



# 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 Rx:\$10/\$10 100-day What You Pay	Performance HMO Plan B Network 1 What You Pay	Performance HMO Plan B Network 2 What You Pay	Performance HMO Plan B Network 3 What You Pay	UHC Alliance Signature Value Alliance \$500 HMO 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 (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay/No charge	\$10 copay/ No charge	\$20 copay/ \$500 copay	\$40 copay/ 20% copay	\$40 copay/ 20% copay (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 (after deductible)
<b>Outpatient Surgery</b>	\$10 copay	No charge	\$250 copay	\$500 copay	20% coinsurance (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 (Kaiser Facility)	\$10 copay/\$50 copay	\$20 copay/\$100 copay	\$40 copay/\$100 copay	\$35 copay/20% coinsurance (after deductible)
<b>Emergency Room</b> (Copay waived if admitted)	\$50 copay	\$100 copay	\$200 copay	\$300 copay	20% coinsurance (after deductible)
<b>Short-Term Prescription Drugs</b> generic/preferred/non-preferred drugs	\$10 copay (up to a 100-day supply)	\$5/\$25/50%* <sup>1&amp;2</sup> (\$5 extra if filled at non-EAN pharmacy)	\$15/\$30/50%* <sup>1&amp;2</sup> (\$5 extra if filled at non-EAN pharmacy)	\$15/\$30/50%* <sup>1&amp;2</sup> # (\$5 extra if filled at non-EAN pharmacy)	\$10/\$30/50%* <sup>1&amp;2</sup> (\$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 What You Pay	Out of Network 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 <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 <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> 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> 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> Ambulatory Surgery Center or Physician's Office	20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible) Pre-authorization is required
<b>Outpatient Hospital-based Surgical Center</b>	20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible) Pre-authorization is required
<b>Outpatient Physical/Rehabilitation Therapy</b> (PCP/Specialist)	\$30 copay	50% coinsurance (after deductible)
<b>Urgent Care</b> (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) generic/preferred/non-preferred drugs	\$10/\$30/50%* (\$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) 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

<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

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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





# Express Scripts Prescription Drugs

## Network Pharmacies



There are several types of Express Scripts network pharmacies. Your copay and coinsurance amounts are based on which network your pharmacy is in. Choose from the networks shown below.

### 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**

**Smart90 Pharmacies**

**Home Delivery**

**Non-EAN Pharmacies**

## Your Costs



Your benefits are based on the type of drug you receive and where you receive it. For the lowest copays:

- Ask your doctor to prescribe Generic drugs<sup>1</sup>
- Use an EAN pharmacy for short-term drugs<sup>2</sup>
- Use a Smart90 pharmacy or Express Scripts Home Delivery for maintenance drugs and get 3 fills for the cost of 2 fills<sup>3</sup>

## ID Cards



You must show your Express Scripts ID card when you go to the pharmacy.

- You get 2 ID Cards in the mail for your entire family
- You can print additional ID cards when you register at [express-scripts.com](http://express-scripts.com)
- Do NOT show your UHC ID card at the pharmacy, that card is only for doctor/hospital visits

## Resources



To find network pharmacies and cost information about drugs that are available over-the-counter.

- Call Express Scripts Customer Service: 800-918-8011
- Register online at: [Express-Scripts.com](http://Express-Scripts.com)
- Download the Express Scripts app

## Notes

<sup>1</sup>If you purchase a brand-name drug when a generic is available, you will pay the generic drug copay plus the difference in cost between the brand-name and the generic drug, even if your doctor writes "dispense as written" on the prescription.

<sup>2</sup>If you use a non-EAN pharmacy, you will pay an extra \$5 for short-term medications.

<sup>3</sup>You must fill the 4th and following prescription of a maintenance drug at a Smart90 pharmacy or through Express Scripts Home Delivery to avoid paying a penalty (equal to 2 times the short-term drug copay for up to a 30-day supply).

