

COMPANIONCARE MEDICARE SUPPLEMENT PLAN, NORTHERN REGION

Benefit Summary

Services	Medicare 2020 Benefits	CompanionCare Based on 2020 Medicare Benefits
Inpatient Hospital (Part A)	<ul style="list-style-type: none"> • Pays all but first \$1,364 for 1st 60 days • Pays all but \$341 a day for the 61st–90th day • Pays all but \$682 a day • Lifetime Reserve for 91st to 150th day • Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage) 	<ul style="list-style-type: none"> • Pays \$1,364 • 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)	<ul style="list-style-type: none"> • Pays 100% for 1st 20 days • Pays all but \$170.50 a day for 21st to 100th day • Pays nothing after 100th day 	<ul style="list-style-type: none"> • Pays nothing • Pays \$170.50 a day for 21st to 100th day • Pays nothing after 100th day
Deductible (Part B)	<ul style="list-style-type: none"> • \$185 Part B deductible per year 	<ul style="list-style-type: none"> • Pays \$185
Basis of Payment (Part B)	<ul style="list-style-type: none"> • 80% Medicare-approved (MA) charges after Part B deductible 	<ul style="list-style-type: none"> • Pays 20% MA charges Including 100% of Medicare Part B deductible
Medical Services (Part B) <ul style="list-style-type: none"> • Doctor, x-ray • Appliances and Ambulance Lab 	<ul style="list-style-type: none"> • 80% MA charges • 100% MA charges 	<ul style="list-style-type: none"> • Pays 20% MA charges • Pays nothing
Physical/Speech Therapy (Part B)	<ul style="list-style-type: none"> • 80% MA charges up to the Medicare annual benefit amount 	<ul style="list-style-type: none"> • Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)
Blood (Part B)	<ul style="list-style-type: none"> • 80% MA charges after 3 pints 	<ul style="list-style-type: none"> • Pays 1st 3 pints unreplaced blood and 20% MA charges
Travel Coverage (when outside the US for less than 6 consecutive months)	<ul style="list-style-type: none"> • Not covered 	<ul style="list-style-type: none"> • Pays 80% inpatient hospital, surgery, anesthesiologist and in-hospital visits for medically necessary services for 90 days of treatment per hospital stay. For details call Anthem customer service at 1-800-825-5541.

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
Retail Pharmacy Mail Order	<ul style="list-style-type: none"> • 30-day supply \$9 Generic co-pay, \$35 Brand co-pay • 90-day supply \$18 Generic co-pay, \$90 Brand co-pay
<p>Due to Medicare restrictions the following programs are not available with CompanionCare:</p> <ul style="list-style-type: none"> • \$0 generic co-pay at Costco • % diabetic supplies for generic co-pay 	<ul style="list-style-type: none"> • Pharmacy benefits are administered through Navitus Health Solutions Medicare Rx using a Medicare D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Navitus Health Solutions Medicare Rx 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 and 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 Medicare D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Medicare 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, 2020	Total Cost Per Person
Retirees with Medicare Parts A and B (SISC will enroll members in Part D)	Northern Region: \$402.00

A school district's geographic location will determine the applicable rate. Northern Region includes Monterey, Kings, Tulare, Inyo and all other counties to the north.

Self-Insured Schools of California (SISC) – Plan 9X35

Navitus MedicareRx (PDP) Summary of Benefits 2020

Part D Prescription Drugs
 The benefit information provided is a summary of what we cover and what you pay. Your cost sharing may differ based on the pharmacy’s status as network/out-of-network; mail order; long term care; home infusion; 30 or 90-day supplies; and when you enter another phase of the Medicare Part D benefit. For more information on the additional pharmacy specific cost-sharing, the phases of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at <https://medicarerx.navitus.com>.

Yearly Deductible Stage:
 Because this plan does not have a deductible for Part D drugs, this payment stage does not apply to you.

Initial Coverage Stage:
 During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. The table below shows your share of the cost for drugs in each of the plan’s drug tiers. You stay in this stage until your total drug costs reach \$4,020, when you move on to the Gap Coverage stage.

Cost Sharing Tiers	Network Retail Pharmacy (1-30 day supply)	Network Retail Pharmacy (31-60 day supply)	Network Retail Pharmacy (61-90 day supply)	Network Mail Order Pharmacy (1-30 day supply)	Network Mail Order Pharmacy (31-90 day supply)
Tier 1: Preferred generic and certain lower-cost brand products	\$9 copayment	\$18 copayment	\$27 copayment	\$9 copayment	\$18 copayment
Tier 2: Preferred brand and certain higher-cost generic products	\$35 copayment	\$70 copayment	\$105 copayment	\$35 copayment	\$90 copayment

Gap Coverage Stage:
 During this stage, your employer group benefit will continue to cover your drug costs when the Medicare plan does not; you will be responsible for your copayment/coinsurance if applicable. Your drug copay or coinsurance may be less, based upon the cost of the drug. After your yearly total drug costs reach \$6,350 for Part D drugs, you move on to the Catastrophic Coverage Stage.

Catastrophic Coverage Stage:
 After your yearly out-of-pocket drug costs reach \$6,350 for Part D drugs, you pay the greater of:
 Either 5% coinsurance or a \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copay for all other drugs.
 -OR- Your formulary cost sharing tier amount if lesser.

Additional Cost Sharing Information

- Your drug copay or coinsurance may be less, based upon the cost of the drug and the coverage stage you are in.
- If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a retail pharmacy
- Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS** on the formulary are not available for an extended supply (greater than 30-days) at a retail or specialty pharmacy.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access our Evidence of Coverage online at <https://medicarerx.navitus.com>.