

Your summary of benefits



Anthem® Blue Cross Life and Health Insurance Company

Your Plan: SISC (Self Insured Schools of California): 100-A \$0 Anthem Classic PPO Retiree Plan

Your Network: Prudent Buyer PPO

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$0 person / \$0 family	
Overall Out-of-Pocket Limit	\$1,000 person / \$3,000 family	No limit person / No limit family
<p>The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.</p> <p>Your copays, coinsurance and deductible count toward your out-of-pocket limit(s).</p> <p>*For services received from an out-of-network provider, the member may be held responsible for any costs beyond the permitted amount and the overall charges.</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at No charge.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse disorder care via www.livehealthonline.com are covered at No charge; and No charge for covered Specialist Care.</i></p>		
Primary Care (PCP) <i>virtual and office</i>	0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Mental Health and Substance Abuse Disorder Care <i>virtual and office</i>	0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Specialist Care <i>virtual and office</i>	0% coinsurance	All billed amounts exceeding the

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CA/LG/SISC (Self Insured Schools of California): 100-A \$0 Anthem Classic PPO Retiree Plan/5YYU/10-01-2023

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
		maximum allowed amount. (See footnote 1)
<p>Other Practitioner Visits</p> <p>Maternity Care <i>(Prenatal and Postnatal Global Care)</i></p> <p>Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p> <p>Manipulation Therapy</p> <p>Acupuncture <i>Coverage is limited to 12 visits per benefit period.</i></p>	<p>0% coinsurance</p> <p>0% coinsurance</p> <p>0% coinsurance</p> <p>0% coinsurance</p>	<p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>Not covered</p> <p>50% of maximum allowed amount (See footnote 1)</p>
<p><u>Other Services in an Office</u></p> <p>Allergy Testing</p> <p>Prescription Drugs <i>Dispensed in the office</i></p> <p>Surgery</p>	<p>0% coinsurance</p> <p>0% coinsurance</p> <p>0% coinsurance</p>	<p>Not covered</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p>
<p>Preventive care / screenings / immunizations</p>	<p>No charge</p>	<p>Not covered</p>
<p>Preventive Care for Chronic Conditions <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>Not covered</p>
<p><u>Diagnostic Services</u></p> <p>Lab</p> <p>Office</p>	<p>0% coinsurance</p>	<p>Not covered</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Lab	0% coinsurance	Not covered
Outpatient Hospital	0% coinsurance	Not covered
X-Ray		
Office	0% coinsurance	Not covered
Freestanding Radiology Center	0% coinsurance	Not covered
Outpatient Hospital	0% coinsurance	Not covered
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office <i>Coverage for a Non-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i>	0% coinsurance	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)
Freestanding Radiology Center <i>Coverage for a Non-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i>	0% coinsurance	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)
Outpatient Hospital <i>Coverage for a Non-Network Provider is limited to \$800 maximum per test. (See footnote 2)</i>	0% coinsurance	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)
<u>Emergency and Urgent Care</u> Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$100 copay per visit	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Doctor and Other Services	0% coinsurance	Covered as In-Network
Ambulance	\$100 copay per trip	Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse Disorder Care at a Facility</u> Facility Fees Doctor Services	0% coinsurance 0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1) All billed amounts exceeding the maximum allowed amount. (See footnote 1)
<u>Outpatient Surgery</u> Facility Fees Hospital <i>Services and supplies for the following outpatient surgeries are subject to a benefit limit if performed in an outpatient hospital setting. The benefit limit does not apply if performed in a Freestanding Ambulatory Surgical Center.</i> <ul style="list-style-type: none"> <i>o Arthroscopy limited to \$4,500 per procedure</i> <i>o Cataract surgery limited to \$2,000 per procedure</i> <i>o Colonoscopy limited to \$1,500 per procedure</i> <i>o Upper GI Endoscopy limited to \$1,000 per procedure</i> <i>o Upper GI Endoscopy with biopsy limited to \$1,250 per procedure</i> Ambulatory Surgical Center <i>Coverage for a Non-Network Provider is limited to \$350 maximum per day. (See footnote 2)</i> Doctor and Other Services Hospital	0% coinsurance 0% coinsurance 0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1) All billed amounts exceeding the maximum allowed amount. (See footnote 1 and 2) All billed amounts exceeding the maximum allowed amount. (See footnote 1)

