



**SISC Enrollment Form for following plan:**

- **CompanionCare – Medicare A&B Supplement (Part D Rx)**

**Welcome to SISC!**

**We look forward to serving your needs**

- ✓ **Each individual (member) enrolling must complete the following:**
  - **Enrollment Form**
    - Complete all blank fields
    - Date and sign
    - Provide copy of Medicare card with Medicare Beneficiary Identifier (MBI). Medicare cards with social security numbers are no longer accepted.
    - Dependent documentation is required when enrolling a spouse/domestic partner for the first time.
      - **Spouse:** Prior year's Federal Tax Form that shows the couple was married (financial information may be blocked out). A marriage certificate will be accepted for newly married couples where prior year tax return is unavailable.
      - **Domestic Partner:** Certificate of Registered Domestic Partnership issued by State of California
  - **Declaration of Prior Prescription Drug Coverage**
    - On page 1, under "Dates of Coverage," please use the date the member became eligible for Medicare in the "from" section. This informs Navitus of the date the member became eligible for Medicare, not necessarily the date enrolled in Medicare.
- ✓ **Retain the Notice of Privacy Practices for your records**



# **SISC Enrollment Form for following plans:**

☐ **CompanionCare – Medicare A&B Supplement (Part D Rx)**

Please choose one:

☐ I am the Retiree

☐ I am the Spouse or Domestic Partner (provide name and SSN of the retiree). Separate enrollment form required.

Retiree name	Retiree SSN

REQUIRED INFORMATION	
District Use Only	
District Name:	
<input type="checkbox"/> SISC bills District	<input type="checkbox"/> SISC bills Retiree
Medical Group No.	Effective Date
Dental Group No.	Vision Group No.
Bargaining Unit:	

Applicant Name: \_\_\_\_\_  
(as it appears on Medicare card) (Last) (First) (Middle Initial)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (MM / DD / YYYY)

☐ Male ☐ Female

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
 Street, Apt. No., Suite No. City State Zip

I am currently covered under Medicare for:

☐ Hospital Part A (Date): \_\_\_\_\_ ☐ Medical Part B (Date): \_\_\_\_\_

I am not currently covered under Medicare Parts A&B. It will be effective on the following dates:

☐ Hospital Part A (Date): \_\_\_\_\_ ☐ Medical Part B (Date): \_\_\_\_\_

Medicare Beneficiary Identifier \_\_\_\_\_  
 (MBI) Required: (Please attach a photocopy of your Medicare card)

**SISC Enrollment Form for following plans:**

- **PPO Retiree 65+ with Medicare A&B (EGWP Rx)**
- **CompanionCare – Medicare A&B Supplement (Part D Rx)**

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

**I understand that the following conditions apply as a part of this coverage:**

1. Continuous enrollment in Medicare A&B is required.
2. I understand SISC will automatically enroll member(s) in Medicare Part D.
3. I understand if my doctor does not accept Medicare Assignment, I will be responsible for the difference between the Medicare allowable charge and the doctor's billed charges.
4. This application form, a copy of the applicant's Medicare card and Declaration of Prior Prescription Drug Coverage **MUST** be received by SISC **45 calendar days** in advance of the requested effective date.
5. To CANCEL this coverage, the SISC Disenrollment form **MUST** be completed and received by SISC 45 calendar days in advance of the requested termination date. Both Medical and Prescription drug benefits will be canceled.
6. I understand it will be my responsibility as the applicant to notify Medicare at 1-800-Medicare (1-800-633-4227) within 63 days after coverage ends to select a new Medicare Part D plan.
7. I understand I can only be in one Medicare prescription drug plan at a time – if I am currently enrolled in a Medicare Prescription Drug Plan other than Navitus MedicareRx, my enrollment in Navitus MedicareRx (PDP) will terminate that enrollment.

