

District Name

Yosemite Community College Unit

Bargaining Unit ACTIVE EMPLOYEES

2018-2019	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20	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	\$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
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PROFESSIONAL SERVICES	422	400	422	1 400	400
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 &	\$0	20%	20%	10%	0%
Diagnostic Imaging (MRI, PT, CT)	7 -				
Preventive Care (includes physical exams & non-diagnostic	\$0	0%	0%	0%	0%
screenings)	ΨO	Ded Waived	Ded Waived	Ded Waived	Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES					
Emergency Room visit (waived if admitted)	\$100	20%	20%	10%	0%
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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	,				
	\$10 CoPay up to 30	200/	200/	100/	00/
Acupuncture / Chiropractic - Limits apply	visits combined	20%	20%	10%	0%
Ambulance (Ground or Air)	\$50	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Durable Medical Equipment (DME)	no charge	20%	20%	10%	0%
Physical and Occupational Therapy - Limits apply	\$30	20%	20%	10%	0%
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	Included w/ Med	\$2,500/	\$2,500/	\$2,500/	\$2,500/
(includes Rx deductibles and co-pays)	OOP Max	\$3,500	\$3,500	\$3,500	\$3,500
(morades na deductibles and co pays)		\$0 at Costco	\$0 at Costco		\$0 at Costco
Generic co-pay/30 days supply	\$10 up to 100 day	\$10 at Other	\$10 at Other	\$0 at Costco \$9 at Other Network	\$10 at Other
	supply	Network	Network	33 at Other Network	Network
Brand co-pay/30 days supply	\$30 up to 100 day supply	\$35	\$35	\$35	\$35
Charlette as many/up to 20 days supply	\$30 up to 30 day	\$35 Must Use	\$35 Must Use	\$35 Must Use	\$35 Must Use
Specialty co-pay/up to 30 days supply	supply	Navitus Mail	Navitus Mail	Navitus Mail	Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply) Kaiser &	\$10-\$30/up to	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90
Blue Shield have different mail order plans	100 day supply				
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 (Certifiated/Faculty)	\$1,372.00	\$1,420.00	\$1,420.00	\$1,420.00	\$1,420.00
Certificated/Faculty Contribution	\$0.00	\$72.00	\$236.00	\$244.00	\$339.00

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.