10/17/2025

SISC
Self-Insured Schools of California
Schools Helping Schools

Yosemite Community College District

2025-2026 Active Employee Rates

Effective 10/1/2025	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
rates were updated 10/17/2025	$30 OV, $10-30(30) Rx	80-G $30 (Non-Marketed)	80-C $20	90-G $20	100-D $20
Monthly Premium Cost to YCCD Employees	**$0**	**$0**	**$ 204.00**	**$ 233.00**	**$ 391.00**
Composite Rate/Cost of Plan per Month	$ 2,118.00	$ 2,164.00	$ 2,404.00	$ 2,433.00	$ 2,591.00
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	$0	$500/$1,000	$200/$500	$500/$1,000	$300/$600
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,500/$3,000	$2,000/$4,000	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000
PROFESSIONAL SERVICES					
Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$30	$30	$20	$20	$20
Urgent Care co-pay	$30	$30	$20	$20	$20
Prenatal, postnatal office visit co-pay	$0	$30	$20	$20	$20
Specialists/Consultants co-pay	$30	$30	$20	$20	$20
Scans: CT, CAT, MRI, PET etc.	$0	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Laboratory Procedures	$0	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Diagnostic X-rays	$0	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Infertility (Refer to Plan Document)	Co-pay applies	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	$0	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit (copay waived if admitted) - **Avg Cost: $2,847 | $100+10%: $375 | $100+20%: $649**	$100	20% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay	0% after Ded $100 co-pay
Inpatient Hospital (preauthorization required) - **Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213**	$0	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Surgery, Outpatient (performed in Surgery Center)	$30	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	$30	20% after Ded	20% after Ded	10% after Ded	0% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	$0	20% after Ded	20% after Ded	10% after Ded	0% after Ded
OUTPATIENT: Facility Based Care (preauth required)	$30	20% after Ded	20% after Ded	10% after Ded	0% after Ded
OTHER SERVICES					
Ambulance (Ground or Air)	$50	20% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay	0% after Ded $100 co-pay
Acupuncture - Limits apply	$10/30 visits (through ASH) combined w/chiro	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Chiropractic - Limits apply	$10/30 visits (through ASH) combined w/acu	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Physical and Occupational Therapy - Limits apply	$30	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Durable Medical Equipment (DME)	no charge	20% after Ded	20% after Ded	10% after Ded	0% after Ded
Hearing Aids	amount in excess of $500 allowance every 36 months	20% after Ded and Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	Amount in excess of $700 allowance/24 months

*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	**$10-30 (30 day) Rx**	**Rx 200/10-35**	**Rx 200/10-35**	**Rx 9-35**	**Rx 200/10-35**
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	$200/$500	$200/$500	none	$200/$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500
Generic co-pay/30 days supply	$10 up to 30 day supply	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $10 at Other Network	$0 at Costco‡ $9 at Other Network	$0 at Costco‡ $10 at Other Network
Brand co-pay/30 days supply	$30 up to 30 day supply	$35	$35	$35	$35
Specialty co-pay/up to 30 days supply	$30 up to 30 day supply	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	$20-$60 up to 100 day supply	$0-$90‡	$0-$90‡	$0-$90‡	$0-$90‡
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

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

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.

SISC Cost Example Scenarios (PPO Plans Only)[1]

Maternity Example		$2,000	$1,000	$1,000	$320
Diabetes Example		$2,000	$1,000	$1,000	$320
Fractured Foot Example		$2,000	$1,000	$1,000	$320

[1]Examples are based on the federal SBC examples, but updated with actual SISC Costs.