### Benefit Summary

**Plan K $30 Copayment**

(Uniform Health Plan Benefits and Coverage Matrix)

**Effective:** July 1, 2014

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Preferred Providers¹</th>
<th>Non-Preferred Providers¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional (Physician) Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physician and specialist office visits</td>
<td>$30 per visit²</td>
<td>50%²</td>
</tr>
<tr>
<td>(Not subject to the Calendar-Year Deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine (prior authorization is required)³</td>
<td>20%</td>
<td>50%²</td>
</tr>
<tr>
<td>• Other outpatient X-ray, pathology and laboratory (Diagnostic testing by providers other than outpatient laboratory, pathology, and imaging departments of hospitals/facilities)³</td>
<td>20%</td>
<td>50%²</td>
</tr>
<tr>
<td><strong>Allergy Testing and Treatment Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office visits (includes visits for allergy serum injections)</td>
<td>20%</td>
<td>50%²</td>
</tr>
<tr>
<td><strong>Preventive Health Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Preventive Health Services (As required by applicable federal law.)</td>
<td>No Charge</td>
<td>Not Covered</td>
</tr>
<tr>
<td>(Not subject to the Calendar-Year Deductible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Benefits (Facility Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient surgery performed at an Ambulatory Surgery Center⁴</td>
<td>20%</td>
<td>No Charge b</td>
</tr>
<tr>
<td>• Outpatient surgery in a hospital</td>
<td>20%</td>
<td>No Charge b</td>
</tr>
<tr>
<td>• Outpatient Services for treatment of illness or injury and necessary supplies (Except as described under “Rehabilitation Benefits”)</td>
<td>20%</td>
<td>50%²</td>
</tr>
<tr>
<td>• CT scans, MRIs, MRAs, PET scans, and cardiac diagnostic procedures utilizing nuclear medicine performed in a hospital (prior authorization is required)³</td>
<td>20%</td>
<td>50% b,²</td>
</tr>
<tr>
<td>• Other outpatient X-ray, pathology and laboratory performed in a hospital³</td>
<td>20%</td>
<td>50% b,²</td>
</tr>
<tr>
<td>• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)⁶</td>
<td>20%</td>
<td>No Charge b</td>
</tr>
<tr>
<td><strong>Hospitalization Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Benefits (Facility Services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Inpatient Physician Services</td>
<td>20%</td>
<td>50%²,¹b</td>
</tr>
<tr>
<td>• Inpatient Non-emergency Facility Services (Semi-private room and board, and medically-necessary Services and supplies, including Subacute Care)</td>
<td>20%</td>
<td>No Charge ²</td>
</tr>
<tr>
<td>• Bariatric Surgery (prior authorization required by the Plan; medically necessary surgery for weight loss, for morbid obesity only)⁶</td>
<td>20%</td>
<td>No Charge ²</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Benefits⁸</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Combined maximum of up to 100 prior authorized days per Calendar Year; semi-private accommodations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Services by a free-standing Skilled Nursing Facility</td>
<td>20%</td>
<td>20% ⁹</td>
</tr>
<tr>
<td>• Skilled Nursing Unit of a Hospital</td>
<td>20%</td>
<td>No Charge ⁷</td>
</tr>
</tbody>
</table>

**Medical Deductible (All providers combined)⁶**

$1,000 per individual / $2,000 per family

**Calendar Year Copayment Maximum⁴**

$2,000 per individual / $6,000 per family

**Lifetime Benefit Maximum**

None

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1. This is a benefit summary intended to help you compare coverage benefits and is a summary only. The Plan Contract should be consulted for a detailed description of coverage benefits and limitations.
2. Copayments for Preferred Providers accrue to both Preferred and Non-Preferred Provider Calendar-year Copayment Maximum amounts.
3. Prior authorization is required.
4. Not subject to the Calendar-Year Deductible.
5. Service is covered without a prior authorization requirement.
6. Service is covered without a prior authorization requirement and is not subject to the Calendar-Year Deductible.
7. Deductible applicable to skilled nursing facility services.
8. Limited to 100 prior authorized days per calendar year.
9. Not subject to the Calendar-Year Deductible.
EMERGENCY HEALTH COVERAGE

- Emergency room Services not resulting in admission (Copayment does not apply if the member is directly admitted to the hospital for inpatient services) $100 per visit + 20% $100 per visit + 20%
- Emergency room Services resulting in admission (when the member is admitted directly from the ER) 20% 20%
- Emergency room Physician Services 20% 20% ¹⁰

AMBULANCE SERVICES

- Emergency or authorized transport 20% 20%

PRESCRIPTION DRUG COVERAGE

<table>
<thead>
<tr>
<th>Outpatient Prescription Drug Benefits</th>
<th>Administered by Express Scripts (800) 987-5241</th>
</tr>
</thead>
</table>

