SISC
Self-Insured Schools of California
Schools Helping Schools

YOSEMITE COMMUNITY COLLEGE DISTRICT

RETIREES - ALL Parties OVER 65 w/Medicare AB

Effective 10/1/2021

2021-2022	Kaiser Trad HMO $0	Blue Shield 100-A $0 (Non-Marketed) $0/$0-35 EGWP	Blue Shield 100-A $0 (Non-Marketed) $200/$0-35 EGWP	Blue Shield CompanionCare
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$0	$0/$0	$0/$0	See Plan Sheet
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,500/$3,000	$1,000/$3,000	$1,000/$3,000	See Plan Sheet
PROFESSIONAL SERVICES				
Office Visit (OV) co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$0	$0	$0	See Plan Sheet
Urgent Care co-pay	$0	$0	$0	See Plan Sheet
Specialists/Consultants co-pay	$0	$0	$0	See Plan Sheet
Prenatal, postnatal office visit co-pay	$0	$0	$0	See Plan Sheet
Scans: CT, CAT, MRI, PET etc.	$0	0%	0%	See Plan Sheet
Diagnostic X-ray & Laboratory Procedures	$0	0%	0%	See Plan Sheet
Infertility (Refer to Plan Document)	Co-pay applies	Not covered	Not covered	See Plan Sheet
Preventive Care (includes physical exams & screenings)	$0	0% Ded Waived	0% Ded Waived	See Plan Sheet
HOSPITAL & SKILLED NURSING FACILITY SERVICES				
Emergency Room visit (waived if admitted)	$100	0% $100 co-pay	0% $100 co-pay	See Plan Sheet
Inpatient Hospital (preauthorization required) - limits may apply	$0	0%	0%	See Plan Sheet
Outpatient Hospital	$0	0%	0%	See Plan Sheet
Surgery, Outpatient (performed in Surgery Center)	$0	0%	0%	See Plan Sheet
Surgery, Outpatient (performed in a Hospital) - limits may apply	$0	0%	0%	See Plan Sheet
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT				
INPATIENT: Facility Based Care (preauth required)	$0	0%	0%	See Plan Sheet
OUTPATIENT: Facility Based Care (preauth required)	$0	0%	0%	See Plan Sheet
OTHER SERVICES				
Ambulance (Ground or Air)	$50	0% $100 co-pay	0% $100 co-pay	See Plan Sheet
Acupuncture - Limits apply	$10/30 visits combined w/chiro	0%	0%	See Plan Sheet
Chiropractic - Limits apply	$10/30 visits combined w/acu	0%	0%	See Plan Sheet
Durable Medical Equipment (DME)	no charge	0%	0%	See Plan Sheet
Physical and Occupational Therapy - Limits apply	$0	0%	0%	See Plan Sheet
Hearing Aids	amount in excess of $500 allowance every 36 months	Amount in excess of $700 allowance/24 months	Amount in excess of $700 allowance/24 months	See Plan Sheet
PHARMACY BENEFITS				
Plan	**Trad HMO $10**	**0-35 EGWP**	**200/0-35 EGWP**	**CompanionCare**
Pharmacy Benefit Manager	Kaiser	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	$200/$500	See Plan Sheet
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Coverage stages apply*	Coverage stages apply*	See Plan Sheet
Generic co-pay/30 days supply	$10 up to 100 day supply	$0.00	$0.00	See Plan Sheet
Brand co-pay/30 days supply	$10 up to 100 day supply	$35.00	$35.00	See Plan Sheet
Specialty co-pay/up to 30 days supply	$10 up to 30 day supply	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	See Plan Sheet
Mail Order (Generic-Brand co-pay/90 days supply)	$10-$10/up to 100 day supply	$0-$90	$0-$90	See Plan Sheet
Mail Order Pharmacy	Kaiser Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	See Plan Sheet

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 the 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.