**Please Read and Sign Below**

**ARBITRATION AGREEMENT:**

**I UNDERSTAND THAT ANY AND ALL DISPUTES BETWEEN MYSELF (AND/OR ANY ENROLLED FAMILY MEMBER) AND SISC III (INCLUDING CLAIMS ADMINISTRATOR OR AFFILIATE) INCLUDING CLAIMS FOR MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF THE SMALL CLAIMS COURT, AND NOT BY LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. UNDER THIS COVERAGE, BOTH THE MEMBER AND SISC III ARE GIVING UP THE RIGHT TO HAVE ANY DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY. SISC III AND THE MEMBER ALSO AGREE TO GIVE UP ANY RIGHT TO PURSUE ON A CLASS BASIS ANY CLAIM OR CONTROVERSY AGAINST THE OTHER. (FOR MORE INFORMATION REGARDING BINDING ARBITRATION, PLEASE REFER TO YOUR EVIDENCE OF COVERAGE BOOKLET.)**

**Applicant Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_**



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

## DECLARATION OF PRIOR PRESCRIPTION DRUG COVERAGE

Date: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Member ID:** <Member ID>

**Medicare Health Insurance Claim # or your MBI:** \_\_\_\_\_

(From red, white and blue Medicare card)

**Name of Medicare Prescription Drug Plan:** \_\_\_\_\_

Please check all boxes that apply to you.	Dates of Coverage (month/year)
<p>I had creditable* prescription drug coverage from an Employer/Union, including the Federal Employees Health Benefits Program (FEHBP).</p> <p>Name: _____</p>	<p>From: _____</p> <p>To: _____</p>
I never had creditable* drug coverage	

\* "Creditable" means that your prior coverage met Medicare's minimum standards.

**Please complete the signature section on the following pages.**

<input type="checkbox"/> I had prescription drug coverage through my TRICARE or other military coverage.	From: _____ To: _____
<input type="checkbox"/> I had a Medigap (Medicare Supplemental) policy with creditable* prescription drug coverage.	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian organization (I/T/U).	From: _____ To: _____
<input type="checkbox"/> I had prescription drug coverage through PACE (Program of All-Inclusive Care for the Elderly).	From: _____ To: _____
<input type="checkbox"/> I had creditable* prescription drug coverage from a different source not listed above.  Name of other source: _____	From: _____ To: _____
<input type="checkbox"/> I have/had extra help from Medicare to pay for my prescription drug coverage.	From: _____ To: _____
<input type="checkbox"/> I lived in an area affected by Hurricane Katrina at the time of the hurricane (August 2005) and I joined a Medicare prescription drug plan before December 31, 2006.  Name of Parish: _____	From: _____ To: _____
<input type="checkbox"/> I never had creditable* drug coverage	

\* “Creditable” means that your prior coverage met Medicare’s minimum standards.

**Please complete this section:**

“To the best of my knowledge, the information on this form is true and correct. I understand that if I didn’t have creditable coverage and/or don’t give proof of creditable prescription drug coverage if asked, my premium may be higher.

I understand that my signature (or the signature of the person authorized to act on behalf of the individual under the laws of the State where the individual resides) on this document means that I have read and understand the contents of this declaration. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request by Navitus MedicareRx (PDP) by Medicare.”

Signature: \_\_\_\_\_

Date: (*month/day/year*): \_\_\_\_\_

**If you are the representative, you must provide the following information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Member: \_\_\_\_\_

**NOTICE OF PRIVACY PRACTICES**  
**FOR THE USE AND DISCLOSURE OF PRIVATE HEALTH INFORMATION**  
**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND**  
**DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT**  
**CAREFULLY.**

Effective Date: April 3, 2006

Anyone has the right to ask for a paper copy of this Notice at any time.

**Q. Why are you providing this Notice to me?**

**A.** The SISC Health Benefits Plan is required by federal law, the Health Insurance Portability and Accountability Act (HIPAA), to make sure that your Protected Health Information (PHI) is kept private. This law applies to the health benefits offered through SISC, including SISC Flex, the Health Reimbursement Arrangements (SISC HRA) and the Health Savings Account (SISC HSA). We must give you this Notice of our legal duties and Privacy Practices with respect to your PHI. We are also required to follow the terms of the Notice that is currently in effect. PHI includes information that we have created or received about your past, present, or future health or medical condition that could be used to identify you. It also includes information about medical treatment you have received and about payment for health care you have received. We are required to tell you how, when, and why we use and/or share your Protected Health Information (PHI).