PROSTHETICS/ORTHOTICS

- Prosthetic equipment and devices (Separate office visit copay may apply) 20% 50% ²
- Orthotic equipment and devices (Separate office visit copay may apply) 20% 50% ²

DURABLE MEDICAL EQUIPMENT

- Breast Pump No Charge (Not subject to the Calendar-Year Deductible) Not Covered
- Durable Medical Equipment 20% 50% ²

MENTAL HEALTH SERVICES (PSYCHIATRIC)¹⁰

- Inpatient Hospital Services / Residential Treatment 20% No Charge ⁷
- Outpatient Mental Health Services $30 per visit ² (Not subject to the Calendar-Year Deductible) 50% ²

CHEMICAL DEPENDENCY SERVICES (SUBSTANCE ABUSE)¹⁰, ¹¹

- Inpatient Hospital Services / Residential Treatment 20% No Charge ⁷
- Chemical dependency and substance abuse services $30 per visit ² (Not subject to the Calendar-Year Deductible) 50% ²

HOME HEALTH SERVICES¹²

- Home health care agency Services (up to 100 prior authorized visits per Calendar Year) ² 20% Not Covered ¹⁴
- Home infusion/home intravenous injectable therapy and infusion nursing visits provided by a Home Infusion Agency 20% Not Covered ¹²

OTHER

Hospice Program Benefits

- Routine home care 20% Not Covered ¹²
- Inpatient Respite Care 20% Not Covered ¹²
- 24-hour Continuous Home Care 20% Not Covered ¹²
- General Inpatient care 20% Not Covered ¹²

Chiropractic Benefits ⁸

- Chiropractic Services - (provided by a chiropractor) (up to 20 visits per Calendar Year) 20% 50% ²

Acupuncture Benefits ⁸

- Acupuncture - (up to 12 visits per Calendar Year) 20% (Maximum plan payment of $50 per visit) 50% (Maximum plan payment of $25 per visit)

Rehabilitation Benefits (Physical, Occupational and Respiratory Therapy)

- Office location 20% 50% ²
- Speech Therapy Benefits 20% 50% ²

Pregnancy and Maternity Care Benefits

- Prenatal and postnatal Physician office visits (For inpatient hospital services, see “Hospitalization Services.”) $30 per visit ² (Not subject to the Calendar-Year Deductible) 50% ²

Family Planning Benefits

- Counseling and consulting ¹³ No Charge (Not subject to the Calendar-Year Deductible) Not Covered
- Elective abortion ¹⁴ 20% Not Covered
- Tubal ligation No Charge (Not subject to the Calendar-Year Deductible) Not Covered
- Vasectomy ¹⁴ 20% Not Covered
Diabetes Care Benefits

- Devices, equipment, and non-testing supplies (for testing supplies see Outpatient Prescription Drug Benefits.)
  - Deductible: $20
  - 20% copayment

- Diabetes self-management training (if billed by your provider, you will also be responsible for the office visit copayment)
  - Deductible: $30 per visit
  - 20% copayment

Hearing Aid

- Audiological evaluations
  - Deductible: $30 per visit
  - 20% copayment

- Hearing Aid (Maximum combined benefit of $700 per person every 24 months for hearing aid and ancillary equipment)
  - Deductible: $20

Care Outside of Plan Service Area (Benefits provided through the BlueCard® Program for out-of-state emergency and non-emergency care are provided at the preferred level of the local Blue Plan allowable amount when you use a Blue Cross/Blue Shield provider)

- Within US: BlueCard Program
  - See Applicable Benefit

- Outside of US: BlueCard Worldwide
  - See Applicable Benefit

1. Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Preferred providers accept Blue Shield’s allowable amount as full payment for covered services. Non-preferred providers can charge more than these amounts. When members use non-preferred providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield’s allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum.

2. Deductible and copayments marked with this footnote do not accrue to calendar-year copayment maximum. Copayments and charges for services not accruing to the member’s calendar-year copayment maximum continue to be the member’s responsibility after the calendar-year copayment maximum is reached. Deductible does not apply toward the calendar-year maximum. Please refer to the Plan Contract for exact terms and conditions of coverage.

3. Participating non-hospital based (“freestanding”) outpatient X-ray, pathology and laboratory facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient X-ray, pathology and laboratory services from a hospital or an ambulatory surgery center affiliated with a hospital, with payment according to your health plan’s hospital services benefits.

4. Participating ambulatory surgery facilities centers may not be available in all areas. Regardless of their availability, you can obtain outpatient surgery services from a hospital or an ambulatory surgery center affiliated with a hospital with payment according to your health plan’s hospital services benefits.

5. The maximum plan payment for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a non-preferred hospital is $350 per day. Members are responsible for all charges in excess of $350.

