SISC III
SELF-INSURED SCHOOLS OF CALIFORNIA
Schools Helping Schools

Pleasant Valley School District

Retiree Presentation

February 13, 2018

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COMPANIONCARE Medicare Supplement Plan Q&A

1. What is CompanionCare?
CompanionCare plan is a supplement to Medicare. The plan is "claim free" only when a provider accepts assignment of Medicare Benefits. When the member uses a provider who does not accept assignment of Medicare Benefits, the provider of service or member must file the claim twice; once for the Medicare payment and then again for the plan payment.

2. How does CompanionCare coordinate with Medicare?
The provider will need to submit your claim to Medicare for payment and to Anthem Blue Cross for CompanionCare to pay. Medicare pays 80% of allowable charges and CompanionCare will pay for the other 20% of allowable charges.

3. What if Medicare does not cover a service or equipment?
If services are not covered by Medicare then CompanionCare will not cover as well. The member would be out of pocket for the services.

4. Who can enroll?
This plan may be offered to retirees over 65 with Medicare Parts A & B (see www.medicare.gov for information on Medicare) and retirees under age 65 with Medicare for the disabled. In order to be eligible, the member must be retired and enrolled in both Medicare Part A and Medicare Part B. No Exceptions.

5. When can a retiree enroll?
A retiree with Medicare A&B may enroll at any time with a 45 day advance notice. They do not need to wait for Open Enrollment.

6. Is there dependent coverage?
No. CompanionCare is an individual enrollment. If a spouse/domestic partner qualifies for enrollment in CompanionCare they would enroll on their own contract.

7. How does a member enroll?
A CompanionCare enrollment form must be completed and submitted to SISC with a copy of the member's Medicare card. If the card is not available, enrollment in CompanionCare will be delayed until the card is received.
Application must be in the SISC office with a 45 day advance notice of effective date.

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COMPANIONCARE Medicare Supplement Plan Q&A

8. Does the member need to enroll in Medicare Part D?
No. SISC will automatically enroll CompanionCare members in Medicare Part D for prescription medications. CompanionCare members already enrolled in a non-SISC Medicare Part D plan will be automatically disenrolled from those plans.

9. What happens if member enrolls in a Medicare Part D plan outside of SISC?
The Centers for Medicare and Medicaid Services (CMS) does not allow a member to be enrolled in two Medicare Part D plans. The SISC medical and prescription drug benefits will be terminated.

10. Are there pharmacy benefits with CompanionCare?
Yes, SISC has a pharmacy benefit attached to CompanionCare. There is a $9 co-pay for generics and a $35 co-pay for brand medications.

11. Is there a 'coverage gap' or 'donut hole' in the pharmacy benefit?
No, there is no 'coverage gap' or 'donut hole' on the SISC CompanionCare pharmacy benefit.

12. How do I find out if my medication is covered under CompanionCare?
Potential members can call Navitus Health Solutions at 1-866-270-3877. Let the representative know you are a potential MED D member and want to know if your medication is covered.

13. Where does a member find a provider for CompanionCare?
Any provider that accepts Medicare will accept CompanionCare.

14. Are there benefits outside of California with CompanionCare?
Yes. Medicare is the primary insurance and as long as the provider accepts Medicare, CompanionCare will pay on allowed charges.

15. Is there a benefit booklet that will explain what my benefits are and what is covered?
Yes, Medicare has a booklet called "Medicare and You" that will provide this information.

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COMPANIONCARE Medicare Supplement Plan Q&A

16. How do I obtain this booklet?
You can call Medicare at 1-800-633-4227 or go to their website www.medicare.gov

17. If I enroll in CompanionCare would I have the option at a later date to enroll in a district plan?
Yes, at the next subsequent Open Enrollment. Keep in mind there is a 45 day advance notice required by CMS to enroll/disenroll in the CompanionCare plan.

18. What are the advantages of enrolling in CompanionCare vs the PPO/HMO plan the district offers?

- Member should call Medicare regarding current treatment to see if covered.
- The premium is less than the district PPO/HMO plans.
- There are no deductibles to pay on CompanionCare and the out of pocket expense is predictable.

