

District Name Yosemite Community College District Bargaining Unit ACTIVE EMPLOYEES

Schools Daigailing Offi	ACTIVE EIVII EOTEES				
2018-2019	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
MACDICAL CALCADAR VEAR Deductibles & Manufactures	Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20	100-D \$30
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays \$500/	Member Pays \$200/	Member Pays \$500/	Member Pays \$300/
Annual Deductible (Individual/Family)	\$0	\$1,000	\$500	\$1,000	\$600
Individual/Family Out-of-Pocket (OOP) Max	\$1,500/	\$2,000/	\$1,000/	\$1,000/	\$1,000/
(includes medical deductibles, co-insurance and co-pays)	\$3,000	\$4,000	\$3,000	\$3,000	\$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 &	40	200/	200/	400/	00/
Diagnostic Imaging (MRI, PT, CT)	\$0	20%	20%	10%	0%
Preventive Care (includes physical exams & non-diagnostic	40	0%	0%	0%	0%
screenings)	\$0	Ded Waived	Ded Waived	Ded Waived	Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES	•				
Emergency Room visit (waived if admitted)	\$100	20%	20%	10%	0%
		\$100 co-pay	\$100 co-pay	\$100 co-pay	\$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 25
Individual/Family Brand & Specialty Rx Deductibles					200/10-35 \$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max	none	\$200/\$500 \$2,500/	\$200/\$500 \$2,500/	none	\$2,500/
(includes Rx deductibles and co-pays)	Included w/ Med OOP Max	\$2,500/	\$2,500/	\$2,500/	
(includes KX deductibles and co-pays)		\$3,500 \$0 at Costco	\$3,500 \$0 at Costco	\$3,500	\$3,500 \$0 at Costco
Generic co-pay/30 days supply	\$10 up to 100 day	\$10 at Other	\$10 at Other	\$0 at Costco	\$10 at Other
	supply	Network	Network	\$9 at Other Network	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			
Mail Order (Generic-Brand co-pay/90 days supply) Kaiser &	\$10-\$30/up to				
Blue Shield have different mail order plans	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 (All employees)	\$1,372.00	\$1,492.00	\$1,492.00	\$1,492.00	\$1,492.00
Employee Contribution (eff 01/01/19 revised 1/25/19)	\$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.