



2021 OPEN ENROLLMENT

SAN MARCOS UNIFIED SCHOOL DISTRICT: MANAGEMENT

1 Plan Options

- ❑ UnitedHealthcare (UHC) SignatureValue Alliance HMO
- ❑ UHC Performance HMO
 - Network 1
- ❑ UMR NexusACO PPO
- ❑ Kaiser HMO

New for 2021:

- ❑ UHC SignatureValue Harmony HMO
- ❑ UHC Journey Alliance HMO

2 New Harmony HMO Plan

The UnitedHealthcare Harmony HMO plan delivers personalized, convenient and simplified care experience.

Harmony helps you navigate the health care system easier — while providing access to doctors who may help guide you to better health and lower costs.

You have your choice of providers through UnitedHealthcare's Harmony network including Sharp, UCSD and more. To find a provider near you, visit [UHC's site](#).

4 VEBA Well-being Resources

Feeling a little overwhelmed? VEBA members have access to a variety of free resources to take care of themselves.

- **Virtual VEBA Resource Center** – Shake off some of your stress in the comfort of your own home. More than 300 group classes, such as Zumba, yoga and cardio, are free to you. Check out our [online calendar](#) of offerings for both kids and adults. One-on-one appointments, workshops, personal health coaching, and education classes are also available.
- **Optum Emotional Well-being** – Optum provides a free emotional support line for all VEBA members. Anyone (including your family and friends) can call **866-342-6892** to speak to a mental health expert 24/7. VEBA members have free, confidential access to all of Optum's services, including professional care, self-help programs and personalized assistance. Visit [liveandworkwell.com](#) (access code: VEBA) or call **888-625-4809**.

3 New Journey HMO Plan

The Journey Plan offers a unique approach to health care and is designed to provide a smart and affordable solution to the traditional plans. In addition to covering everyday medical expenses, the Journey Plan helps you build wealth for long-term protection with the HealthInvest HRA.

You have your choice of providers through UnitedHealthcare's Alliance network including Scripps, UCSD, Rady Children's and more. To find a provider near you, visit [UHC's site](#).

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
Carrum Health	Carrum.me/CSVEBA	888-855-7806
Express Scripts	Express-Scripts.com	800-918-8011
HealthInvest HRA (<i>Journey plan</i>)	Healthinvesthra.com	844-342-5505
Inside Rx Pets	InsideRxPets.com/employee	800-722-8979
Journey Plan	Journeyplan.org	888-586-6365
Kaiser	My.kp.org/VEBA	800-464-4000
Optum Employee Assistance Program	LiveandWorkWell.com Access code: VEBA	888-625-4809
Optum Health (<i>Chiropractic/Acupuncture</i>)	MyOptumHealthPhysicalHealthofCA.com	800-428-6337
UMR	Umr.com	800-826-9781
UnitedHealthcare (UHC)	CSVEBA.welcometoUHC.com	888-586-6365
VEBA Advocacy	Email: Advocacy@mcgregorinc.com	888-276-0250

Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 No plan design changes in 2021	NEW! UHC Journey Alliance HMO What You Pay	NEW! UHC SignatureValue Harmony HMO 20 What You Pay	UHC SignatureValue Alliance HMO 20 What You Pay	UHC Performance HMO, Plan D Network 1 What You Pay	UMR NexusACO PPO 80/50 No HRA In Network What You PayOut of Network What You Pay		Kaiser HMO 20; Rx: \$15/ \$30 30-day What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	None	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$1,500 / \$3,000
Health Account	HealthInvest HRA \$350 / \$700 / \$1,100	None	None	None	None		None
PCP Office Visit	\$25 copay	\$20 copay	\$20 copay	\$20 copay	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$20 copay
Specialist Office Visit	\$40 copay	\$20 copay	\$20 copay	\$20 copay	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$20 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No coverage for non-network services	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	\$250 admit copay	\$250 admit copay	\$250 admit copay	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	No charge
Mental Health Services (outpatient/inpatient)	\$25 copay / 20% coinsurance (after deductible)	\$20 copay / \$250 admit copay	\$20 copay / \$250 admit copay	\$20 copay / \$250 copay	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$20 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$20 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	No charge	No charge	No charge	No charge	No charge	50% coinsurance (after deductible)	No charge
	No charge	No charge	No charge	No charge	20% coinsurance (deductible does not apply)		No charge
Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	\$100 copay	\$100 copay	\$100 copay	\$100 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)	No charge
Outpatient Surgery Ambulatory Surgery Center or Physician Office OR Outpatient Hospital-based Surgical Center	20% coinsurance (after deductible)	No charge	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	\$20 copay
	20% coinsurance (after deductible)	No charge	No charge	No charge	20% coinsurance (after deductible) and \$100 copayment		\$20 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$25 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay	50% coinsurance (after deductible)	\$20 copay
Chiropractic and Acupuncture Services*	\$30 copay	\$20 copay	\$20 copay	\$20 copay	\$30 copay	50% coinsurance (after deductible)	\$20 copay
Urgent Care (your medical group/other medical group)	\$25 copay / \$50 copay	\$20 copay / \$75 copay	\$20 copay / \$75 copay	\$20 copay / \$75 copay	\$50 copay	50% coinsurance (after deductible)	\$20 copay
Emergency Room (copay waived if admitted)	20% coinsurance (after deductible)	\$150 copay	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$50 copay
Rx Deductible (individual/family)	None	None	None	None	None		None
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200		N/A
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**		Kaiser
Short-Term Prescription Drugs*** (up to 30 day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.	G: \$15 copay B: \$30 copay (up to a 30-day supply)
Long-Term Prescription Drugs*** (up to 90 day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	G: \$30 copay B: \$60 copay (up to a 100-day supply)
Available Medical Groups	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, UCSD	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, Primary Care Associates, Arch Health Partners, Children's Physicians	Check umr.com to locate a Tier 1 Physician near you.	All others	Kaiser

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

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

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralphs, Knart, Vons, Hegggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.
**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).
**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90.
**Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

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.