Resources:

Medicare
www.medicare.gov
1-800-633-4227

Social Security
www.socialsecurity.gov
1-800-772-1213

HICAP-Health Insurance Counseling & Advocacy Program
www.aging.ca.gov/hicap/
1-800-510-2020

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

SERVICES	MEDICARE 2017 Benefits	COMPANIONCARE Based on 2017 Medicare Benefits
Inpatient Hospital (Part A)	Pays all but first **$1316** for 1st 60 days	Pays **$1316**
	Pays all but **$329** a day for the 61st to 90th day	Pays **$329** a day
	Pays all but **$658** a day Lifetime Reserve for 91st to 150th day	Pays **$658** a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are Exhausted up to 365 days per lifetime
Skilled Nursing Facilities (Must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but **$164.50** a day for 21st to 100th day	Pays **$164.50** a day for 21st to 100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	**$183** Part B deductible per year	Pays **$183**
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) Doctor, x-ray, appliances & ambulance Lab	80% MA charges	Pays 20% MA charges
Physical/Speech Therapy (Part B)	100% MA charges	Pays nothing
	80% MA charges up to the Medicare annual benefit amount.	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	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.

Outpatient Prescription Drugs	**Medicare Part D Prescription drug plan through Navitus Health Solutions**			
Due to Medicare restrictions the following programs are not available with CompanionCare:	**Retail Pharmacy:**	30 day supply	$9 Generic co-pay	$35 Brand co-pay
$0 generic copay at Costco &	**Mail Order:**	90 day supply	$18 Generic co-pay	$90 Brand co-pay
Diabetic Supplies for Generic 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 TYY 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 or call 1-800-medicare (1-800-633-4227).

For additional Navitus Medicare Rx prescription drug information, please go to 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)	**Southern Region: $437.00**

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.

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

SERVICES	MEDICARE 2018 Benefits	COMPANIONCARE Based on 2018 Medicare Benefits
Inpatient Hospital (Part A)	Pays all but first **$1340** for 1st 60 days	Pays **$1340**
	Pays all but **$335** a day for the 61st to 90th day	Pays **$335** a day
	Pays all but **$670** a day Lifetime Reserve for 91st to 150th day	Pays **$670** a day
	Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays 100% after Medicare and Lifetime reserve are Exhausted up to 365 days per lifetime
Skilled Nursing Facilities (Must be approved by Medicare)	Pays 100% for 1st 20 days	Pays nothing
	Pays all but **$164.50** a day for 21st to 100th day	Pays **$164.50** a day for 21st to 100th day
	Pays nothing after 100th day	Pays nothing after 100th day
Deductible (Part B)	**$183** Part B deductible per year	Pays **$183**
Basis of Payment (Part B)	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
Medical Services (Part B) Doctor, x-ray, appliances & ambulance Lab	80% MA charges	Pays 20% MA charges
Physical/Speech Therapy (Part B)	100% MA charges	Pays nothing
	80% MA charges up to the Medicare annual benefit amount.	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & ST Combined)
Blood (Part B)	80% MA charges after 3 pints	Pays 1st 3 pints un-replaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	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.

Outpatient Prescription Drugs	**Medicare Part D Prescription drug plan through Navitus Health Solutions**			
Due to Medicare restrictions the following programs are not available with CompanionCare:	**Retail Pharmacy:**	30 day supply	$9 Generic co-pay	$35 Brand co-pay
$0 generic copay at Costco &	**Mail Order:**	90 day supply	$18 Generic co-pay	$90 Brand co-pay
Diabetic Supplies for Generic 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 TYY 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 or call 1-800-medicare (1-800-633-4227).

For additional Navitus Medicare Rx prescription drug information, please go to www.navitus.com or call 1-866-270-3877.

Rate Effective October 1, 2018	**Total Cost Per Person**
Retirees with Medicare A & B (SISC will enroll members in part D)	**Southern Region: $**

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.

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KAISER MEDICARE SENIOR ADVANTAGE PLAN Q&A
KPSA

1. What is Kaiser Senior Advantage?
Kaiser Senior Advantage is a Medicare Advantage Plan that is offered through a Health Maintenance Organization (HMO) in lieu of Medicare benefits. The HMO contracts with Centers for Medicare and Medicaid Services (CMS) to provide a wide variety of benefits. Retirees are required to assign their Medicare Parts A & B over to Kaiser while enrolled in this plan and cannot use their Medicare benefits while enrolled.

