

YOSEMITE COMMUNITY COLLEGE DISTRICT
2018-2019 ACTIVE Employee Medical Plan Comparison

Benefit Summary	SISC Kaiser Traditional HMO \$30 OV	SISC PPO Plan 80G In Network	SISC PPO Plan 80-C (Buy-Up) In Network	SISC PPO Plan 90-G (Buy-Up) In Network	SISC PPO Plan 100-D (Buy-Up) In Network
Annual Deductible (Individual / Family)	NONE	\$500 / \$1000	\$200 / \$500	\$500 / \$1000	\$300 / \$600
Out of Pocket Maximum - Medical (Individual / Family)	Medical / Rx: \$1,500 / \$3,000	Med: \$2,000 / \$4,000 (deductible Included) Rx: \$2,500 / \$3,500	Med: \$1,000 / \$3,000 (deductible Included) Rx: \$2,500 / \$3,500	Med: \$1,000 / \$3,000 (deductible Included) Rx: \$2,500 / \$3,500	Med: \$1,000 / \$3,000 (deductible Included) Rx: \$2,500 / \$3,500
Out of Pocket Maximum - Rx (Individual / Family)					
Physical Office Visit (OV)	\$30 CoPay	\$30 CoPay (deductible waived)	\$20 CoPay (deductible waived)	\$20 CoPay (deductible waived)	\$30 CoPay (deductible waived)
Services - Room & Board Hospital Inpatient, Lab, X-Ray & Diagnostic Imaging (MRI, PET, CT), Durable Medical Equipment (DME)	No Charge	20% (after deductible)	20% (after deductible)	10% (after deductible)	No Charge (after deductible)
Outpatient Surgery	\$30/procedure	20% (after deductible)	20% (after deductible)	10% (after deductible)	No Charge (after deductible)
Emergency Room (CoPay waived if admitted)	No Charge (after \$100 CoPay)	20% + \$100 CoPay (after deductible)	20% + \$100 CoPay (after deductible)	10% + \$100 CoPay (after deductible)	\$100 CoPay (after deductible)
Chiropractic / Acupuncture	\$10 CoPay (up to 30 combined visits/cal yr)	20% after deductible (up to 20 visits/cal yr)	20% after deductible (up to 20 visits/cal yr)	10% after deductible (up to 20 visits/cal yr)	\$0 after deductible (up to 20 visits/cal yr)
Brand Name Prescription Deductible	None	\$200 individual/ \$500 family	\$200 individual/ \$500 family	None	\$200 individual/ \$500 family
Prescription - Retail G = Generic, B = Brand Name *1 (<i>see note below</i>)	\$10 G / \$30 B (up to 100 day supply)	\$10 G / \$35 B (up to 30 day supply)	\$10 G / \$35 B (up to 30 day supply)	\$ 9 G / \$35 B (up to 30 day supply)	\$10 G / \$35 B (up to 30 day supply)
Prescription - Mail Order G = Generic, B = Brand Name *1 (<i>see note below</i>) <i>NOTE: Kaiser & Blue Shield have different mail order plans</i>	\$10 G / \$30 B (up to 100 day supply) KAISER mail order only	\$ 0 G / \$ 90 B (up to 90 day supply) COSTCO mail order only	\$ 0 G / \$ 90 B (up to 90 day supply) COSTCO mail order only	\$ 0 G / \$ 90 B (up to 90 day supply) COSTCO mail order only	\$ 0 G / \$ 90 B (up to 90 day supply) COSTCO mail order only
Costco Walk-In (Blue Shield Only) G = Generic, B = Brand Name *1 (<i>see note below</i>)	Costco Rx not available w/Kaiser	\$ 0 G / \$35 B (up to 30 day supply) \$ 0 G / \$90 B (up to 90 day supply)	\$ 0 G / \$35 B (up to 30 day supply) \$ 0 G / \$90 B (up to 90 day supply)	\$ 0 G / \$35 B (up to 30 day supply) \$ 0 G / \$90 B (up to 90 day supply)	\$ 0 G / \$35 B (up to 30 day supply) \$ 0 G / \$90 B (up to 90 day supply)
Composite Rate (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	\$1,420.00	\$1,420.00	\$1,420.00	\$1,420.00
Certificated Contribution (** Note Rate Change)	\$0.00	\$72.00 **	\$236.00 **	\$244.00 **	\$339.00 **

***1 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 medication, and cough medication are not included in Costco's lower generic copays or the 90-day supply programs.**

NOTE - The information presented in the chart above 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.