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Hospital (Including Maternity, Mental Health and Substance Abuse Disorder)</u> <i>Anthem's maximum payment is up to \$600 per day for non-emergency inpatient admissions to non-network providers.</i></p> <p>Facility Fees</p> <p>Hip/Knee/Spine Surgeries <i>For inpatient services, this benefit is covered only when performed at a designated Blue Distinction Plus Center for Specialty Care. Subject to utilization review.</i></p> <p>Physician and other services <i>including surgeon fees</i></p>	<p>0% coinsurance</p> <p>0% coinsurance</p> <p>0% coinsurance</p>	<p>All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)</p> <p>Not covered</p> <p>All billed amounts exceeding the maximum allowed amount. (See footnote 1)</p>
<p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Coverage for a Non-Network Provider is limited to \$150 maximum per day. (See footnote 2)</i></p>	<p>0% coinsurance</p>	<p>All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)</p>
<p>Rehabilitation Services</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>0% coinsurance</p> <p>0% coinsurance</p>	<p>Not covered</p> <p>Not covered</p>
<p>Pulmonary rehabilitation <i>office and outpatient hospital</i></p>	<p>0% coinsurance</p>	<p>Not covered</p>
<p>Cardiac rehabilitation <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>0% coinsurance</p>	<p>Not covered</p>
<p>Dialysis/Hemodialysis <i>office and outpatient hospital</i> <i>Coverage for a Non-Network Provider is limited to \$350 maximum per visit. (See footnote 2)</i></p>	<p>0% coinsurance</p>	<p>All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chemo/Radiation Therapy <i>office and outpatient hospital</i>	0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Skilled Nursing Care (facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period. Anthem's maximum payment is up to \$600 per day for non-emergency Inpatient admissions to non-network providers. (See footnote 2)</i>	0% coinsurance	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)
Inpatient Hospice	0% coinsurance	All billed amounts exceeding the maximum allowed amount. (See footnote 1)
Durable Medical Equipment	0% coinsurance	Not covered
Prosthetic Devices	0% coinsurance	Not covered
Hearing Aids <i>Coverage is limited to \$700 maximum every 24 months. (See footnote 2)</i>	0% coinsurance	All billed amounts exceeding the lesser of the benefit maximum or maximum allowed amount. (See footnote 1 and 2)

Footnote 1: When using Non-Network PPO Providers, members are responsible for any difference between the maximum allowed amount and actual charges, as well as any deductible & percentage copay.

Footnote 2: The plan may pay for the following services and supplies up to the maximum number of days or visits and/or dollar maximum shown. When using non-network providers, the plan will pay the lesser of the benefit maximum or the maximum allowed amount. If the maximum allowed amount is less than the listed benefit maximum, the plan will not exceed the maximum allowed amount. Likewise, if the listed benefit maximum is less than the maximum allowed amount, the plan will not exceed the listed benefit maximum.

Notes:

- If you have an office visit with your Primary Care Physician, Specialist or Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Surgery at Ambulatory Surgical Centers and Hemodialysis are limited to \$350 per admission for Non-Network Providers.

- Advanced Diagnostic Imaging is limited to \$800 per service for Non-Network Providers.
- Coverage includes standard fertility preservation services as a basic healthcare service including but are not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.
- The representations of benefits in this document are subject to California Department of Insurance (DOI) approval and are subject to change.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Get help in your language Notice of Language Assistance

Curious to know what all this says? We would be too. Here's the English version:

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Servicios lingüísticos sin costo. Puede tener un intérprete. Puede solicitar que le lean los documentos y algunos puede recibirlos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-888-254-2721. Para obtener ayuda adicional, llame al Departamento de Seguros de California al 1-800-927-4357. (TTY/TDD: 711)

