



District Name **YOSEMITE COMMUNITY COLLEGE DISTRICT**

Bargaining Unit **RETIREEES - Under age 65 (or 1-p Over 65 wAB & 1-p Under 65)**

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
Individual/Family Deductibles	\$0	\$500/ \$1,000	\$200/ \$500	\$500/ \$1,000	\$300/ \$600
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance & 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	\$30	\$30	\$20	\$20	\$30
Urgent Care co-pay	\$30	\$30	\$20	\$20	\$30
Specialists/Consultants co-pay	\$30	\$30	\$20	\$20	\$30
Prenatal, postnatal office visit co-pay	\$0	\$30	\$20	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	\$0	20%	20%	10%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	20%	20%	10%	0%
Infertility (diagn/trtmt of causes of infertility subject to plan benefits)	OV copay or hospitalization copay apply	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & 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 Hospital	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in Surgery Center)	\$30	20%	20%	10%	0%
Surgery, Outpatient (performed in a 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 - Limits apply	\$10/30 visits combined w/chiro	20%	20%	10%	0%
Ambulance (Ground or Air)	\$50	20% \$100 copay	20% \$100 copay	10% \$100 copay	0% \$100 copay
Chiropractic - Limits apply	\$10/30 visits combined w/acu	20%	20%	10%	0%
Durable Medical Equipment (DME)	no charge	20%	20%	10%	0%
Physical and Occupational Therapy - Limits apply	\$30	20%	20%	10%	0%

PHARMACY BENEFITS

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)	\$10-\$30/up to 100 day supply	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90

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 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.