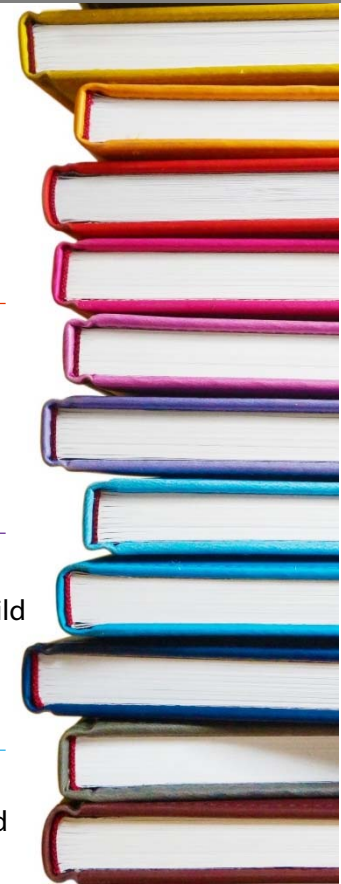


2020 OPEN ENROLLMENT

SAN YSIDRO SCHOOL DISTRICT: CERTIFICATED



1 Options

- ❑ Kaiser HMO
- ❑ SIMNSA HMO
- ❑ UnitedHealthcare (UHC) Performance HMO
 - Network 1
 - Network 2

New for 2020

- ❑ UHC SignatureValue Alliance \$1200 HRA
- ❑ UHC SignatureValue Alliance \$20/\$30 HMO
- ❑ UHC Journey Harmony HMO
- ❑ UHC Journey Alliance HMO
- ❑ UHC Harmony HMO

2 New Options for 2020

New UHC SignatureValue Alliance HMO Plan

UHC Performance HMO Network 3 will no longer be offered to your district for 2020. All of the doctors available in Network 3 are available in the Alliance network at a significantly lower premium. If you are a current Network 3 member, and do not make an election, you will default to the UHC SignatureValue Alliance \$20/\$30 plan. Be sure to select your current PCP or choose a new one – visit csveba.welcometouhc.com to find a provider near you.

Increased UHC Alliance HRA Plan

UHC SignatureValue Alliance \$500 will no longer be available in 2020. New to you will be the Alliance \$1200 plan, which offers richer benefits and lower premiums while sharing the same network. Unless you choose another plan, you will automatically be rolled in the new Alliance \$1200 plan. Be sure to select your current PCP or choose a new one upon enrollment – visit csveba.welcometouhc.com to find a provider near you.

New UHC Journey HMO Plans

Two new Journey plans will be available to you in 2020. Both the Journey Harmony and Journey Alliance plans are designed to provide a smart and affordable solution to the traditional plans. They focus on simple care today while wealth building for tomorrow through a proprietary, member-owned HealthInvest HRA.

HealthInvest HRA

Available to you as part of the new UHC Journey HMO plans, the HealthInvest HRA gives you a flexible savings option for future health care costs. Benefit from significant tax savings thanks to various funding and distribution options. Because the money is yours to keep even after leaving the plan or your employer, you can build up savings for long-term protection.

New UHC Harmony HMO Plan

The Harmony plan delivers personalized, convenient and simplified care experience. It provides you with care and resources to help promote better health outcomes and lower costs.

3 2020 Plan Changes

Decreased out-of-pocket maximum (OOP) for UHC Performance HMO Network 1 effective 1/1/20. The medical OOP will decrease to \$1500 individual/\$3000 family from last year's \$3000/\$6000.

Savings on pet medications effective 1/1/20. VEBA members can save an average of 77% for generics and 15% for brand medications. Inside Rx Pets discount program is available at more than 40,000 pharmacies.

4 New Express Scripts Benefits

New SaveonSP program effective 10/01/19. This program covers certain specialty medications and ensures that, once enrolled, you have no financial responsibility. These medications will continue to be filled through Accredo.

Copay waiver effective 01/01/20. Copays will be waived for generic hypertension and preferred generic oral hypoglycemic medications when filled at a Smart90 retail or mail-order pharmacy.

VEBA Resource Center (VRC)

The VRC meets you where you are on your well-being journey to help you be your healthiest self!

VEBA Advocacy

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

OPTUM Employee Assistance

Get through life's challenges with counseling, budgeting, legal advice, child and eldercare support, and more!

Best Doctors

Free access to medical experts to make sure you have the correct treatment and diagnosis.

CONTACT LIST

| Carriers | Website | Phone # |
|--|--|--------------|
| Best Doctors | Members.bestdoctors.com | 866-904-0910 |
| Express Scripts | Express-Scripts.com | 800-918-8011 |
| HealthInvest HRA for UHC Journey plans | Healthinvesthra.com | 844-342-5505 |
| Kaiser | My.kp.org/VEBA | 800-464-4000 |
| Optum Employee Assistance Program | LiveandWorkWell.com Access code: VEBA | 888-625-4809 |
| OptumHealth (Chiropractic/Acupuncture) | MyOptumHealthPhysicalHealthofCA.com | 800-428-6337 |
| OptumHealth Financial HRA for UHC Alliance \$1200 plan | Optumbank.com | 800-243-5543 |
| SIMNSA | Simnsa.com | 800-424-4652 |
| UnitedHealthcare (UHC) | CSVEBA.welcometoUHC.com | 888-586-6365 |
| VEBA Advocacy | Email: Advocacy@mcgregorinc.com | 888-276-0250 |