Arabic

يتم تقديم خدمات اللغة دون مقابل. يمكنك الاستعانة بمترجم. ويمكنك المطالبة بأن تُقرأ لك بعض المستندات وأن يُرسل بعضها بلغتك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك أو على الرقم 1-888-254-2721. للحصول على مزيد من المساعدة، يُرجى الاتصال بإدارة كاليفورنيا للتأمين على الرقم 1-800-927-4357. (TTY/TDD: 711)

Armenian

Թարգմանչական անվճար ծառայություններ: Մենք կարող ենք Ձեզ թարգմանչի ծառայություններ առաջարկել Կարող ենք տրամադրել ինչ-որ մեկին, ով փաստաթղթերը կկարդա Ձեզ համար և կուղարկի դրանք Ձեր լեզվով: Օգնություն ստանալու համար զանգահարեք մեզ Ձեզ ID քարտի վրա նշված հեռախոսահամարով կամ 1-888-254-2721 համարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության նախարարություն հետևյալ հեռախոսահամարով՝ 1-800-927-4357: (TTY/TDD: 711)

Chinese

免費語言服務。您能獲得免費的譯員。您能聽到以您的語言讀出的文件內容，也能獲得以您的語言而寫的部分文件。如需協助，請撥打您的 ID 卡上的號碼或者1-888-254-2721聯絡我們。如需更多協助，請撥打1-800-927-4357 聯絡CA Dept. of Insurance。 (TTY/TDD: 711)

Farsi

خدمات رایگان زبانی. می‌توانید یک مترجم شفاهی بگیرید. می‌توانید بخوانید اسناد را برای شما بخوانند و برخی اسناد نیز به زبان خودتان برایتان ارسال شود. برای دریافت کمک، از طریق شماره فهرست شده در کارت شناسایی‌تان و یا از طریق 1-888-254-2721 با ما تماس بگیرید. برای دریافت کمک‌های بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. (TTY/TDD: 711)

Hindi

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बिना लागत की भाषा सेवाएँ। आप दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ पढ़वा सकते हैं और कुछ दस्तावेज़ आपको आपकी भाषा में भेजे जा सकते हैं। मदद के लिए, हमें अपने ID कार्ड पर सूचीबद्ध नंबर पर या 1-888-254-2721 पर कॉल करें। अधिक मदद के लिए 1-800-927-4357 पर CA बीमा विभाग कोकॉल करें। (TTY/TDD: 711)

Hmong

Tsis Xam Tus Nqi Cov Kev Pab Cuam Ntsig Txog Hom Lus. Koj muaj peev xwm tau txais ib tus neeg txhais lus. Koj muaj peev xwm tau txais cov ntaub ntawv nyeem ua koj hom lus rau koj mloog thiab yuav xa ib co ntaub ntawv sau ua koj hom lus tuaj rau koj. Txog rau kev pab, hu rau peb tus nab npawb xov tooj teev tseg cia nyob rau ntawm koj daim ID los sis 1-888-254-2721. Txog rau kev pab ntxiv, hu xov tooj rau Pab Kas Phais Lub Chaw Ua Hauj Lwm CA tus xov tooj 1-800-927-4357. (TTY/TDD: 711)

Japanese

無料言語サービス。通訳サービスを受けられます。希望する言語で文書を読み上げたり、文書を送るサービスも可能です。支援を受けるには、IDカードに記載された番号、または 1-888-254-2721 にお電話ください。支援の詳細は、カリフォルニア州保険局 (1-800-927-4357) にお電話ください。(TTY/TDD: 711)

Khmer

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានសេវាបកប្រែឬអ្នកបកប្រែ។ អ្នកអាចឱ្យគេអានឯកសារឬផ្សេងៗជូនអ្នក និងផ្ញើឯកសារជូនអ្នកជាភាសាខ្មែរ។ ដើម្បីទទួលបានជំនួយ សូមហៅ ទូរស័ព្ទមកយើងតាមលេខដែលបានរាយនៅលើប័ណ្ណ ID របស់អ្នក ឬលេខ 1-888-254-2721។ ដើម្បីទទួលបានជំនួយបន្ថែម សូមហៅទូរស័ព្ទទៅ CA Dept. of Insurance តាមលេខ 1-800-927-4357។(TTY/TDD: 711)

