



# VEBA Medical Benefits

## Southwestern Community College District: HMO Plans

Effective Date: January 1, 2017– December 31, 2017 **2017 changes are marked in red**

| Benefit Summary   | Kaiser 10<br>Rx:\$10/\$10 100-day<br>What You Pay | Performance HMO<br>Plan B Network 1<br>What You Pay                           | Performance HMO<br>Plan B Network 2<br>What You Pay                            | Performance HMO<br>Plan B Network 3<br>What You Pay                              | UHC Alliance<br>Signature Value Alliance<br>\$500 HMO<br>What You Pay          |
|---|---|---|--|--|--|
| <b>Deductible</b> (individual/family)                                       | None  | None  | None   | None   | \$2,000/\$2,000  |
| <b>Medical Out-of-Pocket Maximum</b> (individual/family)                    | \$1,500/\$3,000                                   | \$3,000/\$6,000   | \$5,000/\$10,000   | \$5,000/\$10,000   | \$5,000/\$5,000  |
| <b>RX Out-of-Pocket Maximum</b> (individual/family)                         | N/A   | \$3,000/\$6,000   | \$1,600/\$3,200  | \$1,600/\$3,200  | \$1,600/\$3,200  |
| <b>Health Reimbursement Account</b>   | None  | None  | None   | None   | \$500  |
| <b>PCP Office Visit</b>   | \$10 copay  | \$10 copay  | \$20 copay   | \$40 copay   | \$35 copay   |
| <b>Specialist Office Visit</b>  | \$10 copay  | \$10 copay  | \$20 copay   | <b>\$60 copay</b>  | \$50 copay   |
| <b>Preventive Care</b>  | No charge   | No charge   | No charge  | No charge  | No charge  |
| <b>Inpatient Hospital Care</b>  | No charge   | No charge   | \$500 admit copay  | 20% copay  | 20% copay<br>(after deductible)  |
| <b>Mental Health Services</b> (outpatient/inpatient)                        | \$10 copay/No charge                              | \$10 copay/<br>No charge  | \$20 copay/<br>\$500 copay   | \$40 copay/<br>20% copay   | \$40 copay/ 20% copay<br>(after deductible)                                    |
| <b>Substance Abuse Services</b> (outpatient/inpatient)                      | \$10 copay/No charge                              | No charge   | No charge  | No charge  | No charge  |
| <b>Infertility</b>  | \$10 copay  | Not covered   | Not covered  | Not covered  | Not covered  |
| <b>Outpatient Diagnostic Laboratory</b> (standard procedures)               | No charge   | No charge   | No charge  | No charge  | No charge  |
| <b>Complex Radiology</b> (PET & MRI)  | No charge   | No charge   | No charge  | \$200 copay  | 20% coinsurance<br>(after deductible)  |
| <b>Outpatient Surgery</b>   | \$10 copay  | No charge   | \$250 copay  | \$500 copay  | 20% coinsurance<br>(after deductible)  |
| <b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)          | \$10 copay  | \$10 copay/\$10 copay   | \$20 copay/\$20 copay  | \$40 copay/ <b>\$60 copay</b>  | \$35 copay   |
| <b>Urgent Care</b> (your medical group/other medical group)                 | \$10 copay<br>(Kaiser Facility)                   | \$10 copay/\$50 copay   | \$20 copay/\$100 copay   | \$40 copay/\$100 copay   | \$35 copay/20% coinsurance<br>(after deductible)                               |
| <b>Emergency Room</b> (Copay waived if admitted)                            | \$50 copay  | \$100 copay   | \$200 copay  | \$300 copay  | 20% coinsurance<br>(after deductible)  |
| <b>Short-Term Prescription Drugs</b> generic/preferred/non-preferred drugs  | \$10 copay<br>(up to a 100-day supply)            | \$5/\$25/50%* <sup>1&amp;2</sup><br>(\$5 extra if filled at non-EAN pharmacy) | \$15/\$30/50%* <sup>1&amp;2</sup><br>(\$5 extra if filled at non-EAN pharmacy) | \$15/\$30/50%* <sup>1&amp;2</sup> #<br>(\$5 extra if filled at non-EAN pharmacy) | \$10/\$30/50%* <sup>1&amp;2</sup><br>(\$5 extra if filled at non-EAN pharmacy) |
| <b>Maintenance Prescription Drugs</b> generic/preferred/non-preferred drugs | \$10 copay (up to a 100-day supply)               | \$10/\$50/50%** <sup>3</sup>  | \$30/\$60/50%** <sup>3</sup>   | \$30/\$60/50%** <sup>3</sup> #   | \$20/\$60/50%** <sup>3</sup>   |
| <b>Chiropractor and Acupuncture Services</b> <sup>4</sup>                   | \$10 copay  | \$10 copay  | \$20 copay   | \$30 copay   | \$30 copay   |

