CALIFORNIA SCHOOLS **veba**

Southwestern Community College District

2015 Benefit Changes

Your school district is a member of the California Schools VEBA (VEBA). VEBA provides your health, wellness, and advocacy plan benefits. Before you choose your 2015 plan, please review the changes described below. Visit our website to get all the information you need.

Save time, visit www.vebaonline.com

Click → Members Click → Health Benefits Click → Active Members

→ *Find: •Your Benefit Plans •Carrier Links •Provider Directory •Print ID Cards*

KAISER & UHC PLAN

- **Prescription Drugs to Count Toward Out-of-Pocket Limit on Health Care Costs**
  The Affordable Care Act (ACA) requires that prescription drug copays accumulate toward an out-of-pocket limit. Here's what this means to you.
  - **Kaiser Members**: Kaiser plans will include prescription drug copays in its medical out-of-pocket limit.
  - **UnitedHealthcare Members:** Express Scripts will add an out-of-pocket limit on prescription drug copays. This may affect some UHC medical plan out-of-pocket limits. Any changes will be shown in "red" in the summary on page 2 of this flyer.
- **Best Doctors' NEW Critical Care Support Services**
  This program is designed to make sure members who are hospitalized with serious conditions get the best possible care. Best Doctors provides support to family members and treating doctors. Available to all UHC and Kaiser non-Medicare members.

UHC PPO & HMO PLAN

- **Express Scripts and Rite Aid Pharmacy Offer New Way to Lower Cost of Long-Term Medications**
  If you take long-term medications for chronic conditions such as high blood pressure, diabetes, and/or depression, Express Scripts is offering a new way to help you save money. Currently, you can use Express Scripts Mail Order service to get a 3-month supply for only 2 copays, delivered to your home. Starting in 2015, you can get the same discount at Rite Aid.
  - Just bring your prescription for a long-term medication to a Rite Aid Pharmacy
  - Show your Express Scripts ID card
  - Pay the mail order copay for a 90-day supply
  - Visit: riteaid.com/store-locator for a store near you

  Note: This offer does not apply to specialty medications that need to be filled through Accredo.
- **New UHC Customer Service Phone Number: 888-586-6365**
  Starting October 1, 2014, UHC will have one Customer Service phone number for ALL plan members: 888-586-6365. This number will be on the back of all new ID cards that will be mailed at the end of the year. From October 1, 2014 through December 31, 2014 you can call the new number or call the Customer Service number on the back of your current ID card.

UHC HMO PLAN

- **Performance HMO Plan "San Diego Physicians Medical Group" to Consolidate**
  The San Diego Physicians Medical Group, currently in Network 2 (North Coastal and Central) and Network 3 (Chula Vista and East County), will become one group in 2015. This means all San Diego Physicians Medical Group facilities will be available to members in BOTH Network 2 and Network 3.
  Note: Network rules will continue to apply which means if you are currently in Network 3, but decide to move to Network 2 (with better benefits and lower rates), your entire family must move to Network 2 physicians.
- **UHC NowClinic Telemedicine Program To Expand to HMO Plan Members**
  The NowClinic, currently available only to PPO Plan members, will provide the same convenient and affordable care to HMO Plan members. For symptoms such as the flu, allergies, sore throat, or pink eye, you will have 24/7/365 access to a provider via secure webcam, chat, phone, or mobile application. The copay is $45 per call. And, enrollment is easy:
  – Download to smartphone or computer – Visit: myNowClinic.com – Register: CAVNC (enrollment code)

UHC PPO PLAN

- **All UnitedHealthcare (UHC) PPO Plans To Move To Select Plus Provider Network**
  In VEBA's commitment to provide the best pricing for members, all PPO Plans will move to the Select Plus provider network.
  - The Select Plus provider network includes all current UHC PPO Plan providers, so you don't have to change providers.
  - If you do want to change a provider, be sure to look up providers in the "Select Plus" Network.

MAKING HEALTH CARE BETTER FOR EVERYONE

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Benefit Summary

For more details about your benefits please visit **Vebaonline.com** to see a Summary of Benefits (SOB) and Summary of Benefits Coverage (SBC).

Benefit Summary	Performance HMO Plan B Network 1	Performance HMO Plan B Network 2	Performance HMO Plan B Network 3	Kaiser 10 100 Day	Alliance HMO	Select Plus PPO (SD) 80/50 In Network	Select Plus PPO (SD) 80/50 Outside Network
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)	**$3,000/$6,000**	$5,000/$10,000	$5,000/$10,000	$1,500/$3,000	$5,000/$5,000	$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**	**N/A**	**$1,600/$3,200**	**$1,600/$3,200**	**NA**
Health Reimbursement Account	None	None	None	None	$500	None	None
PCP Office Visit	$10 copay	$20 copay	$40 copay	$10 copay	$35 copay	$30 copay	50% coinsurance (after deductible)
Specialist Office Visit	$10 copay	$20 copay	$40 copay	$10 copay	$50 copay	$30 copay	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	$500 admit copay	20% copay	No charge	20% copay (after deductible)	20% coinsurace (after deductible)	50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	$10 copay/No charge	$20 copay/$500 copay	$40 copay/20% copay	$10 copay/No charge	$40 copay/ 20%copay (after deductible)	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services(outpatient/inpatient)	No charge	No charge	No charge	$10 copay/No charge	No charge	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Infertility	Not covered	Not covered	Not covered	$10 copay	Not covered	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge	No charge	50% coinsurance (after deductible)
Complex Radiology (PET & MRI)	No charge	No charge	$200 copay	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	No charge	$250 copay	$500 copay	$10 copay	20% (after deductible)	20% coinsuranc (after deductible)	50% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy(PCP/Specialist)	$10 copay/$10 copay	$20 copay/$20 copay	$40 copay/$40 copay	$10 copay	$35copay/$50 copay	$30 copay	50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	$10 copay/$50 copay	$20 copay/$100 copay	$40 copay/$100 copay	$10 copay	$35 copay/ 20% coinsurance(after deductible)	$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	$100 copay	$200 copay	$300 copay	$50 copay	20% (after deductible)	$100 copay	$100 copay
Retail Prescription Drugs (generic/preferred/non-preferred)	$3/$20/50%[1] (up to a 30-day supply)	$10/$25/50%[1] (up to a 30-day supply)	$10/$25/50%[1] (up to a 30-day supply)	$10 copay (up to a 100-day supply)	$5/$25/50%[1] (up to a 30-day supply)	$5/$25/50%[1] (up to a 30-day supply)	No coverage for non-network pharmacy
Mail Order Prescription Drugs (generic/preferred/non-preferred)	$6/$40/50%[2] (90-day supply)	$20/$50/50%[2] (90-day supply)	$20/$50/50%[2] (90-day supply)	$10 copay (up to a 100-day supply)	$10/$50/50%[2] (90-day supply)	$10/$50/50%[2] (90-day supply)	No coverage for non-network pharmacy
Chiropractor & Acupuncture Services[3]	$10 copay	$20 copay	$30 copay	$10 copay	$30 copay	$30 copay	50% coinsurance (after deductible)

[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

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.*