2020 Open Enrollment

Cajon Valley Union School District: Classified – CSEA

1 Options

- Kaiser HMO
- SIMNSA HMO
- UnitedHealthcare (UHC) Performance HMO
  - Network 1
  - Network 2
- UHC Select Plus PPO

New for 2020

- UHC Journey Harmony HMO
- UHC Journey Alliance HMO
- UHC SignatureValue Alliance $1200 HMO
- UHC SignatureValue Alliance $20/$30 HMO

2 2020 Plan Changes

Decreased out-of-pocket maximum (OOP) for UHC Performance HMO Network 1 effective 1/1/20. The medical OOP will decrease to $1500 individual/$3000 family from last year's $3000/$6000.

NexusACO to replace Premium Designation effective 1/1/20. The Premium Designation PPO Network is transitioning to NexusACO, offering a more coordinated approach to health care. NexusACO incentivizes members to use high-quality providers at the lowest copay/out-of-pocket cost.

New PPO plan administrator effective 1/1/20. UMR will become the plan administrator for the UHC PPO plans. Members will receive a new ID card and customer service contact number.

Carrum Health benefits will be added to PPO plans effective 1/1/20. Carrum will be added to PPO plans in California. All deductibles and coinsurance for members using a Carrum Health provider for a scheduled Spine, Orthopedic or Coronary Artery Bypass Graft procedure will be waived. Precertification required to avoid a $1000 penalty – call **888-855-7806**.

3 2020 Plan Changes

New SignatureValue Alliance HMO Plan
UHC Performance HMO Network 3 will no longer be offered to your district for 2020. All of the doctors available in Network 3 are available in the Alliance network at a significantly lower premium. If you are a current Network 3 member, and do not make an election, you will default to the Alliance $20/$30 Plan. Be sure to select your current PCP or choose a new one upon enrollment – visit csveba.welcometouhc.com to find a provider near you.

Increased Alliance HRA Plan
UHC SignatureValue Alliance $500 will no longer be available in 2020. New to you will be the Alliance $1200 plan, which offers richer benefits and lower premiums while sharing the same network. Unless you choose another plan, you will automatically be rolled in the new Alliance $1200 plan. Be sure to select your current PCP or choose a new one upon enrollment – visit csveba.welcometouhc.com to find a provider near you.

New UHC Journey HMO Plans
Two new Journey HMO plans will be available to you in 2020. Both the Journey Harmony and Journey Alliance plans are designed to provide a smart and affordable solution to the traditional plans. They focus on simple care today while wealth building for tomorrow through a proprietary, member-owned HealthInvest HRA.

HealthInvest HRA
Available to you as part of the new Journey HMO plan, the HealthInvest HRA gives you a flexible savings option for future health care costs. Benefit from significant tax savings thanks to various funding and distribution options. Because the money is yours to keep even after leaving the plan or your employer, you can build up savings for long-term protection.

4 New Express Scripts Benefits

New SaveonSP program effective 10/01/19. This program covers certain specialty medications. Once you enroll, you may have no copays. These medications will continue to be filled through Accredo.

Copay waiver effective 01/01/20. Copays will be waived for generic hypertension and preferred generic oral hypoglycemic medications when filled at a Smart90 retail or mail-order pharmacy.

We're Here to Help

VEBA Resource Center (VRC)

The VRC meets you where you are on your well-being journey to help you be your healthiest self!

VEBA Advocacy

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

OPTUM Employee Assistance

Get through life's challenges with counseling, budgeting, legal advice, child and eldercare support, and more!

Best Doctors

Free access to medical experts to make sure you have the correct treatment and diagnosis.

Contact List

Carriers	Website	Phone #
Best Doctors	Members.bestdoctors.com	866-904-0910
Delta Dental PPO	Deltadentalins.com	800-765-6003
Express Scripts	Express-scripts.com	800-918-8011
HealthInvest HRA (Journey HRA)	Healthinvesthra.com	844-342-5505
Kaiser	My.kp.org/VEBA	800-464-4000
Optum Employee Assistance Program	Liveandworkwell.com Access code: VEBA	888-625-4809
Optum Health (Chiropractic/Acupuncture)	Myoptumhealthphysicalhealthofca.com	800-428-6337
OptumHealth Financial (Alliance HRA)	Optumbank.com	800-243-5543
SIMNSA	Simnsa.com	800-424-4652
UnitedHealthcare (UHC)	CSVEBA.welcometouhc.com	888-586-6365
VEBA Advocacy	Email: Advocacy@mcgregorinc.com	888-276-0250

