



2020 OPEN ENROLLMENT

CAJON VALLEY UNION SCHOOL DISTRICT: SUPERVISORY – CVSA

1 Options

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

New for 2020

- UHC Journey Alliance HMO
- UHC Journey Harmony 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.

Savings on pet medications effective 1/1/20. VEBA members can save an average of 77% for generics and 15% for brand medications. Inside Rx Pets discount program is available at more than 40,000 pharmacies.

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.

SignatureValue Alliance HRA Plan Eliminated

UHC SignatureValue Alliance \$500 will no longer be available in 2020. There are several new plans offered that use the same Alliance network, including the Alliance \$20/\$30 plan and the Journey Alliance HMO 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)	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

Feature	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	Kaiser 10 HMO \$10/\$20, 30-Day What You Pay	SIMNSA HMO What You Pay
Deductible (individual/family)	None	\$2,000/\$4,000	\$2,000/\$4,000	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$1,500/\$3,000	\$3,000/\$6,000	\$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	\$3,000/\$6,000	\$3,000/\$6,000	N/A	N/A
Health Reimbursement Account	None	\$350/\$700/\$1,100	\$800/\$1,600/\$2,200	None	None	None	None
PCP Office Visit	\$20 copay	\$25 copay	\$25 copay	\$10 copay	\$20 copay	\$10 copay	\$5 copay
Specialist Office Visit	\$30 copay	\$40 copay	\$40 copay	\$10 copay	\$20 copay	\$10 copay	\$5 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	\$500 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	No charge	No charge	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$20 copay / \$500 copay	\$25 copay / 20% coinsurance (after deductible)	\$25 copay / 20% coinsurance (after deductible)	\$10 copay/ No charge	\$20 copay/ No charge	\$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	\$10 copay/No charge	\$5 copay/ No charge
Infertility	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	No charge
Complex Radiology (PET, MRI)	\$200 copay	\$100 copay	\$100 copay	No charge	No charge	No charge	No charge
Outpatient Surgery	\$250 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	No charge	No charge	\$10 copay	No charge
Outpatient Physical/ Rehabilitation Therapy	\$20 copay	\$25 copay	\$25 copay	\$10 copay/\$10 copay	\$20 copay/\$20 copay	\$10 copay	\$10 copay
Urgent Care (your medical group/other medical group)	\$20 copay / \$75 copay	\$25 copay / \$50 copay	\$25 copay / \$50 copay	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$10 copay	\$25 copay/ \$50 copay
Emergency Room (copay waived if admitted)	\$150 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)	\$100 copay	\$100 copay	\$50 copay	\$25 copay in Mexico/\$250 copay (U.S. or out of plan area)
Short-Term Prescription Drugs¹ 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: \$5 P: \$25 NP: 50%*	G: \$10 P: \$30 NP: 50%*	G: \$10 P: \$20	\$5 copay
Maintenance Prescription Drugs² 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: \$10 P: \$50 NP: 50%**	G: \$20 P: \$60 NP: 50%**	G: \$20 P: \$40	Not available
Chiropractor Service⁴	\$20 copay	\$30 copay	\$30 copay	\$10 copay	\$20 copay	\$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	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	Kaiser	SIMNSA

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.
*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.