City of San José Office of Retirement Services Medicare Plan Comparison 2025

SANI JOSE	Kaiser Medicare Sr. Advantage (California only)	Anthem Medicare Advantage PPO (Nationwide)			
SAN JOSE CAPITAL OF SILECON VALLEY		In-Net	twork	(Out-of-Network
Phone: Group Number: Website:	1-800-464-4000 Group #887 (NorCal) Group #230179 (SoCal) www.kp.org	1-833-848-8729 (pre-enrollment) 1-833-848-8730 (post-enrollment) Group #CAEGR027 www.Anthem.com/ca/csj			
	Monthly Premium	Monthly Premium			
Member Only Member+ Spouse/DP	\$0.00/Month \$0.00/Month	\$0.00/Month \$0.00/Month			
Medicare Part-A assignment required?	Yes (except for retirees hired prior to March 7, 1986)	No			
Medicare Part-B assignment required?	Yes	Yes			
Medicare Part-D (Rx) assignment required?	Yes	Yes			
Can I use my Advantage insurance with a doctor outside of the network?	No	Yes			
Limited Coverage Area	Yes (see <u>sjretirement.com</u> for zip code list)	No			
Annual Deductible (calendar year)	None	None			
Out-of-Pocket Maximum Single Family	\$1,000/year for any one member	\$0			
Physician Office Visit	\$25 copay	\$0			
Hospital Care	\$250/admit	\$0			
Prescriptions Generic Brand Preferred Brand Non-Formulary Specialty Drug	\$10 copay (100-day supply) Mail order: 1 copay (100-day supply)	<u>Retail 30-day</u> <u>supply:</u> \$10 copay \$25 copay \$40 copay 10% up to \$100	<u>Retail 90-day</u> <u>supply:</u> \$30 copay \$75 copay \$120 copay 10% up to \$300	<u>Mail-Order</u> <u>90-day</u> <u>supply:</u> \$20 copay \$50 copay \$80 copay 10% up to \$300	Out-of-network only covered if in- network not available
Over-the Counter (OTC)	No charge for a quarterly benefit limit of \$70	To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.			
Emergency Room	\$50/visit (waived if admitted)	\$0			
Allowance for Over-The-Counter Wellness Items?	\$70 quarterly allowance. To place your order, call (833) 569-2360 or visit <u>kp.org/otc/ca</u>	Νο			
Chiropractic Services	Not Covered	\$0 copay, limited to 20 visits per year combined in/out network			
Annual Eye Exam	\$25 copay	\$0 copay, \$70 maximum benefit			

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CITY OF SAN JOSE CAPITAL OF SILEON VALLEY	Kaiser Medicare Sr. Advantage (California only)	Anthem Medicare Advantage PPO In-Network Out-of-Network		
Eyeglasses or Contact Lenses	\$150 allowance (every 24 months)	N/A		
Hearing Aid(s)	\$500 allowance per aid (every 36 months)	\$0 copay, \$500 maximum benefit (every calendar year) Hearing aid must be ordered through HearingCare Solutions and selected from the list of available devices. HearingCare Solutions will send the device directly to your provider.		
Ambulance Services	\$50 per trip	\$0		
Coordination of Benefits?	No	Νο		
Primary Care Physician (PCP) Required?	Yes	Νο		
Can I go to a doctor of my choice?	Yes, if the doctor you select is a Kaiser physician and they're taking new patients.	Yes		
Are video consultations available?	Yes	Yes, via LiveHealth Online		
What services are available while I am traveling?	Emergency Services Only	United States - Nationwide Services International Travel - Urgent and Emergency Services Only		
Free Gym Services	Yes- One Pass [™] For enrollment information call: (877) 614-0618 or visit youronepass.com	Yes- SilverSneakers For enrollment information, call: (888) 423- 4632 or visit <u>SilverSneakers.com/starthere</u>		
Free Meals	84 meals per calendar year	Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).		
Transportation	Up to 24 one-way trips (50 miles per trip)/calendar year.	Νο		
Hearing Aid Allowance	Yes, \$500 allowance per aid every 36 months	\$500 maximum benefit every calendar year		
Self-care tools available?	Yes, Headspace & Calm. Visit <u>kp.org/selfcare</u> for more info	Yes, register online at anthem.com/ca/csj - "My Health Dashboard"		
Nurseline	1-833-574-2273	1-800-700-9184 (TTY 711) 24 hours/7 days		
Acupuncture Services	\$25 Copay when prescribed by a doctor	\$0 copay, limited to 20 visits per year combined in/out network		
Self-Referrals Available?	Yes	Yes		

This worksheet is intended to be used to help you compare coverage benefits and is a summary ONLY. The Evidence of Coverage (EOC) and the plan contract are the prevailing source for plan details Effective 1/1/2025