SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

District Name Yosemite Community College District

Bargaining Unit ACTIVE EMPLOYEES

2018-2019	Kaiser Trad HMO $30	Blue Shield 80-G $30	Blue Shield 80-C $20	Blue Shield 90-G $20	Blue Shield 100-D $30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Annual Deductible (Individual/Family)	$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 (Deductible waived if applicable)	$30	$30	$20	$20	$30
Prenatal, postnatal office visit co-pay	$0	$30	$20	$20	$30
Services - Room & Board Hospital Inpatient , Labs, X-Ray & Diagnostic Imaging (MRI, PT, CT)	$0	20%	20%	10%	0%
Preventive Care (includes physical exams & non-diagnostic 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)	$0	20%	20%	10%	0%
Outpatient Surgery (per procedure)	$30	20%	20%	10%	0%
Surgery, Outpatient (performed in Surgery Center or Hospital)	$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 / Chiropractic - Limits apply	$10 CoPay up to 30 visits combined	20%	20%	10%	0%
Ambulance (Ground or Air)	$50	20% $100 copay	20% $100 copay	10% $100 copay	0% $100 copay
Durable Medical Equipment (DME)	no charge	20%	20%	10%	0%
Physical and Occupational Therapy - Limits apply	$30	20%	20%	10%	0%
PHARMACY BENEFITS	**Kaiser**	**B. S. 80G**	**B. S. 80-C**	**B. S. 90-G**	**B. S. 100-D**
Prescription Plan	**Trad HMO $30**	**200/10-35**	**200/10-35**	**9-35**	**200/10-35**
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) Kaiser & Blue Shield have different mail order plans	$10-$30/up to 100 day supply	$0-$90	$0-$90	$0-$90	$0-$90
Composite Rates (all rates listed are MONTHLY)	$1,372.00	$1,492.00	$1,656.00	$1,664.00	$1,759.00
2018-19 YCCD Contribution (Classified /Management)	$1,372.00	$1,492.00	$1,492.00	$1,492.00	$1,492.00
Classified/Management Contribution	$0.00	$0.00	$164.00	$172.00	$267.00
2018-19 YCCD Contribution (Certificated/Faculty)	$1,372.00	$1,492.00	$1,492.00	$1,492.00	$1,492.00
Certificated/Faculty Contribution (revised rates)	$0.00	$0.00	$164.00	$172.00	$267.00

A generic drug will always be dispensed of 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. Speciality medication, some narcotic pain medications, and cough medications are not included in Costco lower generic copays or the 90-day supply programs.

NOTE - The information presented in the chart is a summary only. 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.