6. Bariatric surgery is covered when pre-authorized by the Plan. However, for members residing in Imperial, Kern, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Santa Barbara and Ventura Counties (“Designated Counties”), bariatric surgery services are covered only when performed at designated contracting bariatric surgery facilities and by designated contracting surgeons; coverage is not available for bariatric services from any other preferred provider and there is no coverage for bariatric services from non-preferred providers. In addition, if prior authorized by the Plan, a member in a Designated County who is required to travel more than 50 miles to a designated bariatric surgery facility will be eligible for limited reimbursement for specified travel expenses for the member and one companion. Refer to the Plan Contract for further benefit details.

7. The maximum plan payment for non-emergency hospital services received from a non-preferred hospital is $600 per day. Members are responsible for all charges in excess of $600.

8. For plans with a calendar-year medical deductible amount, services with a day or visit limit accrue to the calendar-year or day/visit limit maximum regardless of whether the plan medical deductible has been met.

9. Services may require prior authorization by the Plan. When services are prior authorized, members pay the preferred or participating provider amount.

10. Mental health services are accessed through Blue Shield’s participating and non-participating providers.

11. Inpatient services for acute detoxification are covered under the medical benefit; see hospitalization services for benefit details. Services for medical acute detoxification are accessed through Blue Shield using Blue Shield’s preferred providers or non-preferred providers.

12. Out of network home health care, home infusion and hospice services are not covered unless pre-authorized. When these services are pre-authorized, the member pays the Preferred Provider copayment.

13. Includes insertion of IUD as well as injectable contraceptives for women.

14. Copayment shown is for physician’s services. If the procedure is performed in a facility setting (hospital or outpatient surgery center), an additional facility copayment may apply. Services from non-participating providers and non-preferred facilities are not covered under this benefit.

15. When these services are rendered by a non-preferred Radiologist, Anesthesiologist, Pathologist and Emergency Room Physicians in a preferred facility, the member pays the Preferred Provider copayment.

Plan designs may be modified to ensure compliance with federal requirements.

ASO (1/13) mc 060513 jt 121613
Self-Insured Schools of California: Schools Helping Schools

SISC PPO PLAN

Administered by Blue Shield of California

2014/2015 Enrollment Guide
Blue Shield of California is proud to be the benefit administrator of the SISC PPO plan.

This plan is offered to school districts that are members of Self-Insured Schools of California (SISC).

Blue Shield offers you access to large provider networks and a wide range of proven programs and services that help you get the most value from your plan.

 Powered by public school employees

Self-Insured Schools of California (SISC) was established in 1979. We operate as a public school Joint Powers Authority (JPA) administered by the Kern County Superintendent of Schools Office. Our staff members are certificated and classified public school employees.

Just like schools, SISC is subject to the Brown Act. We are a transparent operation. All board meetings are open to the public and our financial statements are a matter of public record.

SISC is run in the best interests of our membership. We do not receive sales commissions. Our focus is on the value we provide to our members – not a profit margin.

Schools Helping Schools

Joining together with other schools provides SISC members with the most stable long-term insurance solutions available. Our commitment to controlling costs is reflected in our mission of providing affordable rates and continued access to quality health care.

Blue Shield of California

Blue Shield of California, an independent member of the Blue Shield Association, is committed to care, not profit.

Blue Shield has been part of California’s healthcare landscape since 1939, and we remain passionate about not only improving the health and wellness of our members, but also giving back to the communities where we live and work.

As a not-for-profit health plan, we’re dedicated to providing Californians with access to high-quality health care at an affordable price.

Blue Shield Mobile Apps

You now have quick and easy access to benefits information anytime, anywhere with the new Blue Shield of California Mobile Apps. Download the app to your iPhone or Android to view your ID card, review plan benefits, find providers, and more. Learn more by visiting blueshieldca.com/sisc.
Learn about the SISC PPO plan

A self-funded plan administered by Blue Shield of California

With the SISC PPO plan, you may select any physicians and hospitals within the plan’s network, as well as outside of the network, for covered services. If maintaining a relationship with your current doctor is important to you, selecting the SISC PPO plan will give you the freedom to continue seeing your current doctor for most covered services, even if your doctor isn’t part of the plan’s provider network.

Keep in mind that if your physician is not part of the plan’s PPO network, you will have to pay more for each visit.

### Key features of the SISC PPO plan

<table>
<thead>
<tr>
<th></th>
<th>Network</th>
<th>Non-network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Choosing a doctor</strong></td>
<td>Visit any PPO network physician.</td>
<td>Visit any non-network physician, pay for the services, and submit claims to Blue Shield.</td>
</tr>
<tr>
<td><strong>Access to specialists</strong></td>
<td>Visit any PPO network specialist; no referral is required.</td>
<td>Visit any non-network specialist and submit claims to Blue Shield. No referral is required.</td>
</tr>
<tr>
<td><strong>Out-of-pocket costs</strong></td>
<td>After the plan-year deductible is met, pay a percentage of costs for covered services.</td>
<td>After the plan-year deductible is met, pay a percentage of costs and all costs above the allowable amount.</td>
</tr>
</tbody>
</table>

### Urgent care

If it’s not an emergency, but you need care before your doctor can see you, or during hours when your doctor’s office is closed, you should consider going to an urgent care center. You can keep your medical costs down by choosing a network urgent care center for non-emergency care, rather than going to the emergency room. You can locate an urgent care facility by going to the Find a Provider section of blueshieldca.com/sisc. Or call Blue Shield Member Services at (800) 642-6155.
Find a network provider

Blue Shield’s PPO network is one of the largest in California, with more than 70,000 physicians and 350 hospitals.