**Q. How and when can you use or disclose my PHI?**

**A.** HIPAA and other laws allow or require us to use or disclose your PHI for many different reasons. We can use or disclose your PHI for some reasons without your written agreement. For other reasons, we need you to agree in writing that we can use or disclose your PHI. We describe in this Notice the reasons we may use your PHI without getting your permission. Not every use or disclosure is listed, but the ways we can use and disclose information fall within one of the descriptions below.

**So you can receive treatment.** We may use and disclose your PHI to those who provide you with health care services or who are involved in your care. These people may be doctors, nurses, and other health care professionals. For example, if you are being treated for a knee injury, we may give your PHI to the people providing your physical therapy. We may also use your PHI so that health care can be offered or provided to you by a home health agency.

**To get payment for your treatment.** We may use and disclose your PHI in order to bill and get paid for treatment and services you receive. For example, we may give parts of your PHI to our billing or claims department or others who do these things for us. They can use it to make sure your health care providers are paid correctly for the health care services you received under a health plan.

**To operate our business.** We may use and disclose your PHI in order to administer our health plans. For example, we may use your PHI in order to review and improve the quality of health care services you receive. We may also provide your PHI to our accountants, attorneys, consultants, and others in order to make sure we are obeying the laws that affect us. Another time when we may provide PHI to other organizations is when we ask them to tell us about the quality of our health plans and how we operate our business. Before we share PHI with other organizations, they must agree to keep your PHI private.

**To meet legal requirements.** We share PHI with government or law enforcement agencies when federal, state, or local laws require us to do so. We also share PHI when we are required to in a court or other legal proceeding. For example, if a law says we must report private information about people who have been abused, neglected, or are victims of domestic violence, we share PHI.

**To report public health activities.** We share PHI with government officials in charge of collecting certain public health information. For example, we may share PHI about births, deaths, and some diseases. We may provide coroners, medical examiners, and funeral directors information that relates to a person's death.

**For health oversight activities.** We may share PHI if a government agency is investigating or inspecting a health care provider or organization.

**For purposes of organ donation.** Even though the law permits it, we do not share PHI with organizations that help find organs, eyes, and tissue to be donated or transplanted.

**For research purposes.** We do not use or disclose your PHI in order to conduct medical research.

**To avoid harm.** In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement or people who may be able to stop or lessen the harm.

**For specific government functions.** We may share PHI for national security reasons. For example, we may share PHI to protect the president of the United States. In some situations, we may share the PHI of veterans and people in the military when required by law.

**For workers' compensation purposes.** We may share PHI to obey workers' compensation laws.

**For information about health-related benefits or services.** We may use PHI to give you information about other health care treatment services, or benefits.

A plan amendment has been adopted to protect your PHI as required by law. The plan amendment allows PHI to be shared with the plan sponsor (SISC III Board of Directors) for purposes of treatment, payment, health care operations and for other reasons related to the administration of the SISC Health Benefits Plan.

**Other Uses and Disclosures Require Your Prior Written Agreement.** In other situations, we will ask for your written permission before we use or disclose your PHI. You may decide later that you no longer want to agree to a certain use of your PHI for which we received your permission. If so, you may tell us that in writing. We will then stop using your PHI for that certain situation. However, we may have already used your PHI. If we had your permission to use your PHI when we used it, you cannot take back your agreement for those past situations.

**Q. Will you give my PHI to my family, friends, or others?**

**A.** We may share medical information about you with a friend or family member who is involved in or who helps pay for your medical care when you are present. For example, if one of our home health nurses or case manager's visits you at your home or in the hospital and your mother is with you, we may discuss your PHI with you in front of her. We will not discuss your PHI with you when others are present if you tell us not to.

In order to enroll you in a health plan, we may share limited PHI with your employer or other organizations that help pay for your membership in the plan. However, if your employer or another organization that pays for your membership asks for specific PHI about you, we will get your permission before we disclose your PHI to them.