| Feature | NEW! UHC Journey Harmony HMO What You Pay | NEW! UHC Journey Alliance HMO What You Pay | NEW! UHC Harmony HMO \$10 What You Pay | NEW! UHC SignatureValue Alliance HMO \$1200 HRA What You Pay | NEW! UHC SignatureValue Alliance HMO \$20/\$30 What You Pay | UHC Performance HMO A Network 1 What You Pay | UHC Performance HMO A Network 2 What You Pay | Kaiser 10 \$10/\$20, 30 Day What You Pay | SIMNSA What You Pay |
|---|--|---|--|---|---|---|--|--|--|
| Deductible (individual/family) | \$2,000/\$4,000 | \$2,000/\$4,000 | None | \$2,000/\$2,000 | None | None | None | None | None |
| Medical Out-of-Pocket Maximum (individual/family) | \$3,500/\$7,000 | \$3,500/\$7,000 | \$1,500/\$3,000 | \$3,000/\$6,000 | \$3,000/\$6,000 | \$1,500/\$3,000 | \$3,000/\$6,000 | \$1,500/\$3,000 | \$6,350/\$12,700 |
| RX Out-of-Pocket Maximum (individual/family) | \$1,600/\$3,200 | \$1,600/\$3,200 | \$3,000/\$6,000 | \$1,600/\$3,200 | \$1,600/\$3,200 | \$3,000/\$6,000 | \$3,000/\$6,000 | N/A | N/A |
| Health Reimbursement Account | \$800/\$1,600/\$2,200 | \$350/\$700/\$1,100 | None | \$1,200 | None | None | None | None | None |
| PCP Office Visit | \$25 copay | \$25 copay | \$10 copay | \$35 copay | \$20 copay | \$10 copay | \$20 copay | \$10 copay | \$5 copay |
| Specialist Office Visit | \$40 copay | \$40 copay | \$10 copay | \$50 copay | \$30 copay | \$10 copay | \$20 copay | \$10 copay | \$5 copay |
| Preventive Care | No charge | No charge | No charge | No charge | No charge | No charge | No charge | No charge | No charge |
| Inpatient Hospital Care | 20% coinsurance (after deductible) | 20% coinsurance (after deductible) | No charge | 20% copay (after deductible) | \$500 copay | No charge | No charge | No charge | No charge |
| Mental Health Services (Outpatient Therapy/Inpatient Hospital Care) | \$25 copay/ 20% coinsurance after deductible | \$25 copay/ 20% coinsurance after deductible | \$10 copay/ No charge | \$40 copay/20% copay (after deductible) | \$20 copay/\$500 copay | \$10 copay/ No charge | \$20 copay/ No charge | \$10 copay/ No charge | \$5 copay/ No charge |
| Substance Abuse Services (outpatient/inpatient) | No charge | No charge | No charge | No charge | No charge | No charge | No charge | \$10 copay/ No charge | \$5 copay/ No charge |
| Infertility | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered | \$10 copay | Not covered |
| Outpatient Diagnostic Laboratory and Radiology (standard procedures) | No charge | No charge | No charge | No charge | No charge | No charge | No charge | No charge | No charge |
| Complex Radiology (PET, MRI) | \$100 copay | \$100 copay | No charge | 20% copay (after deductible) | \$200 copay | No charge | No charge | No charge | No charge |
| Outpatient Surgery | 20% coinsurance (after deductible) | 20% coinsurance (after deductible) | No charge | 20% copay (after deductible) | \$250 copay | No charge | No charge | \$10 copay | No charge |
| Outpatient Physical/Rehabilitation Therapy | \$25 copay | \$25 copay | \$10 copay | \$35 copay | \$20 copay | \$10 copay | \$20 copay | \$10 copay | \$10 copay |
| Urgent Care (your medical group/other medical group) | \$25 copay/\$50 copay | \$25 copay/\$50 copay | \$10 copay/\$50 copay | \$35 copay/ 20% copay (after deductible) | \$20 copay/\$75 copay | \$10 copay/\$50 copay | \$20 copay/\$50 copay | \$10 copay | \$25 copay/ \$50 copay |
| Emergency Room (copay waived if admitted) | 20% coinsurance (after deductible) | 20% coinsurance (after deductible) | \$100 copay | \$300 copay (after deductible) | \$150 copay | \$100 copay | \$100 copay | \$50 copay | \$25 copay in Mexico/ \$250 copay in U.S. or out of plan area |
| Short-Term Prescription Drugs¹ up to 30 day supply G: Generic P: Preferred NP: Non-Preferred | G: \$10 P: \$30 NP: 50%* | G: \$10 P: \$30 NP: 50%* | G: \$5 P: \$25 NP: 50%* | G: \$10 P: \$30 NP: 50%* | G: \$10 P: \$30 NP: 50%* | G: \$5 P: \$25 NP: 50%* | G: \$10 P: \$30 NP: 50%* | G: \$10 P: \$20 | \$5 copay |
| Maintenance Prescription Drugs² up to 90 day supply for UHC members ³ up to 100 day supply for Kaiser members G: Generic P: Preferred NP: Non-Preferred | G: \$20 P: \$60 NP: 50%** | G: \$20 P: \$60 NP: 50%** | G: \$10 P: \$50 NP: 50%** | G: \$20 P: \$60 NP: 50%** | G: \$20 P: \$60 NP: 50%** | G: \$10 P: \$50 NP: 50%** | G: \$20 P: \$60 NP: 50%** | G: \$20 P: \$40 | Not available |
| Chiropractor & Acupuncture Service⁴ | \$30 copay | \$30 copay | \$10 copay | \$30 copay | \$20 copay | \$10 copay | \$20 copay | \$10 copay | Not covered |
| Available Medical Groups | Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical | Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical | Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical | Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical | Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical | 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 | Kaiser | 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 Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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

*Subject to a \$40 minimum and \$175 maximum.

** Subject to a \$80 minimum and \$350 maximum.