2. How does Kaiser Senior Advantage coordinate with Medicare?
When you enroll in KPSA you will assign your Medicare benefits over to Kaiser. Kaiser will admin the Medicare.

3. Who can enroll?
This plan may be offered to retirees over the age of 65 with Medicare Parts A & B (see www.medicare.gov for information on Medicare).

4. When can a retiree enroll?
A retiree with Medicare A&B may enroll at any time with a 45 day advance notice. They do not need to wait for Open Enrollment.

5. Is dependent coverage different?
Yes. If the retiree has a dependent under the age of 65, their dependent may continue to participate in the same HMO plan that they are currently enrolled. However, the retiree's coverage will be the Senior Advantage benefits which could be different from the district's benefit (see the Retiree section of this manual).

6. How does a member enroll?
A Kaiser Senior Advantage Election Form **must** be completed and submitted to SISC along with a copy of the member's Medicare card showing proof of enrollment in Medicare Parts A & B. Forms must be submitted to SISC with a 45 day advance notice of effective date.

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KAISER MEDICARE SENIOR ADVANTAGE PLAN Q&A
KPSA

7. What if the member is missing a part of Medicare or does not assign their Medicare to Kaiser?

The member would not be eligible. If a member is missing a part of Medicare or does not assign their Medicare a surcharge will be assessed and added to the district's next monthly SISC statement. Members enrolled in this plan must have continuous Medicare Part A and B coverage.

8. How does a member disenroll?

A SISC disenrollment form is required to cancel Kaiser Medicare Senior Advantage. By disenrolling, the member will have their Medicare benefits restored. Until the cancellation process is complete, the retiree cannot use their Medicare benefits.

9. Does the member need to enroll in Medicare Part D?

No. Retirees enrolling in Medicare Advantage Plans will be automatically enrolled in Medicare Part D for prescription drug coverage. This automatic enrollment in Medicare Part D through the Medicare Advantage Plan will cause the retiree to be automatically disenrolled from Medicare Part D coverage through other plans. There is no coverage gap or donut hole on the SISC KPSA pharmacy plans.

10. What happens if a member enrolls in a Medicare Part D plan outside of SISC?

The Centers for Medicare and Medicaid Services (CMS) does not allow a member to be enrolled in two Medicare Part D plans. The SISC medical and prescription drug benefits will be terminated.

11. Where does a member find a provider?

Members can contact Kaiser Permanente customer service.

12. How do I find out if I live in a Kaiser Service area?

Although the HMO coverage for Active employees may be offered in the city/county and ZIP Code of the retiree's permanent residence, the Medicare Advantage Plan might **not** be available in that ZIP Code area. Please contact Kaiser Permanente to make certain this benefit is offered in the ZIP Code where the retiree resides. Medicare Advantage Plans are not available through SISC outside the State of California.

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KAISER MEDICARE SENIOR ADVANTAGE PLAN Q&A
KPSA

13. Are there benefits outside of California with Kaiser Senior Advantage?
No. Only emergency services are covered while outside of California. If you move out of state you will need to change plans.

14. Is there a benefit booklet that will explain what my benefits are and what is covered?
Yes. The district will provide a benefit summary and a plan booklet.

15. If I enroll in KPSA would I have the option at a later date to enroll in a district plan?
Yes, at the next subsequent Open Enrollment. Keep in mind there is a 45 day advance notice required by CMS to enroll/disenroll in the KPSA plan.

16. What are the advantages of enrolling in KPSA vs the PPO/HMO plan the district offers?

- All services are typically under one roof.
- The premiums are less than the district PPO/HMO plans.
- There are no deductibles to pay on KPSA and the out of pocket expense is predictable.

Resources:

Medicare
www.medicare.gov
1-800-633-4227

Social Security
www.socialsecurity.gov
1-800-772-1213

HICAP-Health Insurance Counseling & Advocacy Program
www.aging.ca.gov/hicap/
1-800-510-2020

Kaiser
www.kp.org

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 Not subject to donut hole	Generic: $10 co-pay for up to a 100 day supply 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
Retiree with Medicare A & B	Southern Region: $205.00

Members must live in an approved Zip Code of the Kaiser Permanente California Service Area.
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.