Korean

무료 언어 서비스. 번역사를 이용하실 수 있습니다. 귀하의 언어로 녹음되어 작성된 문서를 받아보실 수 있습니다. 도움을 받으시려면 ID 카드에 기재된 번호 또는 1-888-254-2721로 전화하십시오. 다른 도움이 필요하시면 1-800-927-4357로 보험 CA 부서에 문의 주십시오. (TTY/TDD: 711)

Punjabi

ਭਿਬਨਾਂ ਿਕਸੇ ਲਾਗਤ ਦੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਪਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਕੋਈ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾ ਸਕਦਾ ਹੈ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ ਜਾਂ 1-888-254-2721 ਤੇ ਕਾਲ ਕਰੋ। ਿਜ਼ਆਦਾ ਮਦਦ ਲਈ, ਸੀਏ ਿਡਪਾਰਟਮੈਂਟ ਔਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Russian

Бесплатные языковые услуги. Вы можете получить услуги устного переводчика. Вам могут прочитать документы или направить некоторые из них на вашем языке. Для получения помощи звоните нам по телефону, указанному на вашей идентификационной карте, или по номеру 1-888-254-2721. Для получения дополнительной помощи звоните в Департамент страхования штата Калифорния по номеру 1-800-927-4357. (TTY/TDD: 711)

Tagalog

Mga Libreng Serbisyo para sa Wika. Maaari kayong kumuha ng interpreter. Maaari ninyong ipabasa ang mga dokumento at ipadala ang ilan sa mga ito sa inyo sa wikang ginagamit ninyo. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card o sa 1-888-254-2721. Para sa higit pang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. (TTY/TDD: 711)

Thai

ไม่มีค่าบริการเกี่ยวกับภาษา ท่านสามารถขอใช้บริการสามได้ ท่านสามารถขอให้เจ้าหน้าที่อ่านเอกสารได้ท่านฟังและเอกสารบางอย่างจะส่งถึงท่านโดยใช้ภาษาของท่าน หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุอยู่บนบัตรประจำตัวของท่านหรือที่หมายเลข 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดตามแผนก CA Dept. of Insurance ที่หมายเลข 1-800-927-4357 (TTY/TDD: 711)

