

CALIFORNIA SCHOOLS
VEBA

2019 BENEFIT OPTIONS

SAN YSIDRO SCHOOL DISTRICT: MANAGEMENT & CONFIDENTIAL

Your district offers a number of different medical options. Please review the following information to help select the best plan for you and your family.

AVAILABLE PLANS



- Kaiser HMO

- SIMNSA HMO

- United Healthcare (UHC) Performance HMO
 - Network 1
 - Network 2
 - Network 3

- UHC Select Plus PPO

SELECTING YOUR PLAN



Each of the available medical options covers a different network of doctors and may not offer coverage outside of that network.

HMO Plans



In an HMO, you must see your Primary Care Physician (PCP) first for most medical issues. Your PCP will refer you to any specialists you may need to see. When selecting your plan, remember:

- You and your dependents must enroll in the same network but can select different PCPs within that network.
- Your network election is effective for the entire year – you may change PCPs within the network but you cannot change networks until the next enrollment period.

UHC Performance HMO

Medical groups are ranked in multiple networks based on quality scores from the California Office of the Patient Advocate (opa.ca.gov) and what they charge for services. Copays vary by network. Medical groups in Network 1 have the highest performance ratings and lowest copays.

Kaiser

A high quality HMO program that utilizes the Kaiser Permanente network of hospitals and physicians.

SIMNSA

A cross-border plan that requires routine care be received in Mexico. Eligibility restrictions apply.

PPO Plans

In a PPO, the plan offers both in-network and out-of-network coverage. You can see any doctor but will pay less when you use doctors in the UHC Select Plus network. For the lowest out-of-pocket costs, be sure to select a Tier 1 designated provider or facility.

FINDING A DOCTOR OR FACILITY



UHC Medical Plans

In an HMO, you see your PCP first for most medical issues. You do not need a referral for mental health, chiropractic or OB/GYN services.

To find a provider or facility:

1. Go to csveba.welcometouhc.com
2. Scroll down to choose from the plan options
3. Choose the appropriate network and click "Search the network"
4. Click "okay"
5. Click "continue"
6. Search by Name, Specialty or Medical Group

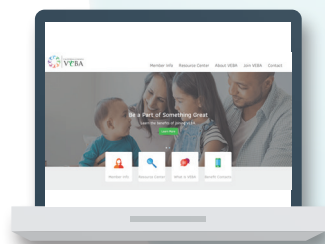
Chiropractic

Provided by OptumHealth Physical Health of California providers, which has more than 2,700 network providers in California.

Three ways to find a provider:

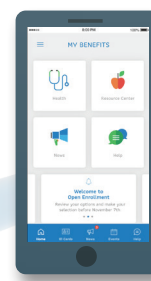
1. Go to myoptumhealthphysicalhealthofca.com and select "Provider Locator." Choose "California Schools VEBA" from the dropdown menu for Plan/Product.
2. Call Optum Member Services at **1-800-428-6337** (5 a.m. to 5 p.m., Pacific Time, Monday - Friday) for the most current and up to date information.
3. Call the provider directly to schedule an appointment and verify they are part of the Optum network for VEBA.

**If your district has added acupuncture, the above info applies.*



VEBA Website

Be sure to visit the new VEBAonline.com. The site features improved functionality and personalization for our members. Learn more about your benefits, get benefit contacts or look for a provider.



VEBA App

Take your health care on the go with the new VEBA mobile app. Download the app for accessible health care information and personalized notifications about your benefits. Available on the iTunes® and Google Play™ stores.

EXPRESS SCRIPTS



UHC members get their Rx benefits through Express Scripts. Your copay and coinsurance amounts are based on where you fill your prescriptions. Non-EAN pharmacies will charge an additional \$5 copay per prescription. For the lowest copays, be sure to utilize an Express Scripts Advantage Network (EAN) pharmacy.

If you continue to use a retail pharmacy after three fills of your medication, then you will pay the maintenance copay for a 30-day supply.

Short-Term Drugs (up to a 30-day supply)
Use Express Scripts Advantage Network (EAN) pharmacy (for lowest cost) or non-EAN pharmacy

EAN Pharmacies

- Costco
- VONS
- Ralphs
- Haggen
- Rite Aid
- Kmart
- Sharp Rees-Stealy
- Many Independent Pharmacies

Non-EAN Pharmacies

- Walgreens
- CVS
- Target
- Many Independent Pharmacies

Maintenance Drugs (up to a 90-day supply)
Use Express Scripts Smart90 pharmacy or Express Scripts Home Delivery for lowest cost

Smart90 Pharmacies

- Costco
- Rite Aid

Home Delivery

- Express Scripts

ADDITIONAL VEBA SERVICES



VEBA Advocacy: When your doctor or health plan can't help you, call VEBA's Advocacy Office. They'll help you resolve benefit issues.