There may be a situation in which you are not present or you are unable to make health care decisions for yourself. Then we may use or share your PHI if professional judgment says that doing so is in your best interests. For example, if you are unconscious and a friend is with you, we may share your PHI with your friend so you can receive care.



**Q. What are my rights with respect to my PHI?**

**A. You have the right** to ask that we limit how we use and give out your PHI. You also have the right to request a limit on the PHI we give to someone who is involved in your care or helping pay for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a treatment you had. We will consider your request. However, we are not required to agree to the request. If we accept your request, we will put any limits in writing. We will honor these limits except in emergency situations. You may not limit the ways we use and disclose PHI when we are required to make the use or disclosure.

**You have the right** to ask that we send your PHI to you at an address of your choice or to communicate with you in a certain way if you tell us that this is necessary to protect you from danger. You must tell us in writing what you want and that the reason is you could be put in danger if we do not meet your request. For example, you may ask us to send PHI to your work address instead of your home address. You may ask that we send your PHI by e-mail rather than regular mail.

**You have the right** to look at or get copies of your PHI that we have. You must make that request in writing. You can get a form to request copies or look at your PHI by calling the SISC Privacy Officer. If we do not have your PHI, we will tell you how you may be able to get it. We will respond to you within 30 days after we receive your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, the reasons we are denying your request. We will also explain your right to have our denial reviewed.

If you ask for a copy of your PHI, we will charge you a reasonable fee based on the cost of copying and postage. We can send you your PHI, or if you request, we may send you a summary or general explanation of your PHI if you agree to the cost of preparing and sending it.

**You have the right** to get a list of instances in which we have given out your PHI. The list will not include: a) disclosures we made so you could get treatment; b) disclosures we made so we could receive payment for your treatment; c) disclosures we made in order to operate the Plan; d) disclosures made directly to you or to people you designated; e) disclosures made for national security purposes f) disclosures made to corrections or law enforcement personnel; g) disclosures we made before we sent you this Notice; or h) disclosures we made when we had your written permission.

We will respond within 60 days of receiving your written request. The list we give you can only include disclosures made after April 14, 2003, the date this Notice became effective. We cannot provide you a list of disclosures made before this date. You may request a list of disclosures made the six years (or fewer) preceding the date of your request. The list will include a) the date of the disclosure; b) the person to whom PHI was disclosed (including their address, if known); c) a description of the information disclosed; and d) the reason for the disclosure. We will give you one list of disclosures per year for free. If you ask for another list in the same year, we will send you one if you agree to pay the reasonable fee we will charge for the additional list.

**You have the right** to ask us to correct your PHI or add missing information if you think there is a mistake in your PHI. You must send us your request in writing and give the reason for your request. You can get a form for making your request by calling the SISC Privacy Officer. We will respond within 60 days of receiving your written request. If we approve your request, we will make the change to your PHI. We will tell you that we have made the change. We will also tell others who need to know about the change to your PHI.

We may deny your request if your PHI is a) correct and complete, b) not created by us, c) not allowed to be disclosed, or d) not part of our records. If we deny your request, we will tell you the reasons in writing. Our written denial will also explain your right to file a written statement of disagreement. You have the right to ask that your written request, our written denial, and your statement of disagreement be attached to your PHI anytime we give it out in the future.

**Q. How may I complain about your Privacy Practices?**

**A.** If you think that we may have violated your Privacy rights, you may send your written complaint to the address shown at the bottom of this notice. You also may make a complaint to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint about our Privacy Practices.

**Q. How will I know if my rights described in this Notice change?**

**A.** We reserve the right to change the terms of this Notice and our Privacy Policies at any time. Then the new Notice will apply to all your PHI. If we change this Notice, we will put the new Notice on our website at and mail a copy of the new Notice to our subscribers (but not to dependents).

**Q. Who should I contact to get more information or to get a copy of this Notice?**

**A.** For more information about your Privacy rights described in this notice, or if you want another copy of the Notice, please visit our website where you can download the Notice. You may also write us at Self-Insured Schools of California, 2000 K Street, Bakersfield, CA 93301. Further information may also be obtained by calling SISC's Privacy Officer at (661) 636-4887.

