

Plan Type (PPO or HMO)	HMO	PPO	PPO	PPO	PPO
Carrier (Anthem Blue Cross, Blue Shield, or Kaiser)	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
 SISC Self-Insured Schools of California Schools Helping Schools	District Name YOSEMITE COMMUNITY COLLEGE DISTRICT				
Bargaining Unit	Active Employee Medical Plan Comparison rev 05/08/19				

2019-2020	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$30	80-G \$30	80-C \$20	90-C \$30	100-D \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0	\$500/\$1,000	\$200/\$500	\$200/\$500	\$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	\$30	\$30	\$20	\$30	\$20
Urgent Care co-pay	\$30	\$30	\$20	\$30	\$20
Specialists/Consultants co-pay	\$30	\$30	\$20	\$30	\$20
Prenatal, postnatal office visit co-pay	\$0	\$30	\$20	\$30	\$20
Scans: CT, CAT, MRI, PET etc.	\$0	20%	20%	10%	0%
Diagnostic X-ray & Laboratory Procedures	\$0	20%	20%	10%	0%
Infertility (diagnosis/treatment 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) - limits may apply	\$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) - limits may apply	\$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%	20%	10%	0%
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

Plan	Trad HMO \$30	200/10-35	200/10-35	9-35	200/10-35
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus	Navitus	Navitus
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
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.

COMPOSITE RATES (all rates listed MONTHLY)	\$1,500.00	\$1,600.00	\$1,776.00	\$1,778.00	\$1,887.00
2019-2020 YCCD Contribution	\$1,500.00	\$1,600.00	\$1,600.00	\$1,600.00	\$1,600.00
Certif/Management/Classified Monthly Contribution	\$0.00	\$0.00	\$176.00	\$178.00	\$287.00