



District Name

YOSEMITE COMMUNITY COLLEGE DISTRICT

RETIREES - Under Age 65 (or 1-Person Over 65 w/Medicare AB and Dependent Under 65)

Effective 10/1/2020

2020-2021 PLAN COMPARISON	Kaiser	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	Trad HMO \$30	80-G \$30	80-C \$20	90-G \$20	100-D \$30 (Non-Marketed)
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	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 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 (\$0 Copay for first 3 calendar year Primary Care office visits on Non-HSA PPO plans)	\$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 (diagnosis/treatment of causes of infertility subject to plan benefits)	Co-pay applies	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
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**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	\$0	20%	20%	10%	0%
<b>OUTPATIENT:</b> 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 co-pay	20% \$100 co-pay	10% \$100 co-pay	0% \$100 co-pay
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%
Hearing Aids	amount in excess of \$500 allowance every 36 months	20% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months

**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. 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. 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.

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 program.