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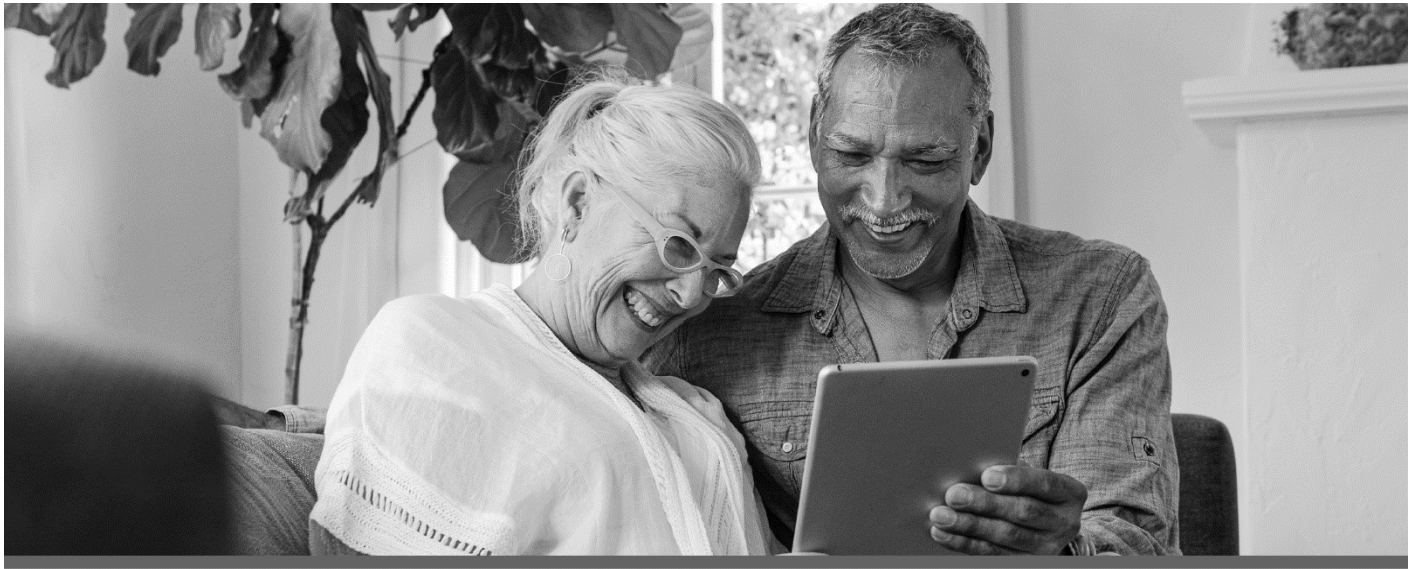
Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có thông dịch viên. Quý vị có thể yêu cầu đọc tài liệu cho quý vị nghe và yêu cầu gửi một số tài liệu bằng ngôn ngữ của quý vị cho quý vị. Để được trợ giúp, hãy gọi cho số được ghi trên thẻ ID của quý vị hoặc số 1-888-254-2721. Để được giúp đỡ thêm, hãy gọi cho Sở Bảo Hiểm California (California Department of Insurance) theo số 1-800-927-4357. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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NAVITUS MEDICARERX (PDP) 2023 SUMMARY OF BENEFITS Self-Insured Schools of California (SISC) – Plan 0X20

This Summary of Benefits explains some of the features of the Self-Insured Schools of California Navitus MedicareRx Prescription Drug Plan (PDP) for your enrollment in the Medicare plan, however it does not list every benefit, limitations, or exclusion. To get a complete list of your benefits, please refer to your 2023 Evidence of Coverage, which is available on the website at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). To log into the member portal click on Members, then Login. Or contact Navitus MedicareRx Customer Care toll-free at 1-866-270-3877 (TTY/TDD users should call 711). Calls to these numbers are free. Members can call Customer Care 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Included in this mailing is information on how to access your Evidence of Coverage, Formulary and Pharmacy Directory, on the website at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). To log into the member portal click on Members, then Login.

Important: Existing members will not receive a new ID card each year. The ID card will only be mailed for new enrollees. If you need a replacement card, please contact Customer Care with your request. The number is listed on the back cover.

This plan, Navitus MedicareRx (PDP), offered by Dean Health Insurance, Inc., is a Federally Qualified Medicare Contracting Prescription Drug Plan.

Important Contact Information

Navitus MedicareRx Customer Care – 1-866-270-3877 (TTY/TDD users should call 711). Calls to these numbers are free, and available 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day. Customer Care has free language interpreter services available for non-English speakers.

Pharmacies can also reach Navitus Customer Care 24 hours a day, 7 days a week.

Navitus MedicareRx Website and Member Portal - [Medicarerx.navitus.com](https://medicarerx.navitus.com) Use this portal to access the most up to date formulary, pharmacy directory, and to review the current year's benefit booklets. You will need to register with this website to access your specific and updated information when visiting the Member Portal. To log into the member portal click on Members, then Login.

Navitus Prescriber Portal – <https://prescribers.navitus.com>

Your primary care physician or prescribing physician can use this portal to access your Formulary and to begin to initiate a Prior Authorization on your behalf.

Navitus Network Pharmacy Portal - <https://pharmacies.navitus.com>

Your pharmacy can use this portal to access your Formulary.

Self-Insured Schools of California (SISC) - For information about plan premiums, eligibility, or enrollment options please contact SISC at 1-661-636-4410.

