

## District Name Bargaining Unit

## YOSEMITE COMMUNITY COLLEGE DISTRICT

## **ACTIVE EMPLOYEE Medical Plan Comparison**

Effective 10/1/2020

Brand co-pay/30 days supply  \$30 up to 100 day supply \$35 \$35 \$35  \$35  \$35  \$35  \$35  \$35  \$		Effective 10/1/2020						
Member Pays	2020-2021	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield		
Member Pays		Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20			
		Member Pays	Member Pays	Member Pays	Member Pays	Member Pays		
		\$0	\$500/\$1,000	\$200/\$500	\$500/\$1,000	\$300/\$600		
Section   Sect	Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-							
Second   S	PROFESSIONAL SERVICES							
SpecialistyConsultants co-pay   S30   S30   S20   S20   S30   S30   S30   S20   S30   S3		\$30	\$30	\$20	\$20	\$30		
Prenatal postnatal office visit co-pay   S0   \$30   \$20   \$20   \$20   \$0   \$0   \$0   \$0	Urgent Care co-pay	\$30	\$30	\$20	\$20	\$30		
Seams: CT, CAT, MRI, PET etc.   SO   20%   20%   10%   0%   0%   10%   0%   0%   10%   0%	Specialists/Consultants co-pay	\$30	\$30	\$20	\$20	\$30		
Diagnostic K-ray & Labonatory Procedures   50   20%   20%   10%   0%   Not covered   Not covered   Subject to plan benefits   10%   20%	Prenatal, postnatal office visit co-pay	\$0	\$30	\$20	\$20	\$30		
Intertitity (diagnosis/treatment of causes of infertility subject to plan benefits)	Scans: CT, CAT, MRI, PET etc.		20%	20%	10%	0%		
Subject to plan benefits		\$0	20%	20%	10%	0%		
Preventive Care (Includes Physical exams & screenings)   50   Ded Waived   Ded Wa	=	Co-pay applies						
Since   Sinc	Preventive Care (includes physical exams & screenings)	\$0						
Since   Sinc	HOSPITAL & CHILLED ANIBCIAIC FACILITY SERVICES							
Single   S		T	200/	200/	100/	00/		
		\$100						
May apply			\$100 co-pay	\$100 co-pay	\$100 co-pay	\$100 co-pay		
Said		\$0	20%	20%	10%	0%		
Surgery, Outpatient (performed in a Hospital) - limits   \$30   20%   20%   10%   0%		\$30	20%	20%	10%	0%		
Surgery, Outpatient (performed in a Hospital) - limits   \$30   20%   20%   10%   0%								
NPATIENT: Facility Based Care (preauth required)   \$0   20%   20%   10%   0%	Surgery, Outpatient (performed in a Hospital) - limits							
### OUTPATIENT: Facility Based Care (preauth required) \$30   20%   20%   10%   0%    ### OUTPATIENT: Facility Based Care (preauth required) \$30   20%   20%   10%   0%    ### OUTPATIENT: Facility Based Care (preauth required) \$30   20%   20%   10%   0%    ### OUTPATIENT: Facility Based Care (preauth required) \$310/30 visits combined w/chiro \$50   20%   20%   10%   0%    ### OUTPATIENT: Facility Based Care (preauth required) \$310/30 visits combined w/chiro \$500   20%   20%   10%   0%    ### OUTPATIENT: Solid Co-pav S100 co-pav S10								
Acupuncture - Limits apply	INPATIENT: Facility Based Care (preauth required)	\$0	20%	20%	10%	0%		
Acupuncture - Limits apply	OUTPATIENT: Facility Based Care (preauth required)	\$30	20%	20%	10%	0%		
Acupuncture - Limits apply Ambulance (Ground or Air)  S50  S100 co-pay S100 co	OTHER SERVICES		T		T	T		
Ambulance (Ground or Air)  S50  \$100 co-pay \$100 co-pa	Acupuncture - Limits apply		20%	20%	10%	0%		
Chiropractic - Limits apply  Durable Medical Equipment (DME) Physical and Occupational Therapy - Limits apply  Amount in excess of \$500 allowance every 36 months  PHARMACY BENEFITS  Plan Pharmacy Benefit Manager Individual/Family Rx Out-of-Pocket (OOP) Max (Included w/ Med (Includes Rx deductibles and co-pay/30 days supply  Generic co-pay/30 days supply  Sago purply  \$30 20% 20% 10% 0%  20% and Amount in excess of \$700 allowance/24 months  PARMACY BENEFITS  Plan Trad HMO \$30 200/10-35 200/10-35 9-35 200/10-35  Navitus Na	Ambulance (Ground or Air)	\$50						
Durable Medical Equipment (DME)   no charge   20%   20%   10%   0%	Chiropractic - Limits apply							
