## SAN MARCOS UNIFIED SCHOOL DISTRICT 2021 UHC JOURNEY PLAN COMPARISONS



Benefit Summary	UHC Journey Harmony HMO	UHC Journey Alliance HMO
Effective Period: January 1, 2021 - December 31, 2021	What You Pay	What You Pay
Plan changes in red	What four ay	Wilat fou Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$3,500 / \$7,000
Health Account	HealthInvest HRA \$1,000 / \$1,600 / \$2,200	HealthInvest HRA \$350 / \$700 / \$1,100
PCP Office Visit	\$25 copay	\$25 copay
Specialist Office Visit	\$40 copay	\$40 copay
Preventive Care	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$25 copay / 20% coinsurance (after deductible)	\$25 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge
Complex Radiology (PET, MRI)	\$100 copay	\$100 copay
Outpatient Surgery	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$25 copay	\$25 copay
Chiropractic and Acupuncture Services*	\$30 copay	\$30 copay
Urgent Care (your medical group/other medical group)	\$25 copay / \$50 copay	\$25 copay / \$50 copay
Emergency Room (copay waived if admitted)	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Rx Deductible	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**
Short-Term Prescription Drugs*** (up to 30 day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90 day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB
Available Medical Groups	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

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.

## 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.

<sup>\*</sup>Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO.

<sup>\*\*</sup>Pay standard copays if you fill your prescription at an Express Advantage Network (EAN) Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

<sup>\*\*</sup>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).

<sup>\*\*</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 long-term prescriptions at a network pharmacy other than Smart90.

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

<sup>\*\*\*</sup>**G** = Generic, **P** = Preferred, **B** = Brand, **PB** = Preferred Brand, **NPB** = Non-preferred Brand, **S** = Specialty