It’s easy to find a provider online

- Go to blueshieldca.com/sisc.
- Select Find a Provider.
- Under “Find a PPO Network Provider,” choose the provider you are looking for.

Finding providers outside of California

The BlueCard® Program gives SISC PPO participants access to care across the United States and urgent care around the world. You are not required to use a BlueCard provider; however, it’s in your best interest to use a BlueCard provider to keep your costs down. You can locate a BlueCard provider at any time by calling (800) 810-BLUE or by going to the Find a Provider section of blueshieldca.com/sisc.

Find out your provider’s quality of care rankings

You can easily access quality scores, efficiency indicators, patient satisfaction scores, and cost information for many physicians and hospitals. To see a provider’s performance profile, simply follow the steps above to find a provider and then click on the name of the doctor or hospital from your search results.
Understand your pharmacy benefits

Navitus Health Solutions pharmacy benefits

Navitus Health Solutions* administers the pharmacy benefits for the SISC PPO plan and is committed to lowering drug costs, improving health, and delivering superior service.

If you have any questions about your pharmacy benefits, just call the Navitus Health Solutions member services representatives at (866) 333-2757. They’re available 24 hours a day, seven days a week to help you understand and manage medications used to treat a wide variety of conditions.

Plan participants who take stabilized doses of covered long-term maintenance medications – like those used to treat an ongoing condition such as high blood pressure or high cholesterol – can save money by ordering them through the Navitus mail service partner, Costco pharmacy, instead of using a retail pharmacy.

With mail service prescriptions:

- You get up to a 90-day supply delivered directly to you – with free standard shipping.
- You can easily order refills online, over the phone, or by mail.
- Multiple safety and advanced quality checks are in place to make sure you get the right medication.

Save money on generic prescriptions at Costco

SISC has partnered with Costco to offer SISC PPO plan participants the option to fill a generic prescription at Costco for a $0 copayment for most plans. You do not need to be a Costco member to use the Costco pharmacy. Please note that some narcotic pain medications and cough medications are excluded.

It’s simple to fill generic prescriptions at Costco:

1. Take your prescription for a generic medication to a Costco pharmacy.
2. Present the pharmacist with your SISC PPO member ID card.

* Navitus Health Solutions is independent from Blue Shield of California.
Discover more

Helpful programs, services, and resources are available to you over the phone and online to help you and your family stay healthy.

Prenatal Program
This program gives expectant parents 24/7 access to experienced maternity nurses as well as prenatal information including a popular pregnancy or parenting book at no additional cost. Some materials are also available in Spanish. Members can enroll by logging in to blueshieldca.com or calling (877) 371-1511.

Preventive health guidelines
Be sure to stay current with the screenings and tests appropriate to your age, gender, medical history, current health, and family history. You and your covered dependents have access to preventive exams and services defined as “routine preventive care” without having to pay a copayment as long as you seek care from a network provider. To download these guidelines, go to blueshieldca.com/sisc and select Preventive Health Guidelines from the home page.

Condition management programs
These programs offer nurse support as well as education and self-management tools for members with certain chronic conditions, such as diabetes and coronary artery disease. Members can apply to the programs by logging in to blueshieldca.com or calling (866) 954-4567.

Surgery decision support
Blue Shield of California is offering an additional resource to help you when a surgery may be in your future. Welvie, an online surgery decision-support program, will answer your questions, help you make decisions, and guide you toward a positive outcome. With Welvie’s help, you might decide to try a less invasive treatment. But if surgery is the decision, Welvie helps you understand what to expect from pre-op preparations to recovery.

You and any covered family members can each receive a $25 amazon.com gift card when you complete Steps 1 through 3 of the program and a brief survey. To learn more about the program and how to complete the steps to earn rewards, visit blueshieldca.com/sisc, select Programs and Services and then Surgery Decision Support. The gift card offer is available once a year.

Wellness discount program
Blue Shield offers a variety of member discounts on popular programs that can help you save money and get healthier.

