

COMPANIONCARE/Medicare Supplement Plan BENEFIT SUMMARY

(Based on Calendar Year)

SERVICES	MEDICARE 2019 Benefits	COMPANIONCARE Based on 2019 Medicare Benefits
Inpatient Hospital (Part A)	Pays all but first \$1364 for 1 st 60 days Pays all but \$341 a day for the 61 st to 90 th day Pays all but \$682 a day Lifetime Reserve for 91 st to 150 th day Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays \$1364 Pays \$341 a day Pays \$682 a day 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 1 st 20 days Pays all but \$170.50 a day for 21 st to 100 th day Pays nothing after 100 th day	Pays nothing Pays \$170.50 a day for 21 st to 100 th day Pays nothing after 100 th day
Deductible (Part B)	\$185 Part B deductible per year	Pays \$185
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 100% MA charges	Pays 20% MA charges Pays nothing
Physical/Speech Therapy (Part B)	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 1 st 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: \$0 generic copay at Costco & Diabetic Supplies for Generic co-pay	Retail Pharmacy:	30 day supply \$9 Generic co-pay \$35 Brand co-pay
	Mail Order:	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 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.

BENEFIT MATRIX

NAVITUS MEDICARE RX (PDP) PRESCRIPTION DRUG PLAN FOR THE SELF-INSURED SCHOOLS OF CALIFORNIA

BENEFIT STRUCTURE	Retail Network Pharmacy (up to 31 day Supply)	Navitus 90 Day Retail Network Pharmacy (up to 90 day Supply)	Network Mail Order Pharmacy (up to 90 day Supply)
Tier 1 Consists of formulary preferred generics and certain low-cost brand name drugs	\$9 copayment	\$27 copayment	\$18 copayment
Tier 2 Consists of formulary preferred brand name drugs and certain higher-cost generic drugs	\$35 copayment	\$105 copayment	\$90 copayment

Prior Authorization

We cover prescribed drugs and medication according to a drug formulary. Certain prescription drugs included in the formulary require prior authorization. The drug prior authorization process can be initiated by your primary care provider or treating physician by filling out and submitting a Drug Prior Authorization Request form. Notification of a determination will then be mailed to both you and the prescribing physician. If prior authorization is required to obtain a prescription but it is not obtained, then no benefits are available for that prescription. For information on a particular drug, you may contact your prescriber or contact our Navitus Medicare Rx Customer Care Center at 1-866-270-3877.