CALIFORNIA SCHOOLS

veba

Performance HMO Plan 2015

The Performance HMO plan gives you the information you need to make good decisions about the Primary Care Physicians (PCPs) and medical groups you use. It also rewards you with lower costs when you shop wisely and choose a high-performing provider.

HOW THE PLAN WORKS

- Your PCP's medical group is placed in either Network 1, Network 2, or Network 3.
- The medical groups are ranked based on how well they meet national standards of care (as shown in the California Office of the Patient Advocate's (OPA's) Health Care Quality Report Card) and what they charge for specific services (based on actual costs paid by the insurance company for VEBA members).
- Your copays vary by network. PCPs in Network 1 have the highest performance ratings and the lowest copays.
- You must get a referral to specialist services from your PCP, otherwise services may not be covered.

RULES FOR SELECTING YOUR NETWORK

- You and your family members must ALL enroll in the same network for the entire year (choose Network 1, Network 2, or Network 3).
- Your network choice is effective for the entire year; you cannot change your network unless you have a change in family status (including birth, adoption or marriage).
- You and your family members can select different PCPs and/or medical groups within the network you choose. You can also change PCPs or medical groups within the network you choose during the year. **Visit vebaonline.com to find a PCP.**

Important note about choosing a PCP: If you have changed your plan or added dependents, you and your family members must select a PCP. However, if you have recently been admitted to a medical facility, are pregnant, are currently undergoing treatment or are receiving durable medical equipment, please contact ***UnitedHealthcare's customer service at 888-586-6365* before you choose a PCP.***
**Please note: this is a new UHC HMO and PPO customer service phone number. It will be effective October 1, 2014. If you have questions before then, call 888-624-8822.*

PRESCRIPTION DRUG BENEFITS

When you enroll in the Performance HMO plan, you get your prescription drug benefits through Express Scripts. You must use an Express Scripts participating pharmacy or the online mail order service. Depending on your prescription, you pay different copay amounts:

- Generics are least expensive.
- Preferred Brands are more expensive.
- Non-Preferred Brands are most expensive.

Getting Started

- You will receive an Express Scripts ID card when you first enroll in the plan (family members don't receive custom ID cards and cards are not reissued each year, however you can print out a card at: express-scripts.com).
- You must show the Express Scripts ID card at the retail pharmacy to fill a prescription.
- If you purchase a brand-name drug when a generic alternative is available, you must pay the generic drug copay plus the difference in cost between the brand name and generic drug, even if your doctor writes "dispense as written" on the prescription.

Retail Pharmacy

- For the first three fills of your prescription drug, you pay the retail pharmacy copay.
- For the fourth and following refills, you will pay a higher cost if you continue to purchase it at a retail pharmacy other than Rite Aid. (See "Long-Term Prescriptions" below for ways to save money on the fourth and following refills.)

Long-term Prescriptions (for chronic conditions such as high blood pressure, diabetes, depression)

Save money on long-term prescription drugs by getting a 90-day supply of your prescription for only 2 copays as long as you fill it through:

1. Express Scripts Mail Order, visit express-scripts.com for more information
2. Rite Aid Retail Pharmacy, visit: riteaid.com/store-locator for a store near you

Save time, visit **www.vebaonline.com** View your district's benefit plans!

Click **1. VEBA Members 2. Health Benefits 3. Active Members**

•Find a PCP •View your district's plans •Print plan summaries

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Performance HMO 2015 – Benefits Overview

BENEFIT SUMMARY	NETWORK 1	NETWORK 2	NETWORK 3
Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	$3,000/$6,000	$5,000/$10,000	$5,000/$10,000
RX Out-of-Pocket Maximum (individual/family)	$3,000/$6,000	$1,600/$3,200	$1,600/$3,200
Health Reimbursement Account	None	None	None
PCP Office Visit	$10 copay	$20 copay	$40 copay
Specialist Office Visit	$10 copay	$20 copay	$40 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	$500 admit copay	20% copay
Mental Health Services (outpatient/inpatient)	$10 copay/No charge	$20 copay/$500 copay	$40 copay/20% copay
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge
Infertility	Not covered	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	$200 copay
Outpatient Surgery	No charge	$250 copay	$500 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	$10 copay/$10 copay	$20 copay/$20 copay	$40 copay/$40 copay
Urgent Care (your medical group/other medical group)	$10 copay/$50 copay	$20 copay/$100 copay	$40 copay/$100 copay
Emergency Room (Copay waived if admitted)	$100 copay	$200 copay	$300 copay
Retail Prescription Drugs[1] (generic/preferred/non-preferred)	$3/$20/50% (up to a 30-day supply)	$10/$25/50% (up to a 30-day supply)	$10/$25/50% (up to a 30-day supply)
Mail Order Prescription Drugs[2]	$6/$40/50% (up to a 90-day supply)	$20/$50/50% (up to a 90-day supply)	$20/$50/50% (up to a 90-day supply)
Chiropractor Services[3]	$10 copay	$20 copay	$30 copay

1 Subject to a $30 minimum and $125 maximum
2 Subject to a $60 minimum and $250 maximum
3 Services must be medically necessary and may be subject to prior authorization from OptumHealth

Network 1: High Quality, Reasonable Price

Medical Group	OPA Quality Score	Cost
Sharp Rees-Stealy Medical Centers	☆☆☆	Reasonable
Sharp Community Medical Group (Includes Chula Vista, Coronado, Graybill, Grossmont, Inland North, Metro San Diego)	☆☆☆	Reasonable
Primary Care Associated MG (Includes Cassidy and Encinitas)	☆☆☆	Reasonable
Arch Health Partners	☆☆☆	Reasonable
Encompass MG	☆☆☆	Lowest
Children's Physician MG*	☆☆☆	Higher

Network 2: Cost or quality measures lower than Network 1

Medical Group	OPA Quality Score	Cost
Mercy Physicians	☆☆☆	Higher
Greater Tri-Cities IPA	☆☆	Lowest
Mid-County Physicians	☆☆	Reasonable
Multi-Cultural MG	☆☆	Lowest
San Diego Physicians (All Facilities)	☆☆	Higher
Children's Physician MG*	☆☆☆	Higher

** Children's Physician Medical Group is included in all networks to ensure appropriate pediatric care is available.*

Network 3: Much higher costs for the same or less quality than other networks

Medical Group	OPA Quality Score	Cost
UCSD	☆☆☆	Highest
Scripps Coastal (Formerly known as Scripps Mercy)	☆☆☆	Highest
San Diego Physicians (All Facilities)	☆☆	Highest
Children's Physician MG*	☆☆☆	Higher

Disclaimer: This summary is merely a brief description of the major benefits of the VEBA's Performance HMO and is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan document contracts. See Evidence of Coverage for details.

Performance Key

Must meet these Performance Requirements to be included in Network 1.

OPA Quality Score		Cost
☆☆☆☆	Excellent	Lowest
☆☆☆	Good	Reasonable
☆☆	Fair	Higher
☆	Poor	Highest

Performance = Quality of Care + Reasonable Cost

Measuring Quality. The Office of the Patient Advocate's (OPA's) scores show how well medical groups meet nationally recognized standards for providing their patients with good care. Visit the OPA at www.opa.ca.gov for more information.

Measuring Cost. Cost information is based on actual costs paid by the insurance company for VEBA members.