**ANNUAL NOTICE: Women's Health and Cancer Rights Act (WHCRA)**

Your Plan is required to provide you annually with the following notice, which applies to breast cancer patients who elect to have reconstructive surgery in connection with a mastectomy.

Under federal law, group health plans, insurers, and HMOs that provide medical and surgical benefits in connection with a mastectomy must provide benefits for reconstructive surgery, in a manner determined in consultation with the attending physician and the patient, for:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan's deductibles, coinsurance or copayment provisions.

If you have any questions about whether your plan covers mastectomies or reconstructive surgery, please contact your Plan Administrator.

## COMPANIONCARE MEDICARE SUPPLEMENT PLAN

### Benefit Summary

(As of 1/1/2022—Medicare benefits based on Calendar Year)

Services	Medicare 2022 Benefits	CompanionCare Based on 2022 Medicare Benefits
<b>Inpatient Hospital (Part A)</b>	<ul style="list-style-type: none"> <li>Pays all but first \$1,556 for 1st 60 days</li> <li>Pays all but \$389 a day for the 61st–90th day</li> <li>Pays all but \$778 a day</li> <li>Lifetime Reserve for 91st to 150th day</li> <li>Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)</li> </ul>	<ul style="list-style-type: none"> <li>Pays \$1,556</li> <li>Pays \$389 a day</li> <li>Pays \$778 a day</li> <li>Pays 100% after Medicare and Lifetime Reserve are exhausted, up to 365 days per lifetime</li> </ul>
<b>Skilled Nursing Facilities</b> (must be approved by Medicare)	<ul style="list-style-type: none"> <li>Pays 100% for 1st 20 days</li> <li>Pays all but \$194.50 a day for 21st to 100th day</li> <li>Pays nothing after 100th day</li> </ul>	<ul style="list-style-type: none"> <li>Pays nothing</li> <li>Pays \$194.50 a day for 21st to 100th day</li> <li>Pays nothing after 100th day</li> </ul>
<b>Deductible (Part B)</b>	<ul style="list-style-type: none"> <li>\$233 Part B deductible per year</li> </ul>	<ul style="list-style-type: none"> <li>Pays \$233</li> </ul>
<b>Basis of Payment (Part B)</b>	<ul style="list-style-type: none"> <li>80% Medicare-approved (MA) charges after Part B deductible</li> </ul>	<ul style="list-style-type: none"> <li>Pays 20% MA charges Including 100% of Medicare Part B deductible</li> </ul>
<b>Medical Services (Part B)</b> <ul style="list-style-type: none"> <li>Doctor, X-Ray, Appliances, and Ambulance</li> <li>Lab</li> </ul>	<ul style="list-style-type: none"> <li>80% MA charges</li> <li>100% MA charges</li> </ul>	<ul style="list-style-type: none"> <li>Pays 20% MA charges</li> <li>Pays nothing</li> </ul>
<b>Physical/Speech Therapy (Part B)</b>	<ul style="list-style-type: none"> <li>80% MA charges up to the Medicare annual benefit amount</li> </ul>	<ul style="list-style-type: none"> <li>Pays 20% MA charges up to the Medicare annual benefit amount (PT and ST combined)</li> </ul>
<b>Blood (Part B)</b>	<ul style="list-style-type: none"> <li>80% MA charges after 3 pints</li> </ul>	<ul style="list-style-type: none"> <li>Pays 1st 3 pints unreplaced blood and 20% MA charges</li> </ul>
<b>Travel Coverage</b> (when outside the US for less than 6 consecutive months)	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>Pays 80% inpatient hospital, surgery, anesthetist 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.</li> </ul>

Outpatient Prescription Drugs	Medicare Part D Prescription Drug Plan Through Navitus Health Solutions
<b>Retail Pharmacy Mail Order</b>	<ul style="list-style-type: none"> <li>30-day supply \$9 Generic co-pay, \$35 Brand co-pay</li> <li>90-day supply \$18 Generic co-pay, \$90 Brand co-pay</li> </ul>
<b>Due to Medicare restrictions the following programs are not available with CompanionCare:</b> <ul style="list-style-type: none"> <li>\$0 generic co-pay at Costco</li> <li>% diabetic supplies for generic co-pay</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>

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.

