

**COMPANIONCARE/Medicare Supplement Plan  
SOUTHERN REGION BENEFIT SUMMARY  
(Based on Calendar Year)**

SERVICES	MEDICARE 2017 Benefits	COMPANIONCARE Based on 2017 Medicare Benefits
<b>Inpatient Hospital (Part A)</b>	Pays all but first \$1316 for 1 <sup>st</sup> 60 days  Pays all but \$329 a day for the 61 <sup>st</sup> to 90 <sup>th</sup> day  Pays all but \$658 a day Lifetime Reserve for 91 <sup>st</sup> to 150 <sup>th</sup> day  Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays \$1316  Pays \$329 a day  Pays \$658 a day  Pays 100% after Medicare and Lifetime reserve are Exhausted up to 365 days per lifetime
<b>Skilled Nursing Facilities (Must be approved by Medicare)</b>	Pays 100% for 1 <sup>st</sup> 20 days  Pays all but \$164.50 a day for 21 <sup>st</sup> to 100 <sup>th</sup> day  Pays nothing after 100 <sup>th</sup> day	Pays nothing  Pays \$164.50 a day for 21 <sup>st</sup> to 100 <sup>th</sup> day  Pays nothing after 100 <sup>th</sup> day
<b>Deductible (Part B)</b>	\$183 Part B deductible per year	Pays \$183
<b>Basis of Payment (Part B)</b>	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
<b>Medical Services (Part B)</b> Doctor, x-ray, appliances & ambulance Lab	80% MA charges	Pays 20% MA charges
<b>Physical/Speech Therapy (Part B)</b>	100% MA charges	Pays nothing
<b>Blood (Part B)</b>	80% MA charges up to the Medicare annual benefit amount.  80% MA charges after 3 pints	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)  Pays 1 <sup>st</sup> 3 pints un-replaced blood and 20% MA charges
<b>Travel Coverage (when outside the US for less than 6 consecutive months)</b>	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in hospital visits for medically necessary services for 90 days of treatment per lifetime. For details call Anthem customer service 1-800-825-5541.
<b>Outpatient Prescription Drugs</b>	<b>Medicare Part D Prescription drug plan through Navitus Health Solutions</b>	
Due to Medicare restrictions the following programs are not available with CompanionCare: \$0 generic copay at Costco & Diabetic Supplies for Generic co-pay	<b>Retail Pharmacy:</b>	30 day supply      \$9 Generic co-pay      \$35 Brand co-pay
	<b>Mail Order:</b>	90 day supply      \$18 Generic co-pay      \$90 Brand co-pay
	Pharmacy benefits are administered through Navitus Health Solutions MedicareRx using a Med D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions MedicareRx at 1-866-270-3877 or TTY users please call 711.	

**COMPANIONCARE** is a Medicare Supplement plan that pays for medically necessary services and procedures that are considered a Medicare Approved Expense. SISC will automatically enroll CompanionCare Members into Medicare Part D. No additional premium required. SISC plans are NOT subject to the 'doughnut hole'.

**Eligibility:** Member must be retired and enrolled in Medicare Part A (hospital) and Medicare Part B (medical) coverage. Retirees under age 65 with Medicare for the disabled (Parts A&B) may enroll in CompanionCare.

**Enrollment:** Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date - NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare Part D plans will be automatically disenrolled from those plans.

**Disenrollment:** Disenrollment throughout the year requires submission of a disenrollment form to SISC with a 45 calendar day advance notice of requested effective date. During the annual Med D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Med D plan outside of SISC will terminate the SISC medical and Rx benefits.

**Provider Network:** Physicians who accept Medicare Assignment.

For additional Medicare benefit information, please go to [www.medicare.gov](http://www.medicare.gov) or call 1-800-medicare (1-800-633-4227).

For additional Navitus Medicare Rx prescription drug information, please go to [www.navitus.com](http://www.navitus.com) or call 1-866-270-3877.

Rate Effective October 1, 2017	Total Cost Per Person
Retirees with Medicare A & B (SISC will enroll members in part D)	<b>Southern Region: \$437.00</b>
A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, Riverside, San Bernardino and all other counties to the south.	