Centers for Medicare & Medicaid Services (CMS) - CMS is the Federal agency that administers and regulates Medicare. For information on the Medicare benefit only (not related to your supplemental/retiree plan) we recommend reviewing CMS's *Medicare & You* booklet. This booklet is mailed out in September to all Medicare households by CMS. You can also sign up to get this handbook electronically at [MyMedicare.gov](https://www.mymedicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week.

Navitus MedicareRx (PDP) Summary of Benefits 2023

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 preferred/non-preferred; mail order; long term care; home infusion; one-month or extended-day supplies; and what stage of the Medicare Part D benefit you're in. For more information on the additional pharmacy specific cost-sharing, the stage of the benefit, or a complete description of benefits, please call us or access your Evidence of Coverage online at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com), click on Members, then Login. New members will need their ID card prior to registering on the portal.

Yearly Deductible Stage:

This stage does not apply to you, because this plan does not have a deductible for Part D drugs.

Initial Coverage Stage:

During this stage, the plan pays its share of the cost of your drug and you pay your share of the cost. The table below shows your cost share in each of the plan's drug tiers and shows your payment responsibility until the Initial Coverage Limit reaches \$4,660, when you move on to the Coverage Gap 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	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment	\$0 copayment
Tier 2: Preferred brand and certain high-cost products; includes all specialty products	\$20 copayment	\$40 copayment	\$60 copayment	\$20 copayment	\$50 copayment
Tier \$0 - Certain preventative medications are available for \$0 (specific guidelines apply)					

Coverage Gap Stage:

You will continue to pay the same cost sharing amounts for your drugs as you paid in the Initial Coverage Stage until your yearly out-of-pocket Part D drug costs reach \$7,400, when you qualify for the Catastrophic Coverage Stage. Your drug copay or coinsurance may be less, based upon the cost of the drug.

Catastrophic Coverage Stage:

After your yearly out-of-pocket drug costs reach \$7,400 for Part D drugs, *you pay the greater* of either:
5% coinsurance **-or-** a \$4.15 copay for generic (including brand drugs treated as generic) / \$10.35 copay for all other drugs.

-OR- Your formulary cost sharing 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.
- Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.
- Drugs marked as **NDS (Non-extended Day Supply)** on the formulary are not available for an extended supply (greater than a 1-month supply) at retail, mail order or specialty pharmacy.
- If you reside in a long-term care facility, you receive a 31-day supply for a 1-month copay/coinsurance.
- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** – You won't pay more than \$20 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier its' s on.

For a complete description of benefits, please call Customer Care (numbers on back cover) or access the Evidence of Coverage on the website at Medicarerx.navitus.com, click on Members, then Login.

Additional Coverage Information

More detailed plan information is provided in your Evidence of Coverage. You can also access these documents online at Medicarerx.navitus.com, (then log into the member portal by clicking on Members, then Login). You can ask for information regarding the Evidence of Coverage, Formulary or Pharmacy Directory by calling Navitus MedicareRx Customer Care, the number is listed on the back cover.

Additional Help for Medicare called “Extra Help”

Programs are available to help people with low or limited income and resources pay for prescriptions. If you qualify, your Medicare prescription plan costs for your drug costs at the pharmacy and the amount of your premium (there are four different premium levels and does not include any Part B premiums) will be less. Once you are enrolled in Navitus MedicareRx, Medicare will tell us how much assistance you will be receiving, and we will send you information on the amount you will pay for your prescriptions.

If you think you may qualify for Medicare’s “Extra Help” program, call Social Security 1-800-772-1213, between 8 am and 7 pm, Monday through Friday to apply for the program. TTY/TDD users should call 1-800-325-0778. You may also be able to apply at your State Medical Assistance or Medicaid Office. If you qualify for extra help, we have included a letter in your packet, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider. For more information on how to get help with drug plan costs, see Chapter 2, section 7 of your Evidence of Coverage.

Coverage Determination

If your physician prescribes a drug that is not on our drug list, is not a preferred drug, or is subject to additional utilization rules (see below), you may ask us to make a coverage exception. In addition, if Navitus MedicareRx ever denies coverage for your prescriptions, we will explain our decision to you. You always have the right to appeal our decision or ask us to review a claim that was denied.