Physical and Occupational Therapy - Limits apply  Bearing Aids  Solution amount in excess of \$500 allowance every 36 months  PHARMACY BENEFITS  Plan  Trad HMO \$30  Raiser  Navitus  Salut Costco  \$0 at Costco  \$0 at Costco  \$0 at Costco  \$0 at Costco  \$10 at Other Network  \$35 Must Use Navitus  Mail  Costco Mail Order	Durable Medical Equipment (DME)		20%	20%	10%	0%		
Hearing Aids    Amount in excess of \$500 allowance every 36 months   Amount in excess of \$700 allowance/24 months   Amount in exces of \$700 allowance/24 months   Amount in exces of \$700 allowance/24 months   Exces to excess the second part of the properties of \$700 allowance/24 months   Exces to excess the properties of \$700 allowance/24 months   Excess to excess the properties of \$700 allowance/24 months   Excess to excess the properties of \$7								
Hearing Aids  \$500 allowance every 36 months  Amount in excess of \$700 allowance/24 months  PHARMACY BENEFITS  PHARMACY BENEFITS  PHARMACY BENEFITS  Plan  Trad HMO \$30  200/10-35  Navitus  S2,500/\$3,500  \$2,500		amount in excess of	20% and	20% and	10% and	Amount in excess of		
### PHARMACY BENEFITS  Plan  Trad HMO \$30  Raiser  Navitus  S2,500/\$3,500  \$2,	Hearing Aids							
PHARMACY BENEFITS Plan  Trad HMO \$30 Pharmacy Benefit Manager  Kaiser Navitus S2,500/\$3,500 \$2,500	Treating Alus	1						
PlanTrad HMO \$30200/10-35200/10-359-35200/10-35Pharmacy Benefit ManagerKaiserNavitusNavitusNavitusNavitusIndividual/Family Brand & Specialty Rx Deductiblesnone\$200/\$500\$200/\$500none\$200/\$500Individual/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/\$3,500Generic co-pay/30 days supply\$10 up to 100 day supply\$0 at Costco \$0 at Costco \$0 at Costco \$10 at Other Network\$0 at Other Network\$0 at Other NetworkBrand co-pay/30 days supply\$30 up to 100 day supply\$35\$35\$35Specialty 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 			months	months	months			
Pharmacy Benefit Manager  Kaiser  Navitus  Sationary  Navitus  Navitus  Navitus  Sationary  Sation		I			_			
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)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  \$30 up to 100 day supply  \$30 up to 100 day supply  \$35 \$35 \$35  \$35 \$35  \$35 \$35  \$35 \$35 \$35  \$35 \$35 \$35  \$35 \$35 \$35  \$36 \$35 \$35 \$35  \$37 \$35 \$35 \$35  \$38 \$35 \$35 \$35  \$38 \$35 \$35 \$35  \$39 \$35 \$35 \$35  \$30 up to 30 day supply  \$40 up to 30 day supply  \$40 up to 100 day supply \$40 up to 100 day supply \$40 up to 30 day supply \$40 up to 100 day supply \$40 up to 10		· ·						
Included w/ Med OOP Max (includes Rx deductibles and co-pays)  Generic co-pay/30 days supply  Brand co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Included w/ Med OOP Max (\$2,500/\$3,500 \$2,	, s							
Cope Max   S2,500/\$3,500   S			\$200/\$500	\$200/\$500	none	\$200/\$500		
Supply   S			\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500		
Specialty co-pay/30 days supply  Specialty co-pay/up to 30 days supply  Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Mail Order Pharmacy  Supply  S35 Must Use Navitus (\$35 Must Use Navitus (Mail Mail Mail Mail Mail Mail Mail Mail	Generic co-pay/30 days supply					\$0 at Costco \$10 at Other Network		
Specialty co-pay/up to 30 days supply  Mail Order (Generic-Brand co-pay/90 days supply)  Mail Order Pharmacy  \$30 up to 30 day supply	Brand co-pay/30 days supply		\$35	\$35	\$35	\$35		
Mail Order (Generic-Brand co-pay/90 days supply)  \$10-\$30/up to 100 day supply  \$0-\$90 \$0-\$90 \$0-\$90 \$0-\$90  \$0-\$90  So-\$90  So-\$90  So-\$90  So-\$90  So-\$90  So-\$90	Specialty co-pay/up to 30 days supply	\$30 up to 30 day	1.			\$35 Must Use Navitus		
Mail Order Pharmacy Kaiser Mail Order Costco Mail Order	, , , , , , , , , , , , , , , , , , , ,	\$10-\$30/up to 100						
	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