SISC
Self-Insured Schools of California
Schools Helping Schools

District Name YOSEMITE COMMUNITY COLLEGE DISTRICT

Bargaining Unit ACTIVE EMPLOYEE Medical Plan Comparison

Effective 10/1/2020

2020-2021	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO $30	80-G $30	80-C $20	90-G $20	100-D $30 (Non-Marketed)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$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					
Office Visit (OV) co-pay ($0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	$30	$30	$20	$20	$30
Urgent Care co-pay	$30	$30	$20	$20	$30
Specialists/Consultants co-pay	$30	$30	$20	$20	$30
Prenatal, postnatal office visit co-pay	$0	$30	$20	$20	$30
Scans: CT, CAT, MRI, PET etc.	$0	20%	20%	10%	0%
Diagnostic X-ray & Laboratory Procedures	$0	20%	20%	10%	0%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Co-pay applies	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	$0	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit (waived if admitted)	$100	20% $100 co-pay	20% $100 co-pay	10% $100 co-pay	0% $100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	$0	20%	20%	10%	0%
Outpatient Hospital	$30	20%	20%	10%	0%
Surgery, Outpatient (performed in Surgery Center)	$30	20%	20%	10%	0%
Surgery, Outpatient (performed in a Hospital) - limits may apply	$30	20%	20%	10%	0%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	$0	20%	20%	10%	0%
OUTPATIENT: Facility Based Care (preauth required)	$30	20%	20%	10%	0%
OTHER SERVICES					
Acupuncture - Limits apply	$10/30 visits combined w/chiro	20%	20%	10%	0%
Ambulance (Ground or Air)	$50	20% $100 co-pay	20% $100 co-pay	10% $100 co-pay	0% $100 co-pay
Chiropractic - Limits apply	$10/30 visits combined w/acu	20%	20%	10%	0%
Durable Medical Equipment (DME)	no charge	20%	20%	10%	0%
Physical and Occupational Therapy - Limits apply	$30	20%	20%	10%	0%
Hearing Aids	amount in excess of $500 allowance every 36 months	20% and Amount in excess of $700 allowance/24 months	20% and Amount in excess of $700 allowance/24 months	10% and Amount in excess of $700 allowance/24 months	Amount in excess of $700 allowance/24 months
PHARMACY BENEFITS					
Plan	**Trad HMO $30**	**200/10-35**	**200/10-35**	**9-35**	**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 100 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 100 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)	$10-$30/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

This sheet is only a brief summary of In-Network patient costs. The information does not include all of the detailed information, explanation of benefits, exclusions, and limitations. Plan participants should refer to the Evidence of Coverage (EOC) document for coverage details available through the plan program (Kaiser or Blue Shield). In the event the information in the summary differs from the EOC, the EOC will prevail. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

A generic drug will always be dispensed if one is available. If you purchase a brand-name drug when a generic alternative is available, you will pay the generic co-payment PLUS the difference in cost between the brand name and the generic, even if your doctor writes "DISPENSE AS WRITTEN" (DAW) on the prescription. Specialty medication, some narcotic pain medications, and cough medications are not included in Costco lower generic copays or the 90-day supply program.

COMPOSITE RATES (all rates listed MONTHLY)	$1,537.00	$1,656.00	$1,839.00	$1,861.00	$1,955.00
2020-21 YCCD Contribution	$1,537.00	$1,656.00	$1,656.00	$1,656.00	$1,656.00
Certificated/Management/Classified Monthly Contribution	$0.00	$0.00	$183.00	$205.00	$299.00