

YOUR 2018 BENEFIT OPTIONS

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.

SELECTING YOUR PLAN

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

2018 CHANGES

- The Express Scripts plans will include additional preventive medications at no cost to the member based on recommendations by the US Preventive Task Force. This applies to adults age 40-75 with a health risk factor such as hypertension or smoking, but no history of cardiovascular disease.
- The UHC SignatureValue HMO plan's Emergency Room copay is changing to \$300 per visit

AVAILABLE PLANS

Kaiser HMO
 UHC Performance HMO B
 Network 1
 Network 2
 Network 3
 UHC SignatureValue Alliance HMO
 UHC PPO



1

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

Performance HMO

Medical groups are ranked in three 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.

SignatureValue Alliance HMO

This HMO benefit plan is a health plan that offers access to physicians selected based on their ability to guide their patients to the care and resources that help promote better health outcomes and lower costs. This plan combines a high-deductible health plan with a VEBA-funded account that helps members meet your deductible. Members can use your HRA funds immediately to help cover the initial deductible expenses

Kaiser

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

2

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 OBGYN services.

To find a provider or facility:

1. Go to Welcometouhc.com/csveba
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/Acupuncture (See plan summary for availability)

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 the Provider Locator search at 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.



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 3 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

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

EAN Pharmacies

- Costco
- VONS
- Ralphs
- Haggen
- Rite Aid
- Kmart
- Many Independent Pharmacies

Smart90 Pharmacies

- Costco
- Rite Aid

Home Delivery

- Express Scripts

Non-EAN Pharmacies

- Walgreens
- CVS
- Target
- Many Independent Pharmacies



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

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

Best Doctors: Started by Harvard doctors, Best Doctors gives you access to medical experts to make sure you have the right diagnosis and treatment for your situation at no cost to you.

CONTACTS

Benefit	Website	Phone
Best Doctors	Bestdoctors.com	866-904-0910
Employee Assistance Program	LiveandWorkWell.com Access: VEBA	888-625-4809
Express Scripts	Express-Scripts.com	800-918-8011
Kaiser	KP.org	800-464-4000
Optum Health (Chiropractic/Acupuncture)	myoptumhealthphysicalhealthofca.com	800-428-6337
UnitedHealthcare (UHC)	MyUHC.com	888-586-6365

Feature	Kaiser 10 \$10/\$10, 100 Day What You Pay	UHC Performance HMO B Network 1 What You Pay	UHC Performance HMO B Network 2 What You Pay	UHC Performance HMO B Network 3 What You Pay	UHC Alliance \$500 What You Pay	UHC CA Select Plus PPO 80/50 SD In Network What You Pay	Out of Network What You Pay
Deductible (individual/family)	None	None	None	None	\$2,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000
RX Out-of-Pocket Maximum (individual/family)	N/A	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	N/A
Health Reimbursement Account	None	None	None	None	\$500	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$40 copay	\$35 copay	Tier 1 Physician: \$30 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Specialist Office Visit	\$10 copay	\$10 copay	\$20 copay	\$60 copay	\$50 copay	Tier 1 Physician: \$50 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	No charge	No charge	\$500 admit copay	20% Coinsurance	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay/No charge	\$10 copay/No charge	\$20 copay/\$500 copay	\$40 copay/20% Coinsurance	\$40 copay/20% coinsurance (after deductible)	\$30 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$10 copay/No charge	No charge	No charge	No charge	No charge	\$30 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)
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	No charge	Freestanding Facility or Hospital-based Lab or Radiology: 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Complex Radiology (PET, MRI)	No charge	No charge	No charge	\$200 copay	20% coinsurance (after deductible)	Freestanding Physician: 20% coinsurance (after deductible) Hospital-based or Radiology: 20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	\$10 copay	No charge	\$250 copay	\$500 copay	20% coinsurance (after deductible)	Ambulatory Surgery Center or Physician's Office: 20% coinsurance plus \$100 copayment (after deductible) Outpatient Hospital-based Surgical Center: 20% coinsurance (after deductible) and \$100 copayment	50% coinsurance (after deductible) Pre-authorization is required
Outpatient Physical/Rehabilitation Therapy	\$10 copay	\$10 copay/\$10 copay	\$20 copay/\$20 copay	\$40 copay/\$60 copay	\$35 copay	\$30 copay	50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$10 copay	\$10 copay/\$50 copay	\$20 copay/\$100 copay	\$40 copay/\$100 copay	\$35 copay/20% coinsurance(after deductible)	\$50 copay	50% coinsurance (after deductible)
Emergency Room (copay waived if admitted)	\$50 copay	\$100 copay	\$200 copay	\$300 copay	\$300 Copay	\$100 copay	\$100 copay
Short-Term Prescription Drugs ¹ up to 30 day supply G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$10	G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum)	G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)*	G: \$10 P: \$30	G: \$10 P: \$30	No coverage for non-network pharmacy
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	G: \$10 P: \$10	G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum)	G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)*	G: \$20 P: \$60	G: \$20 P: \$60	No coverage for non-network pharmacy
Chiropractor & Acupuncture Service ³	\$10 copay	\$10 copay	\$20 copay	\$30 copay	\$30 copay	\$30 copay	50% coinsurance (after deductible)
Available Medical Groups	Kaiser	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Encompass, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	UCSD, Scripps Coastal, Scripps Physicians Medical, Children's Physicians	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Select Plus Contracted Physicians	All Others

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
 *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.