#CenteredAroundYou

Feature	NEW! UHC SignatureValue Alliance HMO $1200 What You Pay	NEW! UHC SignatureValue Alliance HMO $20/$30 What You Pay	NEW! UHC Journey Alliance HMO What You Pay	NEW! UHC Journey Harmony HMO What You Pay	UHC Performance HMO A Network 1 What You Pay	UHC Performance HMO A Network 2 What You Pay	UHC CA Select Plus PPO+ 80/50 SD In Network What You Pay	UHC CA Select Plus PPO+ 80/50 SD Out of Network What You Pay	Kaiser 10 HMO $10/$10, 100 Day What You Pay	SIMNSA HMO What You Pay
Deductible *(individual/family)*	$2,000/$2,000	None	$2,000/$4,000	$2,000/$4,000	None	None	$2,000/$4,000	$2,000/$4,000	None	None
Medical Out-of-Pocket Maximum *(individual/family)*	$3,000/$6,000	$3,000/$6,000	$3,500/$7,000	$3,500/$7,000	$1,500/$3,000	$3,000/$6,000	$5,000/$10,000	$5,000/$10,000	$1,500/$3,000	$6,350/$12,700
RX Out-of-Pocket Maximum *(individual/family)*	$1,600/$3,200	$1,600/$3,200	$1,600/$3,200	$1,600/$3,200	$3,000/$6,000	$3,000/$6,000	$1,600/$3,200	N/A	N/A	N/A
Health Reimbursement Account	$1,200	None	$350/$700/$1,100	$800/$1,600/$2,200	None	None	None	None	None	None
PCP Office Visit	$35 copay	$20 copay	$25 copay	$25 copay	$10 copay	$20 copay	**Tier 1 Physician:** $30 copay **Other In-Network Physician:** 20% coinsurance after deductible	50% coinsurance (after deductible)	$10 copay	$5 copay
Specialist Office Visit	$50 copay	$30 copay	$40 copay	$40 copay	$10 copay	$20 copay	**Tier 1 Physician:** $50 copay **Other In-Network Physician:** 20% coinsurance after deductible	50% coinsurance (after deductible)	$10 copay	$5 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No coverage for non-network services	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	$500 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	No charge	No charge
Mental Health Services *(outpatient/inpatient)*	$40 copay/ 20% coinsurance (after deductible)	$20 copay / $500 copay	$25 copay / 20% coinsurance (after deductible)	$25 copay / 20% coinsurance (after deductible)	$10 copay/ No charge	$20 copay/ No charge	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)	$10 copay/No charge	$5 copay/ No charge
Substance Abuse Services *(outpatient/inpatient)*	No charge	No charge / No charge	No charge	No charge	No charge	No charge	$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)	$10 copay/No charge	$5 copay/ No charge
Infertility	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	$10 copay	Not covered
Outpatient Diagnostic Laboratory and Radiology *(standard procedures)*	No charge	No charge	No charge	No charge	No charge	No charge	**Freestanding Facility or Physician:** No charge **Hospital-based Lab or Radiology:** 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)	No charge	No charge
Complex Radiology *(PET, MRI)*	20% coinsurance (after deductible)	$200 copay	$100 copay	$100 copay	No charge	No charge	**Freestanding Physician:** 20% coinsurance (after deductible) **Hospital-based or Radiology:** 20% coinsurance plus $100 copayment (after deductible)	50% coinsurance (after deductible)	No charge	No charge
Outpatient Surgery	20% coinsurance (after deductible)	$250 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	No charge	No charge	**Ambulatory Surgery Center or Physician's Office:** 20% coinsurance (after deductible) **Outpatient Hospital-based Surgical Center:** 20% coinsurance (after deductible) and $100 copayment	50% coinsurance (after deductible) Pre-authorization is required	$10 copay	No charge
Outpatient Physical/ Rehabilitation Therapy	$35 copay	$20 copay	$25 copay	$25 copay	$10 copay/$10 copay	$20 copay/$20 copay	$30 copay	50% coinsurance (after deductible)	$10 copay	$10 copay
Urgent Care *(your medical group/other medical group)*	$35 copay/ 20% coinsurance (after deductible)	$20 copay / $75 copay	$25 copay / $50 copay	$25 copay / $50 copay	$10 copay/$50 copay	$20 copay/$50 copay	$50 copay	50% coinsurance (after deductible)	$10 copay	$25 copay/ $50 copay
Emergency Room *(copay waived if admitted)*	$300 copay (after deductible)	$150 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	$100 copay	$100 copay	$100 copay	$100 copay	$50 copay	$25 copay in Mexico/$250 copay (U.S. or out of plan area)
Short-Term Prescription Drugs[1] *up to 30 day supply* G: Generic P: Preferred NP: Non-Preferred	G: $10 P: $30 NP: 50%*	G: $10 P: $30 NP: 50%*	G: $10 P: $30 NP: 50%*	G: $10 P: $30 NP: 50%*	G: $5 P: $25 NP: 50%*	G: $10 P: $30 NP: 50%*	G: $10 P: $30 NP: 50%*	No coverage for non-network pharmacy	G: $10 P: $10	$5 copay
Maintenance Prescription Drugs[2] *up to 90 day supply for UHC members*[3] *up to 100 day supply for Kaiser members* G: Generic P: Preferred NP: Non-Preferred	G: $20 P: $60 NP: 50%**	G: $20 P: $60 NP: 50%**	G: $20 P: $60 NP: 50%**	G: $20 P: $60 NP: 50%**	G: $10 P: $50 NP: 50%**	G: $20 P: $60 NP: 50%**	G: $20 P: $60 NP: 50%**	No coverage for non-network pharmacy	G: $10 P: $10	Not available
Chiropractor & Acupuncture Service[4,5]	$30 copay	$20 copay	$30 copay	$30 copay	$10 copay	$20 copay	$30 copay	50% coinsurance (after deductible)	$10 copay	Not covered
Available Medical Groups	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	Check umr.com to find Tier 1 physicians near you	All Others	Kaiser	SIMNSA

Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a $1,000 penalty will apply for Select Plus PPO.

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 **Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.**

4 Services must be medically necessary and may be subject to prior authorization from OptumHealth.

5 PPO plan includes acupuncture service.

+ NexusACO administered by UMR.

*Subject to a $40 minimum and $175 maximum.

** Subject to a $80 minimum and $350 maximum.

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.