For certain drugs, you or your prescriber need to get approval from the plan before we will agree to cover the drug for you. This is called “**prior authorization**”. Sometimes the requirement for getting approval in advance helps guide appropriate use of certain drugs. If you do not get this approval, your drug might not be covered by the plan.

A requirement to try a different drug first is called “**step therapy**”. Trying a different drug first, encourages you to try less costly but usually just as effective drugs before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition, the plan may require you to try Drug A first. If Drug A does not work for you, the plan may then cover Drug B. A requirement to try a different drug first is called “**step therapy**”.

For certain drugs, you may be limited in the amount of the drug you can have, by limiting the quantity of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. A requirement that limits the quantity of a drug you can get filled, is called “**quantity limits**”.

Creditable Drug Coverage

Creditable drug coverage is as good as Medicare’s standard prescription drug coverage. Creditable coverage means the coverage is expected to pay, on average, at least as much as Medicare’s standard prescription drug coverage. A late enrollment penalty is imposed on individuals who do not maintain creditable coverage for any period of 63 days or longer after being first eligible for the Medicare Part D benefit.

Income Related Monthly Adjustment Amount (IRMAA)

If your modified adjusted gross income (MAGI) as reported on your IRS tax return from 2 years ago was above a certain amount, you will pay an extra amount in addition to your monthly plan premium. For more information on the extra amount you may have to pay based on your income, visit <https://www.medicare.gov/part-d/costs/premiums/drug-plan-premiums.html>. Less than 5% of people with Medicare are affected, so most people will not pay a higher premium. For more information, see Chapter 1, Section 4 of the Evidence of Coverage.

Network Pharmacies

The first step to filling your prescription is deciding on a participating network pharmacy. We have network pharmacies across the country where you can obtain your prescriptions as a member of our plan. There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to Medicarerx.navitus.com (click on Members, then Login). To access the pharmacy search tool, click on *Pharmacy Search* on the top navigation bar. You are able ask about network pharmacies or request a pharmacy directory to be mailed to you by calling Navitus MedicareRx Customer Care, the number is listed on the back cover.

In the event of an emergency where you are not able to utilize a network pharmacy, an out-of-network pharmacy may be able to fill your prescription. Your plan will allow up to a 10-day supply of medication at an out-of-network pharmacy.

Recommended Mail Order Pharmacy

Our mail order service offers an easy way for you to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted network pharmacy you like, currently the recommended mail order pharmacy is Costco Mail Order Pharmacy. You can reach Costco Mail Order Pharmacy by calling 1-800-607-6861, or by going to their website, pharmacy.costco.com.

Using the recommended mail order pharmacy allows you to have your medications delivered to your home and in some cases at a lower rate than if you purchased at a retail pharmacy.

Note: Costco Mail Order Pharmacy use does not require a Costco Warehouse membership.

Recommended Specialty Pharmacy

You can use any contracted specialty pharmacy you like, however Navitus recommends Lumicera Specialty Pharmacy to provide the best home-delivery service and rates on specialty drugs. You can contact Lumicera's Customer Care at 1-855-847-3553 (TTY/TDD 711). There is a pharmacy search tool and a complete list of network pharmacies on the Member Portal. Go to Medicarerx.navitus.com and click on Members, then Login, to access these pharmacy tools.

Refilling Prescriptions at a New Pharmacy

If you are looking to switch to a new pharmacy, automatic prescription refill transfers do not happen. Please give your Navitus ID card to your *new* pharmacy and let them know at which pharmacy the prescription refills are located, and the medication names/strengths. Your *new* pharmacy can work with the previous pharmacy to see if these refills can be transferred. Some prescriptions may not be allowed to transfer, and in that case, your prescriber will need to write a new prescription.

Supplemental Coverage

Supplemental Coverage, also known as Wrap coverage, is provided as part of your prescription benefit. This supplemental coverage may pay for prescription drugs even when Medicare does not cover them. However, you will still be responsible for paying your copayments or coinsurance.