**BLUE SHIELD OF CALIFORNIA - SOUTHERN REGION  
65 Plus HMO MEDICARE ADVANTAGE PLAN  
BENEFIT SUMMARY 2017-2018**

SERVICES	BENEFITS
Ambulance	\$0 co-pay per trip
Annual Physical Examination	\$0 co-pay*
Durable Medical Equipment (DME) Medicare covered services	\$0 co-pay
Hospitalization • Inpatient • Outpatient hospital services • Emergency Room	\$0 co-pay per admission \$20 co-pay \$50 co-pay/waived if admitted within 24 hrs for the same condition
Immunizations • Includes flu injections and all Medicare approved immunizations	\$0 co-pay*
Laboratory Services	No charge
Manual Manipulation of the Spine	\$20 co-pay per visit (subject to medical necessity)
Mental Health - Inpatient	No charge for day 1-150 Member pays 100% from day 151 and over
Mental Health - Outpatient unlimited visits	\$20 co-pay
Physician Services/Basic Health Services • Office visits • Consultation, diagnosis & treatment by a specialist	\$20 co-pay \$20 co-pay
Prescription Drugs Generic Preferred Brand Non-Preferred Brand Injectables Specialty 30 day supply at Retail and 90 day supply through Mail	10/30/50 Three Tiered Plan \$10 Retail, \$20 Mail order \$30 Retail, \$60 Mail order \$50 Retail, \$100 Mail order 20% up to \$100 per prescription Retail, \$300 Mail order 20% up to \$100 per prescription Retail, \$300 Mail order
Skilled Nursing Facility	Covered in full for 100 days per benefit period
X-Ray Services	\$0 co-pay*
<b>Rate Effective October 1, 2017</b>	
<b>Total Cost Per Person</b>	<b>Southern Region: \$268.00</b>

A school district's geographic location will determine the applicable rate.  
Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.

\* Office visit co-pay may apply  
Members **must** live in an approved Zip Code of the Blue Shield of California GMA-PD Service Area.  
Please refer to the Group Benefit Summary or Evidence of Coverage for details  
[www.blueshieldca.com/SISC](http://www.blueshieldca.com/SISC)



**KAISER PERMANENTE - SOUTHERN REGION  
SENIOR ADVANTAGE HMO MEDICARE PLAN  
BENEFITS SUMMARY 2017-2018**

SERVICES	BENEFITS
Ambulance	\$50/Trip
Annual Physical Examination	\$10 co-pay per visit
Acupuncture/Chiropractic	\$10 co-pay 30 combined visits
Dental Care (DeltaCare)	Not covered
DME - Durable Medical Equipment (Kaiser DME formulary guidelines apply)	100%
Hearing Examination	\$10 co-pay per visit
Hospitalization	
• Inpatient	\$0/Admit
• Emergency Room	\$50 co-pay/waived if admitted
Immunizations	No charge
• Includes flu injections and all Medicare approved immunizations	Office visit co-pay may apply if administered as part of a physician office visit
Laboratory Services	No charge
Manual Manipulation of the Spine	\$10 co-pay per visit (subject to medical necessity)
Mental Health - Outpatient unlimited visits	\$10 co-pay per individual visit; \$5 co-pay per group visit
Physician Services/Basic Health Services	
• Office visits	\$10 co-pay per visit
• Consultation, diagnosis & treatment by a specialist	\$10 co-pay per visit
Prescription Drugs	
Using Kaiser pharmacies	Generic: \$10 co-pay for up to a 100 day supply
Not subject to donut hole	Brand: \$20 co-pay for up to a 100 day supply
Skilled Nursing Facility	Covered in full for 100 days per benefit period
Vision Care	
• Examination for eyeglasses	\$10 per visit
• Glaucoma testing	\$10 co-pay per visit
• Standard frame/lenses every 24 months	\$150 frame and lens allowance every 24 months
X-Ray Services	No charge

Rate Effective October 1, 2017	Total Cost Per Person
<b>Retiree with Medicare A &amp; B</b>	<b>Southern Region: \$205.00</b>

Members must live in an approved Zip Code of the Kaiser Permanente California Service Area.  
[www.kp.org](http://www.kp.org)

A school district's geographic location will determine the applicable rate.  
Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.