

## COMPANIONCARE MEDICARE SUPPLEMENT PLAN

### Benefit Summary

(As of 1/1/2025—Medicare benefits based on Calendar Year)

Services	Medicare 2025 Benefits	CompanionCare Based on 2025 Medicare Benefits
<b>Inpatient Hospital (Part A)</b>	<ul style="list-style-type: none"> <li>Pays all but first \$1,676 for 1st 60 days</li> <li>Pays all but \$419 a day for the 61st–90th day</li> <li>Pays all but \$838 a day 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 \$1,676</li> <li>Pays \$419 a day</li> <li>Pays \$838 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 \$209.50 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 \$209.50 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>\$257 Part B deductible per year</li> </ul>	<ul style="list-style-type: none"> <li>Pays \$257</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</b> <b>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. The plan does not cover excess Medicare Part B charges. Excess charges may occur when receiving services from a provider who does not accept the Medicare Assignment amount.

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, 2025	Total Cost Per Person
<b>Retirees with Medicare Parts A and B</b> (SISC will enroll members in Part D)	\$469.00



# NAVITUS MEDICARERX (PDP) 2025 SUMMARY OF BENEFITS

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

This Summary of Benefits explains some of the features of the Navitus MedicareRx Prescription Drug Plan (PDP) for your enrollment in the Self-Insured Schools of California Medicare plan. However, it does not list every benefit, limitation, or exclusion. To get a complete list of your benefits, please refer to your 2025 Evidence of Coverage, available on the website at [www.Medicarerx.navitus.com](http://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, seven days a week, except on Thanksgiving and Christmas Day.

This mailing includes information on how to access your Evidence of Coverage, Formulary, and Pharmacy Directory on the website at [www.Medicarerx.navitus.com](http://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 to 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 Prescription Drug Plan (PDP) with a Medicare contract. Enrollment depends on contract renewal.

## Important Contact Information

**Navitus MedicareRx (PDP) 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 (PDP) Website and Member Portal** - [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com) Use this portal to access the most up-to-date formulary and pharmacy directory and to review the current year's benefit booklets. When visiting the Member Portal, you must register with this website to access your specific and updated information. 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 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 Medicare benefits 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](http://MyMedicare.gov), or order a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. Calls to these numbers are free, and you can call 24 hours a day, 7 days a week.

# Navitus MedicareRx (PDP) Summary of Benefits 2025

## Part D Prescription Drugs

The benefit information provided summarizes 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 [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com), click on Members, then Login. New members will need their ID card prior to registering on the portal.

### *Yearly Deductible Stage:*

This stage does not apply to you because this plan has no 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 \$2,000.

Cost Sharing Tiers					
<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)					

### ***Catastrophic Coverage Stage:***

After your yearly out-of-pocket drug costs reach \$2,000 for Part D drugs, pay \$0 cost sharing.

### **Additional Cost Sharing Information**

- Your drug copay or coinsurance may be less based on 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 one-month supply) at retail, mail-order, or specialty pharmacies.
- If you reside in a long-term care facility, you receive a 31-day supply for a 1-month copay/coinsurance.
- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost. Call Customer Care for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

### **Additional Coverage Information**

Your Evidence of Coverage provides more detailed plan information. You can also access these documents online at [www.Medicarerx.navitus.com](http://www.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 (PDP) 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 it 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 receive, 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. You always have the right to appeal our decision or ask us to review a denied claim.

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 the 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 cover Drug B.

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 nationwide 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 [www.Medicarerx.navitus.com](http://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 can ask about network pharmacies or request a pharmacy directory mailed to you by calling Navitus MedicareRx (PDP) 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 to get up to a 90-day supply of your long-term or maintenance medications. You can use any contracted network mail-order pharmacy you like; currently, the recommended one is Costco Mail Order Pharmacy. You can reach Costco Mail Order Pharmacy by calling 1-800-607-6861 or visiting their website, [pharmacy.costco.com](http://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 them 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 for providing 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). The Member Portal has a pharmacy search tool and a complete list of network pharmacies. Go to [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com) and click Members, then Login, to access these pharmacy tools.

### **Refilling Prescriptions at a New Pharmacy**

If you want 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 which pharmacy the prescription refills are located at 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, or 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 (PDP) premiums?**

Your coverage is provided through a contract with your current or former employer. Please contact SISC for information about your 2025 plan premium.

### **Where is Navitus MedicareRx (PDP) available?**

The service area for Navitus MedicareRx (PDP) includes all 50 states, including Puerto Rico, the U.S. Virgin Islands, and Guam. The service area excludes American Samoa and the Northern Mariana Islands. You must live in the service area to join Navitus MedicareRx (PDP). If you reside outside the service area, you are not eligible to enroll in Navitus MedicareRx (PDP).

Please contact your benefits department if you plan to move out of the service area. You must opt out of the Navitus MedicareRx (PDP) plan and enroll in another Medicare Part D plan 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 (PDP); you are enrolled in Medicare Parts A and B; and live in the service area. Your premium for Medicare Parts A and B must be paid 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 (PDP) Formulary covers?**

The Navitus MedicareRx (PDP) Formulary lists drugs selected to meet patient needs. Navitus MedicareRx (PDP) 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 (PDP) will notify you. Additionally, you may log in to the website at [www.Medicarerx.navitus.com](http://www.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 (PDP) does not cover drugs covered under Medicare Part B as prescribed and dispensed. However, 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 Drug List (Formulary) are selected by Navitus MedicareRx (PDP) 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 (PDP) Drug List. 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 (PDP) 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 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 (PDP) 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 [www.Medicarerx.navitus.com](http://www.Medicarerx.navitus.com), click on Members, then Login.
- **New members:** Once you receive your ID card, first time users can register at [www.Medicarerx.navitus.com](http://www.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](http://www.medicare.gov).