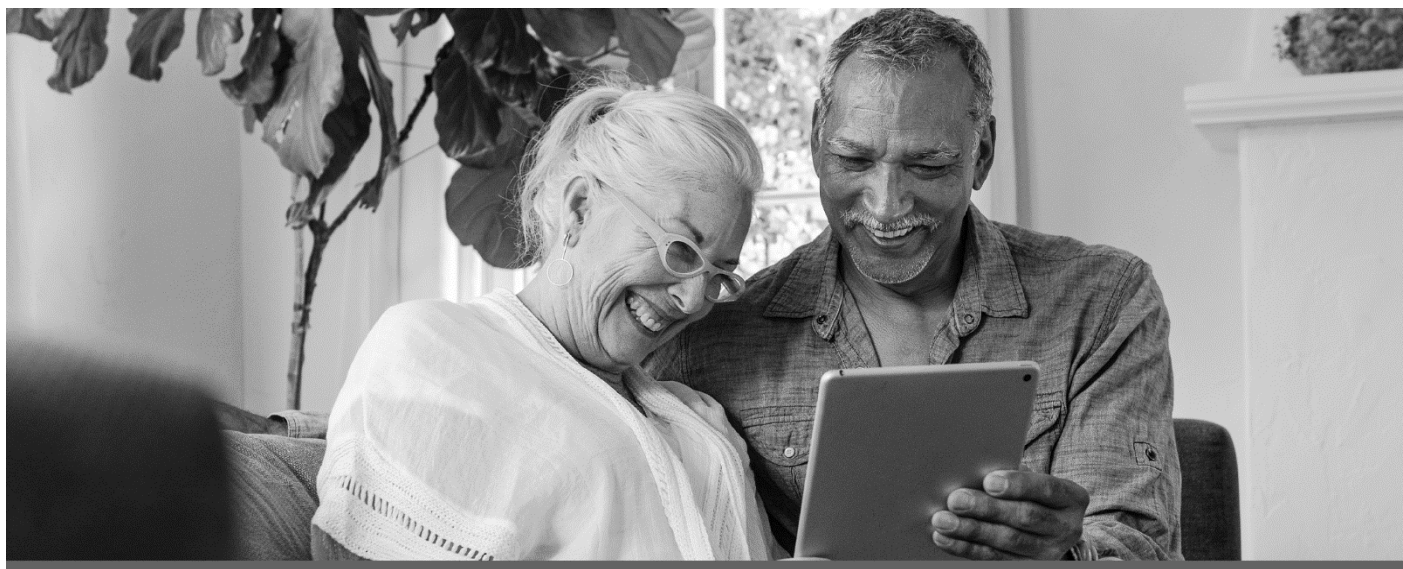
**Enrollment:** Enrollment forms and a copy of the Medicare card must be received by SISC 45 calendar days in advance of requested effective date—NO exceptions. SISC will automatically enroll members in Medicare Part D for outpatient prescription medications. Members already enrolled in non-SISC Medicare 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](http://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](http://www.navitus.com) or call 1-866-270-3877.

Statewide Rate Effective October 1, 2022	Total Cost Per Person
<b>Retirees with Medicare Parts A and B</b> (SISC will enroll members in Part D)	\$384.00



# NAVITUS MEDICARERX (PDP) 2023 SUMMARY OF BENEFITS Self-Insured Schools of California (SISC) – Plan 9X35

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://my.medicare.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://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)
<b>Tier 1:</b> Preferred generic and certain lower-cost brand products	\$9 copayment	\$18 copayment	\$27 copayment	\$9 copayment	\$18 copayment
<b>Tier 2:</b> Preferred brand and certain high-cost products; includes all specialty products	\$35 copayment	\$70 copayment	\$105 copayment	\$35 copayment	\$90 copayment
<b>Tier \$0</b> - 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.

