

**COMPANIONCARE/Medicare Supplement Plan  
SOUTHERN REGION BENEFIT SUMMARY  
(Based on Calendar Year)**

SERVICES	MEDICARE 2013 Benefits	COMPANIONCARE Based on 2013 Medicare Benefits
<b>Inpatient Hospital (Part A)</b>	Pays all but first <b>\$1184</b> for 1st 60 days  Pays all but <b>\$296</b> a day for the 61st to 90th day  Pays all but <b>\$592</b> a day Lifetime Reserve for 91st to 150th day  Pays nothing after Lifetime Reserve is used (refer to Evidence of Coverage)	Pays <b>\$1184</b>  Pays <b>\$296</b> a day  Pays <b>\$592</b> a day  Pays 100% for 151st day to 515th day
<b>Skilled Nursing Facilities</b> (Must be approved by Medicare)	Pays 100% for 1st 20 days  Pays all but <b>\$148.00</b> a day for 21st to 100th day  Pays nothing after 100th day	Pays nothing  Pays <b>\$148.00</b> a day for 21st to 100th day  Pays nothing after 100th day
<b>Deductible (Part B)</b>	<b>\$147</b> Part B deductible per year	Pays <b>\$147</b>
<b>Basis of Payment (Part B)</b>	80% Medicare Approved (MA) charges after Part B deductible	Pays 20% MA charges including 100% of Medicare Part B deductible
<b>Medical Services (Part B)</b> Doctor, x-ray, appliances & ambulance Lab	80% MA charges  100% MA charges	Pays 20% MA charges  Pays nothing
<b>Physical/Speech Therapy (Part B)</b>	80% MA charges up to the Medicare annual benefit amount.	Pays 20% MA charges up to the Medicare annual benefit amount. (PT & STh Combined)
<b>Blood (Part B)</b>	80% MA charges after 3 pints	Pays 1st 3 pints unreplaced blood and 20% MA charges
<b>Travel Coverage</b> (when outside the US for less than 6 consecutive months)	Not covered	Pays 80% inpatient hospital, surgery, anesthetist and in hospital visits for medically necessary services for 90 days of treatment per lifetime
<b>Outpatient Prescription Drugs</b>	<b>Prescription drug plan enhanced through Express Scripts Inc</b>	
Due to Medicare restrictions the following programs are not available with CompanionCare:  Costco & Prilosec \$0 co-pay;  Diabetic Supplies for Generic co-pay	<b>Retail Pharmacy:</b> 30 day supply      \$9 Generic co-pay      \$35 Brand co-pay	
	<b>Mail Order:</b> 90 day supply      \$18 Generic co-pay      \$90 Brand co-pay	
	Pharmacy benefits are administered through Express Scripts using a Med D formulary. Some exclusions and prior authorizations may apply. Members that have questions regarding their medication coverage can call Express Scripts at 1-800-596-7986.	

**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&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 Med D Open Enrollment members can enroll into Medicare Part D plans outside of SISC with a January 1 effective date. Enrollment in a Med 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 Express Scripts (formerly Medco) prescription drug information, please go to [www.express-scripts.com](http://www.express-scripts.com) or call 1-800-596-7986.

Rate Effective October 1, 2013	Total Cost Per Person
Retirees with Medicare A & B (SISC will enroll members in part D)	<b>Southern Region:      \$320.00</b>
A school district's geographic location will determine the applicable rate. Southern Region includes San Luis Obispo, Kern, San Bernardino and all other counties to the south.	