Optum Employee Assistance Program: Get through life's challenges with counseling, budgeting, legal advice, and child and eldercare support.

Best Doctors: Free access to medical experts to make sure you have the right diagnosis and treatment.

CONTACTS

Benefit	Website	Phone
Best Doctors	Members.bestdoctors.com	866-904-0910
Express Scripts	Express-scripts.com	800-918-8011
Kaiser	My.kp.org/VEBA	800-464-4000
Optum Employee Assistance Program	Liveandworkwell.com Access code: VEBA	888-625-4809
Optum Health (Chiropractic/Acupuncture)	Myoptumhealthphysicalhealthofca.com	800-428-6337
SIMNSA	Simnsa.com	800-424-4652
United Healthcare (UHC)	CSVEBA.welcometouhc.com	888-586-6365
VEBA Advocacy	email: VEBAadvocacy@mcgregorinc.com	888-276-0250

Feature	Kaiser 10 \$10/\$10, 100 Day What You Pay	UHC Performance HMO A Network 1 What You Pay	UHC Performance HMO A Network 2 What You Pay	UHC Performance HMO A Network 3 What You Pay	UHC CA Select Plus PPO 80/50 SD In Network What You Pay	UHC CA Select Plus PPO 80/50 SD Out of Network What You Pay	SIMNSA What You Pay
Deductible (individual/family)	None	None	None	None	\$2,000/\$4,000	\$2,000/\$4,000	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$6,350/\$12,700
RX Out-of-Pocket Maximum (individual/family)	N/A	\$3,000/\$6,000	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	N/A	N/A
Health Reimbursement Account	None	None	None	None	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$40 copay	Tier 1 Physician: \$30 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)	\$5 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$20 copay	\$60 copay	Tier 1 Physician: \$50 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)	\$5 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No coverage for non-network services	No charge
Inpatient Hospital Care	No charge	No charge	No charge	20% copay	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay/No charge	\$10 copay/No charge	\$20 copay/No charge	\$40 copay/20% copay	\$30 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$5 copay/ No charge
Substance Abuse Services(outpatient/inpatient)	\$10 copay/No charge	No charge	No charge	No charge	\$30 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$5 copay/ No charge
Infertility	\$10 copay	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	Freestanding Facility or Physician: No charge Hospital-based Lab or Radiology: 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)	No charge
Complex Radiology (PET, MRI)	No charge	No charge	No charge	\$200 copay	Freestanding Physician: 20% coinsurance (after deductible) Hospital-based or Radiology: 20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible)	No charge
Outpatient Surgery	\$10 copay	No charge	No charge	\$500 copay	Ambulatory Surgery Center or Physician's Office: 20% coinsurance (after deductible) Outpatient Hospital-based Surgical Center: 20% coinsurance (after deductible) and \$100 copayment	50% coinsurance (after deductible) Pre-authorization is required	No charge
Outpatient Physical/Rehabilitation Therapy	\$10 copay	\$10 copay	\$20 copay	\$40 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay
Urgent Care (your medical group/other medical group)	\$10 copay	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$40 copay/\$50 copay	\$50 copay	50% coinsurance (after deductible)	\$25 copay/ \$50 copay
Emergency Room (copay waived if admitted)	\$50 copay	\$100 copay	\$100 copay	\$300 copay	\$100 copay	\$100 copay	\$25 copay in Mexico/ \$250 copay in U.S. or out of plan area
Short-Term Prescription Drugs ¹ up to 30 day supply G: Generic P: Preferred NP: Non-Preferred	\$10 copay (up to a 100-day supply)	G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)*	G: \$10 P: \$30 NP: 50% (\$40 minimum and \$175 maximum)	No coverage for non-network pharmacy	\$5 copay
Maintenance Prescription Drugs ² up to 90 day supply for UHC members up to 100 day supply for Kaiser members G: Generic P: Preferred NP: Non-Preferred	\$10 copay (up to a 100-day supply)	G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)*	G: \$20 P: \$60 NP: 50% (\$80 minimum and \$350 maximum)	No coverage for non-network pharmacy	Not available
Chiropractor Service ^{3,4}	\$10 copay	\$10 copay	\$20 copay	\$30 copay	\$30 copay	50% coinsurance (after deductible)	Not covered
Available Medical Groups	Kaiser	Sharp Rees-Stealy, Sharp Community, Primary Care Associated, Arch Health Partners, Encompass, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Scripps Physicians Medical, Children's Physicians	UCSD, Scripps Coastal, Scripps Physicians Medical, Children's Physicians	Select Plus Contracted Physicians	All Others	SIMNSA

1 UHC members pay standard copays plus \$5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens, and certain independent pharmacies).

2 UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

3 Services must be medically necessary and may be subject to prior authorization from OptumHealth.

4 PPO plan includes acupuncture service.

*There is a \$250 brand deductible for individual and \$500 brand deductible for family.

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, right, or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.