<sup>1</sup>UHC members pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Giant Eagle, Kmart, Kroger, Meijer, Safeway, Super-Value, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN pharmacies

<sup>2</sup>UHC members pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Target, Walgreens, and certain independent pharmacies)

<sup>3</sup>You will 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

<sup>4</sup>Services must be medically necessary and may be subject to prior authorization from Optum Health

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

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

#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, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.





# VEBA Medical Benefits

## Southwestern Community College District: PPO Plan

Effective Date: January 1, 2017– December 31, 2017 **2017 changes are marked in red**

| Benefit Summary   | UHC Select Plus PPO (SD) 80/50   |   |
|---|--|---|
|   | In Network<br>What You Pay   | Out of Network<br>What You Pay                                      |
| <b>Deductible</b> (individual/family)   | \$2,000/\$4,000  | \$2,000/\$4,000   |
| <b>Medical Out-of-Pocket Maximum</b> (individual/family)  | \$5,000/\$10,000   | \$5,000/\$10,000  |
| <b>RX Out-of-Pocket Maximum</b> (individual/family)   | \$1,600/\$3,200  | N/A   |
| <b>Health Reimbursement Account</b>   | None   | None  |
| <b>PCP Office Visit</b>   | <b>Tier 1 Physician:</b> \$30 copay<br><b>Other In-Network Physician:</b> 20% coinsurance after deductible | 50% coinsurance (after deductible)                                  |
| <b>Specialist Office Visit</b>  | <b>Tier 1 Physician:</b> \$50 copay<br><b>Other In-Network Physician:</b> 20% coinsurance after deductible | 50% coinsurance (after deductible)                                  |
| <b>Preventive Care</b>  | No charge  | No coverage for non-network services                                |
| <b>Inpatient Hospital Care</b>  | 20% coinsurance (after deductible)   | 50% coinsurance with Prior Authorization (after deductible)         |
| <b>Mental Health Services</b> (outpatient/inpatient)  | \$30 copay/ 20% coinsurance (after deductible)   | 50% coinsurance (after deductible)                                  |
| <b>Substance Abuse Services</b> (outpatient/inpatient)  | \$30 copay/ 20% coinsurance (after deductible)   | 50% coinsurance (after deductible)                                  |
| <b>Infertility</b>  | Not covered  | Not covered   |
| <b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)   | <b>Freestanding Facility or Physician Office:</b><br>No charge   | 50% coinsurance (after deductible)                                  |
|   | <b>Hospital-based Lab or Radiology:</b> 20% coinsurance (deductible does not apply)                        |   |
| <b>Complex Radiology</b> (PET & MRI)  | <b>Freestanding Facility or Physician Office:</b><br>20% coinsurance (after deductible)                    | 50% coinsurance (after deductible)                                  |
|   | <b>Hospital-based Lab or Radiology:</b> 20% coinsurance plus \$100 copayment (after deductible)            |   |
| <b>Outpatient Surgery</b><br>Ambulatory Surgery Center or Physician's Office  | 20% coinsurance plus \$100 copayment (after deductible)  | 50% coinsurance (after deductible)<br>Pre-authorization is required |
| <b>Outpatient Hospital-based Surgical Center</b>  | 20% coinsurance plus \$100 copayment (after deductible)  | 50% coinsurance (after deductible)<br>Pre-authorization is required |
| <b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)  | \$30 copay   | 50% coinsurance (after deductible)                                  |
| <b>Urgent Care</b><br>(your medical group/other medical group)  | \$50 copay   | 50% coinsurance (after deductible)                                  |
| <b>Emergency Room</b> (Copay waived if admitted)  | \$100 copay  | \$100 copay   |
| <b>Short-Term Prescription Drugs</b> <sup>1&amp;2</sup> (up to 3 refills and up to 30 day supply)<br>generic/preferred/non-preferred drugs    | \$10/\$30/50%*<br>(\$5 extra if filled at non-EAN pharmacy)  | No coverage for non-network pharmacy                                |
| <b>Maintenance Prescription Drugs</b> <sup>3</sup> (4th and following fills for up to 90 day supply)<br>generic/preferred/non-preferred drugs | \$20/\$60/50%**  | No coverage for non-network pharmacy                                |
| <b>Chiropractor and Acupuncture Services</b> <sup>4</sup>   | \$30 copay   | 50% coinsurance (after deductible)                                  |