Weight Watchers – Get discounts on three- and 12-month subscriptions, monthly passes, and at-home kits.
24 Hour Fitness – Enjoy waived enrollment, processing, and initiation fees and discounts on monthly membership dues.
ClubSport and Renaissance ClubSport – Obtain a 60% discount on enrollments when joining with a month-to-month agreement. Enrollment fees are waived when joining with a 12-month agreement. (There is a one-time $25 processing fee when you enroll.)
Alternative Care Discount Program – Get 25% off usual and customary fees for acupuncture, massage therapy, and chiropractic services, plus get discounts on health and wellness products, with free shipping on most items.
Discount Provider Network – Take 20% off the published retail prices when you use a participating provider in the Discount Vision Program network for exams, frames, lenses, and more.
MESVision Optics – Take advantage of competitive prices on contact lenses, sunglasses, readers, and eyecare accessories, with free shipping on orders over $50.
QualSight LASIK – Save on LASIK surgery at more than 45 surgery centers in California. Services include prescreening, a preoperative exam, and postoperative visits.
NVISION Laser Eye Centers – Receive a 15% discount on LASIK surgery from experienced surgeons with offices in Southern California and Sacramento.
Programs and services offered through SISC

MDLIVE

SISC offers MDLIVE as an optional service to SISC PPO plan participants. MDLIVE provides plan participants with access to doctors and pediatricians conveniently over the phone or via online video or secure email. The cost is only $5.00 per consultation.

Available 24/7, 365 days a year (including holidays), you can use MDLIVE to get answers to your questions when:
- You are considering ER or urgent care for non-emergency care
- You are traveling and need medical care
- Your primary doctor isn’t available

To begin using this service, you must first register by calling MDLIVE at (888) 632-2738 or by going to www.mdlive.com/sisc. You will need to have your member ID number and the name, address, and phone number of the covered member who needs medical assistance.

Please note that this service may be discontinued without notice.

Employee Assistance Program

SISC offers an Employee Assistance Program (EAP) to plan participants. This program offers employees and retirees (excluding individual retiree plans) support to meet life’s challenges, such as relationship difficulties, marriage/family situations, stress, managing change, legal and financial problems, work related concerns, anxiety and depression. This program can also help with issues that are more serious such as alcohol and drug problems, family violence and threats of suicide.

You can access EAP services 24/7 toll free at (800) 999-7222. You can also find more information by visiting anthemead.com.

Health Smarts

Health Smarts is SISC’s health improvement program for members and their families. Through Health Smarts, you and your family have access to tools and resources that provide the incentives and support needed to keep you in good health. These include:
- Onsite biometric screenings*
- Onsite flu shot clinics*
- Condition management

* If available in your district.

Blueshieldca.com/sisc

1 Welvie is a limited liability company which offers its services to SISC plan participants and Blue Shield of California members. Welvie is an independent company and is not affiliated with Blue Shield or SISC. Neither Blue Shield nor SISC makes any recommendations, representations, claims, or guarantees regarding the Welvie services.

2 These discount program services are not a covered benefit of the SISC PPO plan, and none of the terms or conditions of the SISC PPO plan apply. The networks of practitioners and facilities in the discount programs are managed by the external program administrators identified below, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the practitioners, their availability, fees, services, or products.

Some services offered through the discount program may already be included as part of the SISC PPO plan covered benefits. Participants should access those covered services prior to using the discount program.

Participants who are not satisfied with products or services received from the discount program may use the grievance process described in the Benefit Booklet. Blue Shield reserves the right to terminate this program at any time without notice.

Discount programs administered by or arranged through the following independent companies:
- Alternative Care Discount Program – American Specialty Health Systems, Inc. and American Specialty Health Networks, Inc.
- Discount Provider Network and MESVisionOptics.com – MESVision
- Weight control – Weight Watchers North America
- Fitness facilities – 24 Hour Fitness, ClubSport, and Renaissance ClubSport
- LASIK – Laser Eye Care of California, LLC; QualSight, Inc.; and NVISION Laser Eye Centers

Note: No genetic information, including family medical history, is gathered, shared, or used from these programs.

The Discount Provider Network is available throughout California. Coverage in other states may be limited. Find participating providers by going to blueshieldca.com/fap.

4 Requires a prescription from your doctor or licensed optical professional.

Blue Shield and the Shield symbol are registered marks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.
Tips for new plan members

Your new Blue Shield member ID card

- You will receive your new member ID in the mail before your plan’s effective date.
- Only the name of the subscriber will be included on the card and not the names of covered dependents.
- After you receive your new member ID card, let your doctor or pharmacist know that you have changed health plans and present your new ID card to them. To verify your covered dependents, please call Blue Shield Member Services.
- If you need an additional member ID card, you can print an ID card by going to blueshieldca.com/sisc and selecting Log in or Register for an account. After you log in, you can choose Print Temporary ID Card on the Plan Overview page.

Transitioning prescription medications

- If you take prescription medications, you can help ensure a smooth transition to your new plan by having an adequate supply of your medications on hand.
- If you currently receive prescriptions through a mail-service pharmacy, you will need to have your prescribing physician issue a new prescription. You can then transfer your prescription to your new mail-service pharmacy. See page 5 for details on pharmacy benefits.

