered
Specialty	\$50		\$20		\$50		\$20	
<b>Mail Order Pharmacy</b>								
	Supply Limit 90 days		Supply Limit 90 days		Supply Limit 90 days		Supply Limit 90 days	
Generic Drugs	\$10		\$0		\$10		\$0	
Preferred Brand Drugs	\$40	Not covered	\$50	Not covered	\$40	Not covered	\$50	Not covered
Specialty	\$50		\$20		\$50		\$20	

\*Costco pharmacy provides generics at no cost for both 30 and 90 day supplies and brand drugs for \$20 (30 day) and \$50 (90 day)

1. When using non-network PPO providers, members are responsible for any difference between the max allowed and actual charges, as well as any deductible and percentage copay.

Ventura County Community College District  
HMO Benefits - CalPERS vs SISC (Retiree Anthem)  
January 1, 2023



Networks	Enrollment	CalPERS Medicare PERS Platinum	CalPERS Medicare PERS Gold	SISC Companion Care
		Prudent Buyer	Select PPO Preferred Provider	Medicare Assignment
<b>MEDICAL</b>				
Deductible		none	none	none
Out of pocket maximum				
Individual		\$3,000*	n/a	n/a
Office visit copay (PCP / specialist)				
Primary Care Physician		No charge	No charge	No charge
Specialist Office Visit		No charge	No charge	No charge
Hospitalization				
Inpatient		No charge	No charge	No charge
Outpatient		No charge	No charge	No charge
Emergency services		No charge	No charge	No charge
Urgent care		No charge	No charge	No charge
Preventive		No charge	No charge	No charge
Skilled Nursing		No Charge (Days 1 - 100)	No Charge (Days 1 - 100)	No Charge (Days 1 - 100)
DME		No charge	No charge	No charge
Ambulance		No charge	No charge	No charge
Hearing Exam		\$10	No Charge (1 per year)	No Charge (1 per year)**
Allowance		20%, (\$2,000 max every 3 years)	20%, (\$1,000 max every 3 years)	n/a
Vision		\$35 allowance (exam)	\$35 allowance (exam)	Not covered (exam)
Eyeglasses Frame Allowance		\$30 every 2 years	\$30 every 2 years	Medicare approved amount
Dental		Medicare covered services only	Medicare covered services only	Medicare covered services only
Chiropractic/Acupuncture		\$15 20 combined visits/year	\$15 20 combined visits/year	Medicare covered services only n/a
<b>PHARMACY</b>				
Deductible		none	none	none
Retail Pharmacy		Supply Limit 30 days	Supply Limit 30 days	Supply Limit 30 days
Generic Drugs		\$5	\$5	\$9
Preferred Brand Drugs		\$20	\$20	\$35
Specialty		\$50	\$20	\$35
Mail Order Pharmacy		Supply Limit 90 days	Supply Limit 90 days	Supply Limit 90 days
Generic Drugs		\$10	\$10	\$18
Preferred Brand Drugs		\$40	\$40	\$90
Specialty		\$100	\$100	\$90

\*Medical OOP Max applies to copays and coinsurance only.

\*\* For non-acute hearing conditions (like hearing loss that occurs over many years) and for diagnostic services related to hearing loss that's treated with surgically implated devices.

\*\*Following cataract surgery)

# Ventura County Community College District

## HMO Benefits - CalPERS vs SISC (Retiree Kaiser)

### January 1, 2023



		CalPERS Medicare Kaiser Sr. Adv	SISC Kaiser Sr. Adv.
<b>Networks</b>	<b>Enrollment</b>	Kaiser	Kaiser
<b>MEDICAL</b>		<b>HMO</b>	<b>HMO</b>
<b>Deductible</b>		none	none
<b>Out of pocket maximum</b>			
Individual		\$1,500*	\$1,500*
<b>Office visit copay (PCP / specialist)</b>			
Primary Care Physician		\$10	\$10
Specialist Office Visit		\$10	\$10
<b>Hospitalization</b>			
Inpatient		No charge	No charge
Outpatient		\$10	\$10
<b>Emergency services</b>		\$50	\$50
<b>Urgent care</b>		\$10	\$10
<b>Preventive</b>		No charge	No charge
<b>Skilled Nursing</b>		No Charge (Days 1 - 100)	No Charge (Days 1 - 100)
<b>DME</b>		No charge	No charge
<b>Ambulance</b>		No charge	\$50
<b>Hearing Aid</b>			\$10
Allowance		\$1,000 max every 3 years	\$500 max every 3 years
<b>Vision</b>		\$10	\$10
Eyeglasses Allowance		\$175 every 2 years	\$150 every 2 years
<b>Dental</b>		Medicare covered services only	Medicare covered services only
<b>Chiropractic/Acupuncture</b>		\$10 20 combined visits/year	\$10 30 combined visits/year
<b>PHARMACY</b>			
<b>Deductible</b>		none	none
<b>Retail Pharmacy</b>		Supply Limit 30 days	Supply Limit 100 days
Generic Drugs		\$5	\$10
Preferred Brand Drugs		\$20	\$20
<b>Mail Order Pharmacy</b>		Supply Limit 100 days	Supply Limit 100 days
<b>Out of pocket maximum</b>		n/a	n/a
Generic Drugs		\$10	\$10
Preferred Brand Drugs		\$40	\$20

\*Medical OOP Max applies to copays and coinsurance only.

\*\*Following cataract surgery