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](http://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](http://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](https://www.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](https://www.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](https://www.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?**

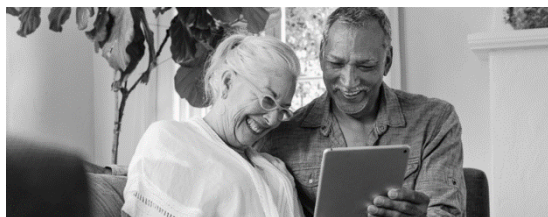
Navitus MedicareRx does not cover drugs that are covered under Medicare Part B as prescribed and dispensed, although the supplemental coverage benefit provided by SISC will pay secondary to Medicare Part B on select items such as diabetic testing supplies (review the Formulary to confirm coverage). Generally, 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](https://www.medicare.gov).



P.O. Box 1847  
Bakersfield, CA 93303-1847



**Welcome to Navitus**

Dear Self-insured Schools of California (SISC) Member (and Spouse/Dependent):

The purpose of this letter is to make you aware of a change in your prescription drug program. **Starting 1/1/2023, your prescription drug coverage will be managed by Navitus MedicareRx (PDP).** Navitus MedicareRx is committed to lowering drug costs and improving health. We provide expert customer service that builds trust and confidence.

**Beginning 1/1/2023, please use your new Navitus MedicareRx prescription ID card at your pharmacy.** This will be explained in more detail in your member booklet. You will receive your enrollment booklets shortly before your new pharmacy benefits begin with Navitus MedicareRx. Your new prescription ID cards will be mailed to you.

### **Pharmacy Network**

The Navitus pharmacy network includes approximately 67,000 retail pharmacies nationwide. To find a pharmacy in your area, please see the pharmacy search feature on the Navitus MedicareRx website located at [Medicarerx.navitus.com](https://www.Medicarerx.navitus.com). You can also call Navitus MedicareRx Customer Care for help in selecting a pharmacy near you. They can be reached at 1-866-270-3877, or TTY/TDD users please call 711. Calls to these numbers are free. Hours are 24 hours a day / 7 days a week, except for Thanksgiving and Christmas Day.

### **Formulary and Prior Authorizations**

Within the first 90 days, if you are currently taking a medication that is not on the Navitus MedicareRx formulary, you will receive a letter after the first time you fill your medication using our plan. The letter will provide medication options. As soon as you receive the letter, take it to your provider to talk about these medication options. If you or your provider have any questions, please call Navitus MedicareRx Customer Care toll-free at 1-866-270-3877, or TTY/TDD users please call 711. Hours are 24 hours a day / 7 days a week, except for Thanksgiving and Christmas Day.

If you currently receive a medication for which you had to get an approved prior authorization, you will need to get this renewed once you become effective with Navitus MedicareRx. It is not possible to transfer a prior authorization for a drug from your current plan to Navitus MedicareRx.

**What to Expect Next**

After you receive your new ID card you can register and find information about your plan online at our secure member portal. This portal can be found at [Medicarerx.navitus.com](https://Medicarerx.navitus.com) > Members > Login.

Navitus MedicareRx looks forward to providing you a high level of service, convenient tools to help lower your drug costs, and the support you need to improve your health. If you have questions, please call Navitus MedicareRx Customer Care. We can be reached toll-free at 1-866-270-3877, or TTY/TDD users please call 711. Hours are 24 hours a day / 7 days a week, except for Thanksgiving and Christmas Day.

To learn more about Navitus MedicareRx, please visit our website at [Medicarerx.navitus.com](https://Medicarerx.navitus.com).

Sincerely,

SISC and Navitus MedicareRx (PDP)



P.O. Box 1847  
Bakersfield, CA 93303-1847

**NAVITUS**  
**MedicareRx (PDP)**  
P.O. Box 1039  
Appleton, WI 54913

## **Important Plan Information**

Self-Insured Schools of California (SISC) is enrolling you in Navitus MedicareRx Prescription Drug Plan (PDP) as your retiree prescription drug plan beginning 1/1/2023. Navitus MedicareRx is a Medicare Prescription Drug (Part D) plan, which is included with the health plan you selected. Enrollment in Navitus MedicareRx will automatically cancel your enrollment in any other Medicare Prescription Drug (Part D) plan. It is important to call SISC at 1-661-636-4410 if you will be enrolling in a different Medicare Prescription Drug plan other than Navitus MedicareRx. If you do not wish to be enrolled in our Navitus MedicareRx Medicare Prescription Drug (Part D) plan you must notify us between by December 7th.