Accessing care through network providers

- To maximize your plan benefits and minimize your out-of-pocket expenses, make sure to access covered services through Blue Shield network providers. To find out how to search for providers, see page 4 of this brochure.

We’re here to help

Blue Shield of California
Member Services ........................................ (800) 642-6155
7 a.m. to 7 p.m., Monday through Friday
BlueCard Program ................................. (800) 810-BLUE
Prenatal Program ....................................... (877) 371-1511
Condition management programs .................. (866) 954-4567
Blue Shield of California Privacy Office ............. (888) 266-8080
Employee Assistance Program ........................ (800) 999-7222
MDLIVE ................................................... (888) 632-2738

To learn more about your health benefits, and Blue Shield programs and services, and to find providers, go to blueshieldca.com/sisc.
Share a Clear View

Self-Insured Schools of California

PHARMACY BENEFIT

Printed on: 03/12/2014
Share a Clear View

NAVITUS CUSTOMER CARE

HOURS:
24 Hours a Day | 7 Days a Week

866-333-2757 (toll-free)
TTY (toll-free) 711

MAILING ADDRESS:
Navitus Health Solutions
P.O. Box 999 | Appleton, WI 54912-0999

WEBSITE:
www.navitus.com
YOUR PHARMACY BENEFIT

Welcome to Navitus Health Solutions, the pharmacy benefit manager for Self-Insured Schools of California (SISC). We’re committed to lowering drug costs, improving health and delivering superior service. This booklet contains important information about your pharmacy benefit.

We look forward to serving you!

Pharmacy Benefit Schedule 1
Filling Your Prescription 4
Mail Order Service 6
Frequently Asked Questions 8
Common Terms 15
# PHARMACY BENEFIT SCHEDULE

## BENEFIT EFFECTIVE DATE
April 1, 2014

## DAYS SUPPLY DISPENSED
<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Days Dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Retail Pharmacy</td>
<td>Up to 30 Days</td>
</tr>
<tr>
<td>Costco Mail Order</td>
<td>Up to 90 Days</td>
</tr>
</tbody>
</table>

## BENEFIT STRUCTURE

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<thead>
<tr>
<th>Level</th>
<th>Costco Retail Pharmacy</th>
<th>Other Retail Pharmacy</th>
<th>Costco Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$0 copay</td>
<td>$9 copay</td>
<td>$18 copay</td>
</tr>
<tr>
<td>Brand</td>
<td>$35 copay</td>
<td>$35 copay</td>
<td>$90 copay</td>
</tr>
</tbody>
</table>

## ANNUAL OUT-OF-POCKET MAXIMUM

<table>
<thead>
<tr>
<th>Maximum Type</th>
<th>Maximum Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family</td>
<td>$12,700</td>
</tr>
</tbody>
</table>

## ADDITIONAL COVERAGE INFORMATION

- Up to a 30 day supply of generic medications are free at Costco retail pharmacies; specialty, narcotic pain and cough medications are not included.
- Diabetic supplies are only available as brand prescriptions and not generic. However, the SISC pharmacy plans charge the generic copay on preferred brand supplies (lancets, pen needles, test strips and syringes).
• SISC urges members to use generic drugs when they are available. If you or your physician requests the brand name when a generic equivalent is available, you will pay the generic copay plus the difference in cost between the brand and generic. The difference in cost between the brand and generic will not count toward the Annual Out-of-Pocket Maximum.

MAIL ORDER SERVICE
The Mail Order Service allows you to receive a 90-day supply of maintenance medications. This program is part of your pharmacy benefit and is voluntary.

SPECIALTY PHARMACY
Navitus SpecialtyRx helps members who are taking medications for certain chronic illnesses or complex diseases by providing services that offer convenience and support. This program is part of your pharmacy benefit and is mandatory.
FILLING YOUR PRESCRIPTION

Filling Your Prescription at a Network Pharmacy

The first step to filling your prescription is deciding on a participating pharmacy. In most cases, you can still use your current pharmacy. There is a complete list on our website, www.navitus.com.

Using Your Medical Benefit ID Card

You will not need a separate pharmacy benefit ID card. Your medical benefit card also contains information about your pharmacy benefit. Please present your medical benefit card to the pharmacy when you refill your prescription. To determine your copayment before going to the pharmacy, call Navitus Customer Care toll-free.
<table>
<thead>
<tr>
<th>Receiving Your Medications through Mail Order</th>
<th>Our mail order service offers an easy way for you to get a 90-day supply of your long-term or maintenance medications. Your prescriptions are delivered to your door, saving you a trip to the pharmacy. For more information on how to start our mail order service visit <a href="http://www.navitus.com">www.navitus.com</a> &gt; Members &gt; Member Login or contact Navitus Customer Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitting a Claim</td>
<td>In an emergency, you may need to request reimbursement for prescriptions that you have filled and paid for yourself. To submit a claim, you must provide specific information about the prescription, the reason you are requesting reimbursement, and any payments made by primary insurers. Complete the appropriate claim form and mail it along with the receipt to: Navitus Health Solutions Operations Division - Claims P.O. Box 999, Appleton, WI 54912-0999 Claim forms are available at <a href="http://www.navitus.com">www.navitus.com</a> or by calling Navitus Customer Care.</td>
</tr>
</tbody>
</table>
## MAIL ORDER