Brief Summary of Benefits
2017-2018

SERVICES	KAISER PERMANENTE SENIOR ADVANTAGE	ANTHEM COMPANION CARE
	MEDICARE ADVANTAGE	MEDICARE SUPPLEMENT
Monthly Premium	$205	$437
Office visits	$10 co-pay per visit	$0 co-pay
Ambulance	$50 co-pay per trip	$0 co-pay
Annual Physical Examination	No Charge	Not covered
Durable Medical Equipment (DME) Medicare covered services	100% (Kaiser DME formulary guidelines apply)	$0 co-pay
Inpatient Hospital Services	$0 per admission	$0 co-pay
Hospice	Medicare Part A	Medicare Part A
Emergency Room	$50 co-pay/waived if admitted	$0 co-pay
Immunizations *Includes flu injections and all Medicare approved immunizations*	$0 co-pay (office visit co-pay may apply if part of visit)	$0 co-pay
Laboratory Services	$0 co-pay	$0 co-pay
Manual Manipulation of the Spine	$10 co-pay per visit (subject to medical necessity)	$0 co-pay
Mental Health - Inpatient	$0 co-pay	$0 co-pay
Mental Health - Outpatient unlimited visits	$10 co-pay per individual visit/ $5 co-pay per group visit	$0 co-pay
Consultation, diagnosis & treatment by a specialist	$10 co-pay per visit	$0 co-pay
Generic Drugs	$10 co-pay for up to a 100 day supply	$9 Retail, $18 Mail order
Preferred Brand	$20 co-pay for up to a 100 day supply	$35 Retail , $90 Mail Order
Skilled Nursing Facility	Covered in full for 100 days per benefit period	$0 co-pay
X-Ray Services (Scans, MRI etc.)	$0 co-pay (office visit co-pay may apply if part of visit)	$0 co-pay

Pleasant Valley (Camarillo)

2017-2018 Plan Comparison

Carrier	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem HMO	Kaiser
MEDICAL PLAN	**90-A $20**	**80-G $20**	**80-L $30**	**80-M $40**	**Premier 20**	**Trad HMO $20**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$100/$300	$500/$1,000	$2,000/$4,000	$3,000/$6,000	$0/$0	$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$2,000/$4,000	$4,000/$8,000	$4,000/$8,000	$1,500/$3,000	$1,500/$3,000
PROFESSIONAL SERVICES						
Office Visit (OV), Urgent Care, Specialists Co-pay	$20	$20	$30	$40	$20	$20
Prenatal, postnatal office visit co-pay	$20	$20	$30	$40	$20	$0
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	20%	$100/test	$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	20%	$0	$0
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	50%	50%
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES						
Emergency Room visit (waived if admitted)	10% $100 co-pay	20% $100 co-pay	20% $100 co-pay	20% $100 co-pay	$100	$100
Inpatient Hospital (preauthorization required)	10%	20%	20%	20%	$200/admit	$0
Outpatient Hospital	10%	20%	20%	20%	$100/admit	$20
Surgery, Outpatient (performed in Surgery Center/Hospital)	10%	20%	20%	20%	$100	$20
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT						
INPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	$200	$0
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	$0	$20
OTHER SERVICES						
Acupuncture - Limits apply	10%	20%	20%	20%	$10/30 visits combined w/chiro	$10/30 visits combined w/chiro
Ambulance (Ground or Air)	10% plus $100 copay	20% plus $100 copay	20% plus $100 copay	20% plus $100 copay	$100	$50
Chiropractic - Limits apply	10%	20%	20%	20%	$10/30 visits combined w/acu	$10/30 visits combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	20%	20%	100%
Physical and Occupational Therapy - Limits apply	10%	20%	20%	20%	$20	$20
PHARMACY BENEFITS	**5-20**	**7-25**	**9-35**	**9-35**	**7-25**	**Trad HMO $10-$20***
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$1,500/$2,500	$2,500/$3,500	$2,500/$3,500	$1,500/$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply at **Costco**	$0 at Costco	$0 at Costco	$0 at Costco	$0 at Costco	$0 at Costco	$10 up to 100 day supply
Generic co-pay/30 days supply (**at other Pharmacy**)**	$5	$7	$9	$9	$7	$10 up to 100 day supply
Brand co-pay/30 days supply	$20	$25	$35	$35	$25	$20 up to 100 day supply
Specialty co-pay/up to 30 days supply***	$20	$25	$35	$35	$25	$20 up to 100 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$50	$0-$60	$0-$90	$0-$90	$0-$60	$10-$20/up to 100 day supply
65+ Retiree Rates with Medicare A&B**						
Single	$645.00	$608.00	$545.00	$520.00	$582.00	$205.00
Two Party	$1,290.00	$1,216.00	$1,090.00	$1,040.00	$1,164.00	$410.00
Family	$1,601.00	$1,514.00	$1,355.00	$1,280.00	$1,436.00	$779.00