### **What do I need to know as a member of Navitus MedicareRx?**

This mailing includes important information about Navitus MedicareRx and the coverage it offers, including a Summary of Benefits and an Annual Notice of Change document. Please review this information carefully. If you want to be enrolled in this Medicare prescription drug plan, you don't have to do anything, and your coverage will start on 1/1/2023. Once you are a member of Navitus MedicareRx you have the right to appeal plan decisions about payments or services if you disagree. When you are enrolled, you can read the Evidence of Coverage from Navitus MedicareRx to know which rules you must follow to receive coverage with this Medicare prescription drug plan. To access the Evidence of Coverage and other documents electronically, visit our website at [Medicarerx.navitus.com](https://Medicarerx.navitus.com) (to log into the member portal, click on Members, then Login).

Navitus MedicareRx is a Medicare drug plan and is in addition to your coverage under Medicare Part A or Part B. Your enrollment in Navitus MedicareRx doesn't affect your coverage under Medicare Part A or Part B. It is your responsibility to inform Navitus MedicareRx of any prescription drug coverage that you have or may get in the future. You can be in only one Medicare prescription drug plan at a time. If you are currently in a Medicare prescription drug plan, your enrollment in Navitus MedicareRx will end that enrollment. Enrollment in Navitus MedicareRx is generally for the entire year.

By joining this Medicare prescription drug plan, you acknowledge that Navitus MedicareRx will release your information to Medicare and other plans as is necessary for treatment, payment, and health care operations. You also acknowledge that Navitus will release your information, including your prescription drug event data, to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations.



**What happens if I don't join Navitus MedicareRx?**

You aren't required to be enrolled in this plan. You can also decide to join a different Medicare drug plan. You can call 1-800-MEDICARE (1-800-633-4227) 24 hours per day, 7 days per week for help in learning how. TTY/TDD users should call 1-877-486-2048. **However, if you decide not to be enrolled in the Navitus MedicareRx plan this will also result in the loss of your medical plan through SISC.**

**What should I do if I don't want to join Navitus MedicareRx?**

**To request not to be enrolled by this process, please contact SISC at 1-661-636-4410.**

**What if I want to leave Navitus MedicareRx?**

Medicare limits when you can make changes to your coverage. You may leave this plan only at certain times of the year or under certain special circumstances. To request to leave, call SISC at 1-661-636-4410.

Navitus MedicareRx serves a specific area, which includes the United States and Puerto Rico. If you move out of the area that Navitus MedicareRx serves, you need to notify SISC at 1-661-636-4410 so you can be disenrolled.

Keep in mind that if you leave our plan and don't have or get other Medicare prescription drug coverage or creditable coverage (as good as Medicare's), you may have to pay a late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future.

If you have any questions, please call Navitus Customer Care at 1-866-270-3877 24 hours a day, 7 days a week, excluding Thanksgiving and Christmas Day. TTY/TDD users should call 711.

***No action is required in order to enroll in SISC's Prescription Drug (Part D) plan through Navitus.***

Navitus MedicareRx looks forward to providing your Part D prescription benefits.

Thank you,

Self-Insured Schools of California and Navitus MedicareRx (PDP)

## IMPORTANT INFORMATION:

### 2022 Medicare Star Ratings

#### Navitus MedicareRx - S9701



For 2022, Navitus MedicareRx - S9701 received the following Star Ratings from Medicare:

**Overall Star Rating:** ★★★★★

**Health Services Rating:** Not offered

**Drug Services Rating:** ★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

#### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.



This plan got  
**MEDICARE'S  
HIGHEST  
RATING (5 stars)**

**The number of stars show how well a plan performs.**

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

#### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

#### Questions about this plan?

Contact Navitus MedicareRx 24 Hours a day Central time, 7 days a week at 866-270-3877 (toll-free) or 711 (TTY). Current members please call 866-270-3877 (toll-free) or 711 (TTY).