



# 2021 OPEN ENROLLMENT

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT: CSEA/ADMINISTRATORS ASSOCIATION

## WE'RE HERE TO HELP



### 1 Plan Options

- ❑ UnitedHealthcare (UHC) Alliance HMO 20/30
- ❑ UHC Alliance HMO 1200 HRA
- ❑ UHC Performance HMO
  - Network 1
  - Network 2
- ❑ UMR NexusACO PPO
- ❑ SIMNSA HMO
- ❑ Kaiser HMO

### 2 UHC Alliance HMO Plan

UHC SignatureValue Alliance HMO Plan is an innovative health plan offering a distinct network of physicians from the UnitedHealthcare full HMO network.

San Diego medical groups include Rady Children's, Scripps and UCSD Medical Group.

To find a provider near you, visit [UHC's site](#).

### 3 Express Scripts Rx Benefits

VEBA does not want cost to become a barrier to getting treatment for hypertension and diabetes — some of our members' most common conditions. Copays will be waived for generic hypertension and preferred generic oral hypoglycemic medications when filled at a Smart90 retail or mail-order pharmacy.

ESI members also have access to the SaveonSP program, which waives copays for certain specialty medications and ensures that, once enrolled, you have no financial responsibility.

To learn more, visit [express-scripts.com](https://www.express-scripts.com) or call 800-918-8011.

### 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](https://www.liveandworkwell.com) (access code: VEBA) or call 888-625-4809.

#### 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	<a href="https://www.Members.bestdoctors.com">Members.bestdoctors.com</a>	866-904-0910
Carrum Health	<a href="https://www.Carrum.me/CSVEBA">Carrum.me/CSVEBA</a>	888-855-7806
Express Scripts	<a href="https://www.Express-Scripts.com">Express-Scripts.com</a>	800-918-8011
Inside Rx Pets	<a href="https://www.INSIDERxPETS.com/employee">InsideRxPets.com/employee</a>	800-722-8979
Kaiser	<a href="https://www.My.kp.org/VEBA">My.kp.org/VEBA</a>	800-464-4000
Optum Employee Assistance Program	<a href="https://www.LiveandWorkWell.com">LiveandWorkWell.com</a> Access code: VEBA	888-625-4809
Optum Health (Chiropractic/Acupuncture)	<a href="https://www.MyOptumHealthPhysicalHealthofCA.com">MyOptumHealthPhysicalHealthofCA.com</a>	800-428-6337
OptumHealth Financial (Alliance 1200 HRA)	<a href="https://www.Optumbank.com">Optumbank.com</a>	800-243-5543
SIMNSA	<a href="https://www.SIMNSA.com">SIMNSA.com</a>	800-424-4652
UMR	<a href="https://www.Umr.com">Umr.com</a>	800-826-9781
UnitedHealthcare (UHC)	<a href="https://www.CSVEBA.welcometoUHC.com">CSVEBA.welcometoUHC.com</a>	888-586-6365
VEBA Advocacy	Email: <a href="mailto:Advocacy@mcgregorinc.com">Advocacy@mcgregorinc.com</a>	888-276-0250

Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 No plan design changes in 2021	UHC Alliance HMO 20/30	UHC Alliance HMO \$1,200 HRA	UHC Performance HMO Plan A, Network 1	UHC Performance HMO Plan A, Network 2	UMR NexusACO PPO 80/50		Kaiser HMO 10 Rx: \$10/ \$10 100-day	SIMNSA HMO Rx: \$5 30-day
	What You Pay	What You Pay	What You Pay	What You Pay	In Network What You Pay	Out of Network What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	\$2,000 / \$2,000	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	\$1,500 / \$3,000	\$3,000 / \$6,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$1,500 / \$3,000	\$6,350 / \$12,700
Health Account	None	OptumBank HRA \$1,200	None	None	None		None	None
PCP Office Visit	\$20 copay	\$35 copay	\$10 copay	\$20 copay	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay	\$5 copay
Specialist Office Visit	\$30 copay	\$50 copay	\$10 copay	\$20 copay	Tier 1 Physician: \$50 copay Tier 2 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 coverage for non-network services	No charge	No charge
Inpatient Hospital Care	\$500 admit copay	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)	\$20 copay / \$500 admit copay	\$40 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	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay / No charge	\$5 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	No charge	20% coinsurance (deductible does not apply)		No charge	No charge
Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	\$200 copay	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)	No charge	No charge
Outpatient Surgery Ambulatory Surgery Center or Physician Office OR Outpatient Hospital-based Surgical Center	\$250 copay	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	\$10 copay	No charge
	\$250 copay	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible) and \$100 copayment		\$10 copay	No charge
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay	\$35 copay	\$10 copay	\$20 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$20 copay	\$30 copay	\$10 copay	\$20 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay	Not covered
Urgent Care (your medical group/other medical group)	\$20 copay / \$75 copay	\$35 copay / 20% coinsurance (after deductible)	\$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)	\$150 copay	\$300 copay (after deductible)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$50 copay	\$250 copay (U.S. or out of plan area)
Rx Deductible (individual/family)	None	None	None	None	None		None	None
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$1,600 / \$3,200	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200		N/A	N/A
Rx Pharmacy Network	EAN**	EAN**	EAN**	EAN**	Express Advantage Network**		Kaiser	SIMNSA
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	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 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: \$10 copay B: \$10 copay (up to a 30-day supply)	\$5 copay
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	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	G: \$10 copay B: \$10 copay (up to a 100-day supply)	Not available
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, 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 <a href="http://umr.com">umr.com</a> to locate a Tier 1 Physician near you.	All others	Kaiser	SIMNSA

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 Express Advantage Network (EAN) Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, Hegggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://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.