***Kaiser plans must use a Kaiser pharmacy**

****Walgreen's is out of network for pharmacy**

***** Specialty medications on PPO plans must use mail order**

******all enrolled on an over 65 plus retiree plan are required to be enrolled in Medicare Part A&B**

CO-PAYS, DEDUCTIBLES, CO-INSURANCE AND OUT-OF-POCKET MAXIMUM DEFINITIONS

Co-pay (member responsibility)
Member pays office visit co-pay – this amount goes towards the out-of-pocket max (OOP).

Deductible (member responsibility)
Member has a diagnosis and treatment – member is responsible for this fee. This would go towards the deductible. Member is responsible for the deductible before the plan pays. Deductible goes towards the OOP.

Co-Insurance (shared responsibility, plan and member)
Once the deductible has been met the plan pays 90% or 80% (depending on the plan) and the member would pay the corresponding 10% or 20% (depending on the plan) until the member has met their OOP.

Out-Of-Pocket Max (OOP)
This is a calendar year maximum amount an employee/family will pay out-of-pocket. Once this amount has been met the plan becomes 100% for the rest of the calendar year. Deductibles and Co-Insurance reset and begin all over January 1st.

Exception: Any monies paid towards the **deductible** in the months of October, November and December will be carried over to the following year to help satisfy that year's deductible.

Co-insurance and Office Visit copays do not carry over to the next year.

Medicare Part D and VA Coverage:

Some veterans only use their VA drug coverage to get their medications, since VA drug coverage may offer more generous prescription drug coverage than Medicare Part D, the Medicare prescription drug benefit.

Since VA drug coverage is considered creditable, meaning it is as good as or better than the Medicare prescription drug benefit, you can delay enrolling into Medicare Part D without penalty. If you do lose VA drug coverage, make sure you enroll into a Part D plan within 63 days of losing your VA benefits.

Note that although you can have both Medicare Part D and VA drug coverage, the two do not work together. VA benefits only cover the drugs you get from VA pharmacies and Part D plans usually only cover drugs you get from pharmacies that are within the plan's network.

You may want to join a Part D plan in certain situations. You may want to enroll in a plan if you move into a nursing home outside of the VA health system and need coverage for medications from the nursing home pharmacy. You may also want to enroll in a Part D plan if you qualify for Extra Help, the federal assistance program that helps people with Medicare afford their Part D drug costs.

If you have questions about VA benefits and coverage, contact the VA Health Administration Center at 1-800-733-8387 or 1-877-222-VETS (877-222-8387).

www.medicareinteractive.org

SISC Individual Retiree Plans (IRP)

SISC plans do not coordinate pharmacy benefits. SISC pharmacy plans are creditable which means they are as good as or better than the Medicare prescription drug benefit.

SISC sends a Notice of Creditable Coverage annually in October. Please keep with your important papers as this is proof of Med D enrollment and avoid a late enrollment penalty (LEP).

Medicare.gov
The Official U.S. Government Site for Medicare

Medicare 2018 costs at a glance

Listed below are basic costs for people with Medicare. If you want to see and compare costs for specific health care plans, visit the Medicare Plan Finder.

For specific cost information (like whether you've met your deductible, how much you'll pay for an item or service you got, or the status of a claim), visit MyMedicare.gov.

Find out if Medicare covers a specific test, item or service that's not listed under the detailed Medicare cost information section of this page.

2018 costs at a glance	
Part A premium	Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to $422 each month. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is $422. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is $232.
Part A hospital inpatient deductible and coinsurance	You pay: $1,340 deductible for each benefit period Days 1-60: $0 coinsurance for each benefit period Days 61-90: $335 coinsurance per day of each benefit period Days 91 and beyond: $670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime) Beyond lifetime reserve days: all costs
Part B premium	The standard Part B premium amount is $134 (or higher depending on your income). However, some people who get Social Security benefits will pay less than this amount ($130 on average).