| Getting your Drugs through Mail Order | Costco Mail Order Pharmacy will service your mail order needs. Drugs available through mail order include prescriptions covered as part of your pharmacy benefit. We recommend mail order service for maintenance (long-term) drugs only. For drugs needed on a short-term basis (e.g., antibiotics for short-term illness), we recommend using a retail pharmacy. |
| IT’S EASY TO START: |
| **Step 1: Enroll** | Register online at www.pharmacy.costco.com. Under “New Patients” create an account. Enter all required information to set up your online patient account including information regarding drug allergies, medical conditions, payment, etc. Please note each patient will need their own email address to create an online account. You can also complete the mail order enrollment form available online and mail into the pharmacy. |
| **Step 2: Fill Your Prescription** | Request your new prescription online at www.pharmacy.costco.com. Provide prescription information, including physician name, drug name and shipping method. Confirm your order and mail the original prescription to the address provided. Or have your health care provider send the prescription directly to the Costco Mail Order. Your provider can send the prescription through the following options: |
• Call: 1-800-607-6861
• Fax: 1-800-633-0334
• E-prescribe

Costco Pharmacy will begin processing your order once you have placed a request and the original prescription is received at our facility.

<table>
<thead>
<tr>
<th>Obtaining Refills</th>
<th>Once you’ve received your first prescription via mail order, refills can be ordered using any of the following methods:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Online: <a href="http://www.pharmacy.costco.com">www.pharmacy.costco.com</a></td>
</tr>
<tr>
<td></td>
<td>• Call: 1-800-607-6861</td>
</tr>
<tr>
<td></td>
<td>• Costco’s 24-hour automated telephone system guides you through the refill ordering process. Be sure to have your prescription number available.</td>
</tr>
<tr>
<td></td>
<td>Or</td>
</tr>
<tr>
<td></td>
<td>• Enroll in the auto refill program online.</td>
</tr>
</tbody>
</table>

Average process and shipping time is 6 to 14 days.

Costco offers free standard shipping. Expedited shipping options are available for an additional fee.

Prescriptions cannot legally be mailed from a mail order pharmacy (or any other pharmacy operating within the United States) to locations outside of the United States. The only exceptions are U.S. territories and military installations.
What is Navitus?  
Navitus Health Solutions is your Pharmacy Benefits Manager (PBM). A PBM directs prescription drug programs by processing prescription claims.

What is a Pharmacy Benefit Manager?  

Who should I contact with questions or problems about my pharmacy benefit?  
Information about your pharmacy benefit can be found on www.navitus.com through the member portal, Navi-Gate for Members. You can also call Navitus Customer Care toll-free at 866-333-2757 with questions about your pharmacy benefit.

How much will I pay at the pharmacy?  
You can use the pharmacy benefit information in this booklet to find out how much you will pay for different drugs at the pharmacy. If you have questions, please contact Navitus Customer Care toll-free at 866-333-2757.
What is Navi-Gate for Members?

Your health comes first, and Navi-Gate can help you with your pharmacy benefit questions and more. Navi-Gate for Members provides you with online access to a wealth of information to help you better understand your prescription drug benefits, add convenience to your life and help identify cost-saving options. Whether it is helping you find a local pharmacy or reviewing your medication profile, Navi-Gate will provide you with the information to take control of your personal health. You can sign up for Navi-Gate for Members by doing the following:

1. Call Navitus Customer Care at 866-333-2757 to get your member ID (that is different than what’s printed on your ID card).

2. Go to www.navitus.com, click on the Members tab and select “Member Login.”

3. Select “Click here for new registrations.”

4. Enter the member ID. Select a password of your choice, using the requirements listed. Continue with the registration process.