<sup>1</sup>UHC members pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Giant Eagle, Kmart, Kroger, Meijer, Safeway, Super-Value, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN pharmacies

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# VEBA Medical Benefits Southwestern Community College District

Effective Date: January 1, 2017– December 31, 2017

## District Changes

- ◆ No changes to district plan selection

## Additional Information

### Performance HMO Plan Changes

The Performance HMO is designed to help members make informed decisions about their Primary Care Provider (PCP) by ranking medical groups in three networks based on quality scores and pricing. Medical groups in Network 1 have the highest quality and lowest costs. With the introduction of the Affordable Care Act and the possible ramifications of the Excise tax (Cadillac Tax), VEBA evaluated its plans to consider the financial impact of the 'Cadillac Tax'. Changes to Network 3 will allow VEBA to continue to offer high quality plans at an affordable cost and minimize the risk of unnecessary tax in the event the 'Cadillac Tax' is implemented. Changes from 2016 to 2017 are noted in red on the comparison chart.

### Express Scripts Advantage Network Changes

UnitedHealthcare members receive their prescription drug benefits through Express Scripts. VEBA members are able to use an Express Scripts Advantage Network (EAN) pharmacy to receive the lowest copays for short-term drugs. Beginning January 1, 2017, Target pharmacies will no longer be participating in the EAN network, due to the CVS acquisition and re-branding of all Target pharmacies. You can still use Target pharmacies, but will pay more for your prescriptions.

#### What Members Need to Know:

- ◆ A mailing will be sent to members approximately 30-60 days prior to 1/1/2017 notifying them of the change in the network.
- ◆ All other EAN pharmacies will remain in the EAN network for the 2017 plan year.
- ◆ There are no changes to the Express Scripts Smart90 network.

### UnitedHealthcare PPO Plan Changes

UnitedHealthcare is tightening up its existing policies for out-of-network charges in the PPO plans. When members use out-of-network doctors, health care professionals, or facilities, their costs may be higher, and they may be balance billed.

#### What Members Need to Know:

- ◆ UnitedHealthcare network providers should be used when possible. Members should consult with their doctor prior to having a health care procedure, about the facility and other specialists who may be involved, to ensure they participate in the network.
- ◆ If balance billed, members are able to talk to the out-of-network facility or doctor to see if their provider will lower the charges or set up a payment plan.
- ◆ Any balance billed amount a member may pay for services from an out-of-network provider does not apply to your out-of-pocket limit.
- ◆ As always, members who are experiencing a medical emergency, should seek services at the nearest emergency facility.

### Alliance Plan Changes

UnitedHealthcare launched the Alliance plan in San Diego approximately three years ago. It was originally built around Scripps providers, requiring the providers to 'discount' their pricing in order to participate in the Alliance Plan. VEBA has built upon existing strong relationships with San Diego providers in order to provide choice of access for its members. As a result, we are pleased to announce that the UCSD Health Group and Rady Children's\* will be joining the Alliance Plan beginning in 2017.

\*pending contract approval