General Information

What will I pay for Navitus MedicareRx premiums?

Your coverage is provided through a contract with your current employer or former employer. Please contact SISC for information about your 2023 plan premium.

Where is Navitus MedicareRx available?

The service area for Navitus MedicareRx includes all 50 states and Puerto Rico. The service area excludes most U.S. Territories, such as the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx. If you reside outside the service area you are not eligible to be enrolled in Navitus MedicareRx.

If you plan to move out of the service area, please contact SISC. You will need to opt out of the Navitus MedicareRx plan and enroll in another Medicare Part D plan available in your new service area.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5, of your Evidence of Coverage.

Who is eligible to join?

You, your spouse, and dependents are eligible to join if you qualify for your plan's Medicare retiree coverage through Navitus MedicareRx; you are enrolled in Medicare Parts A and B; and you live in the service area. Your premium for Medicare Parts A and B must be paid in order to keep your Medicare Parts A and B coverage and to remain a member of this plan.

How do I know which medications the Navitus MedicareRx Formulary covers?

The Navitus MedicareRx Formulary is a list of drugs selected to meet patient needs. Navitus MedicareRx may periodically make changes to the Formulary. In the event of CMS-approved non-maintenance changes to the Formulary throughout the plan year, Navitus MedicareRx will notify you. Additionally, you may log in to the website at [Medicarerx.navitus.com](https://medicarerx.navitus.com). Click on Members, then Login, to get to the member portal.

Does my plan cover Medicare Part B or Part D drugs?

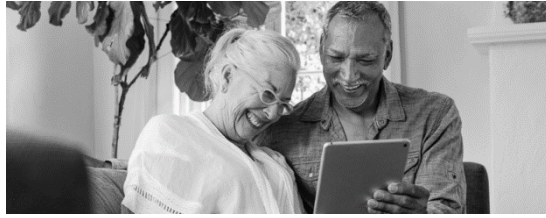
Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, although the supplemental coverage benefit provided by SISC will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the Formulary to confirm coverage). Generally, we only cover drugs, vaccines, biologics, and medical supplies that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on the Formulary. The drugs on the Formulary are selected by Navitus MedicareRx with the help of a team of doctors and pharmacists. The list must meet specific requirements set by Medicare. Medicare has approved the Navitus MedicareRx Formulary. The supplemental portion of your plan covers some additional drugs that are not typically part of the standard Medicare Part D formulary.

What is a Medication Therapy Management (MTM) Program?

A Medication Therapy Management (MTM) Program is a service Navitus MedicareRx offers. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate, but it is recommended that you take full advantage of this covered service if you are selected. There is no cost to you to participate in the MTM Program. If you have questions concerning our MTM Program please contact our Navitus MedicareRx Customer Care number listed on the back cover. For additional information regarding Medication Therapy Management, please refer to Chapter 3, Section 10, of your Evidence of Coverage.

What are my protections in the plan?

All Medicare prescription plans agree to stay in the program for a full year at a time. Each year, your employer group decides whether to continue for another year. If a plan decides not to continue, they must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare prescription coverage in your area.



Please call Navitus MedicareRx (PDP) for more information about this plan.

Navitus MedicareRx Customer Care: Toll-free 1-866-270-3877 or TTY/TDD users should call 711, 24 hours a day, 7 days a week, except on Thanksgiving and Christmas Day.

Pharmacies can call Navitus MedicareRx 24 hours a day, 7 days a week.

Navitus MedicareRx (PDP) Website and Member Portal:

- **Current members:** You may access our website and Member Portal by going to [Medicarerx.navitus.com](https://medicarerx.navitus.com), click on Members, then Login.
- **New members:** Once you receive your ID card, first time users can register at [Medicarerx.navitus.com](https://medicarerx.navitus.com) for access to the Member Portal.

For more information about **Medicare**, call 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free and you can call 24 hours a day, 7 days a week. Or visit www.medicare.gov.