Part B deductible and coinsurance	$183 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.
Part C premium	The Part C monthly premium varies by plan. Compare costs for specific Part C plans.
Part D premium	The Part D monthly premium varies by plan (higher-income consumers may pay more). Compare costs for specific Part D plans.

Detailed Medicare cost information for 2018

Medicare Part A (Hospital Insurance)

Monthly premium:

Most people don't pay a monthly premium for Part A (sometimes called "premium-free Part A"). If you buy Part A, you'll pay up to $422 each month in 2018. If you paid Medicare taxes for less than 30 quarters, the standard Part A premium is $422. If you paid Medicare taxes for 30-39 quarters, the standard Part A premium is $232.

Learn more about Part A costs.

Late enrollment penalty:

- If you don't buy it when you're first eligible, your monthly premium may go up 10%. (You'll have to pay the higher premium for twice the number of years you could have had Part A, but didn't sign up.) Learn more about the Part A late enrollment penalty.

Part A costs if you have Original Medicare

Note

All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "Evidence of Coverage" from your plan.

Home health care

- $0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

Hospice care

- $0 for hospice care.
- You may need to pay a copayment of no more than $5 for each prescription drug and other similar products for pain relief and symptom control while you're at home. In the rare case your drug isn't

covered by the hospice benefit, your hospice provider should contact your Medicare drug plan to see if it's covered under Part D.

- You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
- Medicare doesn't cover room and board when you get hospice care in your home or another facility where you live (like a nursing home).

Hospital inpatient stay

- $1,340 deductible for each benefit period.
- Days 1–60: $0 coinsurance for each benefit period.
- Days 61–90: $335 coinsurance per day of each benefit period.
- Days 91 and beyond: $670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond lifetime reserve days: all costs.

Note

You pay for private-duty nursing, a television, or a phone in your room. You pay for a private room unless it's medically necessary.

Mental health inpatient stay

- $1,340 deductible for each benefit period.
- Days 1–60: $0 coinsurance per day of each benefit period.
- Days 61–90: $335 coinsurance per day of each benefit period.
- Days 91 and beyond: $670 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).
- Beyond lifetime reserve days: all costs.
- 20% of the Medicare-approved amount for mental health services you get from doctors and other providers while you're a hospital inpatient.

Note

There's no limit to the number of benefit periods you can have when you get mental health care in a general hospital. You can also have multiple benefit periods when you get care in a psychiatric hospital. Remember, there's a lifetime limit of 190 days.

Skilled nursing facility stay

- Days 1–20: $0 for each benefit period.
- Days 21–100: $167.50 coinsurance per day of each benefit period.

- Days 101 and beyond: all costs.

Medicare Part B (Medical Insurance)

Monthly premium:

2018

The standard Part B premium amount in 2018 will be $134 (or higher depending on your income). However, some people who get Social Security benefits pay less than this amount ($130 on average). You'll pay the standard premium amount (or higher) if:

You enroll in Part B for the first time in 2018.

You don't get Social Security benefits.

You're directly billed for your Part B premiums (meaning they aren't taken out of your Social Security benefits).

You have Medicare and Medicaid, and Medicaid pays your premiums. (Your state will pay the standard premium amount of $134.)

Your modified adjusted gross income as reported on your IRS tax return from 2 years ago is above a certain amount. If so, you'll pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium.

If you're in 1 of these 5 groups, here's what you'll pay:

If your yearly income in 2016 (for what you pay in 2018) was			**You pay each month (in 2018)**
File individual tax return	**File joint tax return**	**File married & separate tax return**	
$85,000 or less	$170,000 or less	$85,000 or less	$134
above $85,000 up to $107,000	above $170,000 up to $214,000	Not applicable	$187.50
above $107,000 up to $133,500	above $214,000 up to $267,000	Not applicable	$267.90
above $133,500 up to $160,000	above $267,000 up to $320,000	Not applicable	$348.30
above $160,000	above $320,000	above $85,000	$428.60

Get more information about your Part B premium from Social Security [PDF, 341 KB].