NOTE: Due to government regulations concerning disclosure of protected personal health information, all members age 12 and older must register to obtain their own user ID and password.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I use my health plan card to fill prescriptions at my pharmacy?</td>
<td>Yes, your medical carrier has provided you with a combined medical/prescription drug ID card. When filling prescriptions at your pharmacy, you are required to present an ID card.</td>
</tr>
<tr>
<td>Whom do I call to request additional cards?</td>
<td>You can request replacement cards from your medical carrier.</td>
</tr>
<tr>
<td>Whom do I call to change my ID card information?</td>
<td>Please contact your school district if any information on your ID card needs to be changed.</td>
</tr>
<tr>
<td>When can I refill my prescription?</td>
<td>Your prescription can be refilled when approximately two-thirds or 70% of the prescription has been taken. Some restrictions apply.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>What happens if the cost of my medication is less than my copay?</td>
<td>You will pay whichever is less: the cash price or your copay as long as you have your prescriptions filled at a participating pharmacy.</td>
</tr>
<tr>
<td>Is there a limited time period to submit my claims to Navitus for reimbursement?</td>
<td>Yes. A claim must be submitted to Navitus for reimbursement within 12 months from the date the medication was filled. To submit a claim, follow the “Submitting a Claim” instructions found in the “Filling Your Prescription” section of this booklet.</td>
</tr>
<tr>
<td>How do I fill a prescription when I travel for business or vacation?</td>
<td>If you are traveling for less than one month, any Navitus Network Pharmacy can arrange in advance for you to take an extra one-month supply. A copay will apply.</td>
</tr>
<tr>
<td></td>
<td>If you are traveling for more than one month, you can request that your pharmacy transfer your prescription order to another network pharmacy located in the area where you will be traveling.</td>
</tr>
<tr>
<td></td>
<td>Visit <a href="http://www.navitus.com">www.navitus.com</a> for instructions on filling prescriptions while traveling. Or contact Customer Care toll-free at 866-333-2757.</td>
</tr>
</tbody>
</table>


| **Will you mail prescriptions to me if I’m out of the United States?** | Prescriptions cannot legally be mailed from any pharmacy in the United States, to places located outside of the country. The only exceptions are U.S. territories, protectorates and military installations. |
| **How do I use the Navitus SpecialtyRx program?** | Navitus SpecialtyRx works with Diplomat Specialty Pharmacy to offer services with the highest standard of care. You will get one-on-one service with skilled pharmacists. They will answer questions about side effects. They will give advice to help you stay on course with your treatment. Specialty drugs are delivered free. They come right to your door or prescriber’s office via FedEx. Local courier service may be available for emergency, same-day medication needs. To start using Navitus SpecialtyRx, please call toll-free 877-651-4943. We will work with your prescriber for current or new specialty prescriptions. |
What is the difference between generic drugs and brand name drugs?

A generic drug is a drug that is the same as a brand name drug in dosage, safety and strength. It is also the same in how it is taken, how it works in the body, quality, performance and intended use. Typically, generic drugs are less expensive than their brand counterparts. They can save you money by reducing copays or—in the case of over-the-counter drugs—by allowing less out-of-pocket expense at the cash register.
How do I make a complaint or file an appeal?

When you have a concern about a benefit, claim or other service, please call Navitus Customer Care toll-free at 866-333-2757. Our Customer Care Specialists will answer your questions and resolve your concerns quickly.

If your issue or concern is not resolved by calling Customer Care, you have the right to file a written appeal with Navitus. Please send this appeal, along with related information from your doctor, to:

<table>
<thead>
<tr>
<th>MAIL</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Navitus Health Solutions</strong></td>
<td><strong>Navitus Health Solutions</strong></td>
</tr>
<tr>
<td>Attn: Appeals Department</td>
<td>855-673-6507</td>
</tr>
<tr>
<td>P.O. Box 999</td>
<td>Attn: Appeals Department</td>
</tr>
<tr>
<td>Appleton, WI 54912-0999</td>
<td></td>
</tr>
</tbody>
</table>
### COMMON TERMS

| **Brand Drug** | A drug with a proprietary, trademarked name, protected by a patent by the U.S. Food and Drug Administration (FDA). The patent allows the drug company to exclusively market and sell the drug for a period of time. When the patent expires, other drug companies can make and sell a generic version of the brand-name drug. |
| **Copayment/Coinsurance** | Refers to that portion of the total prescription cost that the member must pay. |
| **Generic Drugs** | Prescription drugs that have the same active ingredients, same dosage form and strength as their brand-name counterparts. |
| **Out-of-Pocket Maximum** | The maximum dollar amount the member can pay per calendar year. |
| **Over-the-Counter Medication** | A drug you can buy without a prescription. |
| **Prescription Drug** | Any drug you may get by prescription only. |
| **Prior Authorization** | Approval from Navitus for coverage of a prescription drug. |
| **Specialty Drug** | Drugs used as part of the treatment for many chronic illnesses and complex diseases that commonly have special handling requirements. Patients taking these drugs typically benefit from personalized coordination between the member, the prescriber and the pharmacy. |
| **Therapeutic Equivalent** | Similar drug in the same drug classification used to treat the same condition. |
Voice your feedback, concerns or complaints or report errors regarding your prescription drug benefit. We welcome your input and want to hear and act on this information with a polite and quick response. Ensuring quality and safe care, correcting errors, and preventing future issues are top priorities.

Navitus does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted or in an alternative format, or need assistance using any of our services, please contact Navitus Customer Care at 866-333-2757 (toll-free) or 711 (TTY).