Late enrollment penalty:

In most cases, if you don't sign up for Part B when you're first eligible, you'll have to pay a late enrollment penalty. You'll have to pay this penalty for as long as you have Part B. Your monthly premium for Part B may go up 10% for each full 12-month period that you could have had Part B, but didn't sign up for it. Also, you may have to wait until the General Enrollment Period (from January 1 to March 31) to enroll in Part B. Coverage will start July 1 of that year.

Learn more about the Part B late enrollment penalty.

Part B costs if you have Original Medicare

Note

All Medicare Advantage Plans must cover these services. If you're in a Medicare Advantage Plan, costs vary by plan and may be either higher or lower than those in Original Medicare. Review the "Evidence of Coverage" from your plan.

Part B annual deductible:

You pay $183 per year for your Part B deductible. After your deductible is met, you typically pay 20% of the Medicare-approved amount for these:

- Most doctor services (including most doctor services while you're a hospital inpatient)
- Outpatient therapy
- Durable medical equipment

Clinical laboratory services:

You pay $0 for Medicare-approved services.

Home health services:

- $0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

Medical and other services:

You pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.

Note

In 2018, there may be limits on physical therapy, occupational therapy, and speech language pathology services. If so, there may be exceptions to these limits.

Outpatient mental health services:

- You pay nothing for your yearly depression screening if your doctor or health care provider accepts assignment.
- 20% of the Medicare-approved amount for visits to your doctor or other health care provider to diagnose or treat your condition. The Part B deductible applies.
- If you get your services in a hospital outpatient clinic or hospital outpatient department, you may have to pay an additional copayment or coinsurance amount to the hospital.

Partial hospitalization mental health services:

You pay a percentage of the Medicare-approved amount for each service you get from a doctor or certain other qualified mental health professionals if your health care professional accepts assignment. You also pay coinsurance for each day of partial hospitalization services provided in a hospital outpatient setting or community mental health center, and the Part B deductible applies.

Outpatient hospital services:

- You generally pay 20% of the Medicare-approved amount for the doctor or other health care provider's services, and the Part B deductible applies.
- For all other services, you also generally pay a copayment for each service you get in an outpatient hospital setting. You may pay more for services you get in a hospital outpatient setting than you would pay for the same care in a doctor's office.
- For some screenings and preventive services, coinsurance, copayments, and the Part B deductible don't apply (so you pay nothing).

Medicare Part C (Medicare Advantage)

Monthly premium:

The Part C monthly premium varies by plan.

Deductibles, copayments, & coinsurance:

The amount you pay for Part C deductibles, copayments, and/or coinsurance varies by plan. Look for specific Part C plan costs, and then call the plans you're interested in to get more details.

Medicare Part D (Medicare prescription drug coverage)

Monthly premium:

The Part D monthly premium varies by plan (higher-income consumers may pay more).

The chart below shows your estimated prescription drug plan monthly premium based on your income as reported on your IRS tax return. If your income is above a certain limit, you'll pay an income-related monthly adjustment amount in addition to your plan premium.

2018

If your filing status and yearly income in 2016 was			
File individual tax return	**File joint tax return**	**File married & separate tax return**	**You pay each month (in 2018)**
$85,000 or less	$170,000 or less	$85,000 or less	your plan premium
above $85,000 up to $107,000	above $170,000 up to $214,000	not applicable	$13.00 + your plan premium
above $107,000 up to $133,500	above $214,000 up to $267,000	not applicable	$33.60 + your plan premium
above $133,500 up to $160,000	above $267,000 up to $320,000	not applicable	$54.20 + your plan premium

above $160,000	above $320,000	above $85,000	$74.80 + your plan premium

Late enrollment penalty:

You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without one of these:

A Medicare Prescription Drug Plan (Part D)

A Medicare Advantage Plan (Part C) (like an HMO or PPO)

Another Medicare health plan that offers Medicare prescription drug coverage

Creditable prescription drug coverage

In general, you'll have to pay this penalty for as long as you have a Medicare drug plan. The cost of the late enrollment penalty depends on how long you went without Part D or creditable prescription drug coverage. Learn more about the Part D late enrollment penalty.

Deductibles, copayments, & coinsurance:

The amount you pay for Part D deductibles, copayments, and/or coinsurance varies by plan. Look for specific Medicare drug plan costs, and then call the plans you're interested in to get more details.

Medicare.gov

A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services. 7500 Security Boulevard, Baltimore, MD 21244