



2020 OPEN ENROLLMENT

SAN DIEGO UNIFIED SCHOOL DISTRICT

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.



1 Options

- Kaiser HMO
- UnitedHealthcare (UHC) Performance HMO
 - Network 1
 - Network 2
- UHC SignatureValue Alliance HMO with \$1800 HRA
- UHC Select Plus PPO

New for 2020

- UHC Journey Harmony HMO

2 New Options for 2020

New UHC Journey Harmony HMO Plan

The Journey Harmony plan is designed to provide a smart and affordable solution to the traditional plans. It focuses 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 Harmony 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.

3 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.

4 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. If you have any questions, call VEBA Advocacy at **888-276-0250**.

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**.

CONTACT LIST

Carriers	Website	Phone #
Best Doctors	members.bestdoctors.com	866-904-0910
Delta Dental HMO	deltadentalins.com	800-422-4234
Delta Dental PPO	deltadentalins.com	866-499-3001
Express Scripts	express-scripts.com	800-918-8011
HealthInvest HRA	healthinvesthira.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 (HRA)	optumbank.com	800-243-5543
UnitedHealthcare (UHC)	csveba.welcometouhc.com	888-586-6365
VEBA Advocacy	email: advocacy@mcgregorinc.com	888-276-0250
Western Dental	westerndental.com	800-992-3366



Feature	NEW! UHC Journey Harmony What You Pay	UHC Performance HMO A Network 1 What You Pay	UHC Performance HMO A Network 2 What You Pay	UHC SignatureValue Alliance \$1800 What You Pay	UHC Select Plus PPO (SD) ¹ 80/50 - No HRA In Network What You Pay	UHC Select Plus PPO (SD) ¹ 80/50 - No HRA Out of Network What You Pay	Kaiser 10 Rx: \$10/10 100-day What You Pay
Deductible (<i>individual/family</i>)	\$2,000/\$4,000	None	None	\$2,000/\$2,000	\$2,000/\$4,000	\$2,000/\$4,000	None
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$3,500/\$7,000	\$1,500/\$3,000	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$1,500/\$3,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	\$3,000/\$6,000	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	N/A	N/A
Health Reimbursement Account	\$800 single \$1,600 two-party \$2,200 family	None	None	\$1,800 <i>Up to \$500 in unused funds can rollover to new plan year</i>	None	None	None
PCP Office Visit	\$25 copay	\$10 copay	\$20 copay	\$35 copay	Tier 1 Physician: \$30 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)	\$10 copay
Specialist Office Visit	\$40 copay	\$10 copay	\$20 copay	\$50 copay	Tier 1 Physician: \$50 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)	\$10 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)	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	No charge
Mental Health Services (<i>outpatient/inpatient</i>)	\$25 copay / 20% coinsurance (after deductible)	\$10 copay/ No charge	\$20 copay/ No charge	\$40 copay/ 20% coinsurance (after deductible)	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay/No charge
Substance Abuse Services (<i>outpatient/inpatient</i>)	No charge	No charge	No charge	No charge	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay/No charge
Infertility	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$10 copay
Outpatient Diagnostic Laboratory	No charge	No charge	No charge	No charge	Freestanding Facility or Physician: No charge Hospital-based Lab: 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)	No charge
Complex Radiology (<i>PET, MRI</i>)	\$100 copay	No charge	No charge	20% coinsurance (after deductible)	Freestanding Physician: 20% coinsurance (after deductible) Hospital-based or Radiology: 20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible)	No charge
Outpatient Surgery	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	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
Outpatient Physical/ Rehabilitation Therapy	\$25 copay	\$10 copay	\$20 copay	\$35 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay
Urgent Care (<i>your medical group/other medical group</i>)	\$25 copay / \$50 copay	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$35 copay/ 20% coinsurance (after deductible)	\$50 copay	50% coinsurance (after deductible)	\$10 copay
Emergency Room (<i>copay waived if admitted</i>)	20% coinsurance (after deductible)	\$100 copay	\$100 copay	\$300 copay (after deductible)	\$100 copay	\$100 copay	\$50 copay
Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred	\$10/\$30/50%* (\$5 extra if filled at non-EAN pharmacy)	G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	No coverage for non-network pharmacy	G: \$10 P: \$10
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC members³</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred	\$20/\$60/50%**	G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	No coverage for non-network pharmacy	G: \$10 P: \$10
Chiropractor and Acupuncture Service^{4,5}	\$30 copay	\$10 copay	\$20 copay	\$30 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay
Available Medical Groups	Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Rady's Children's Health Network	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Scripps Physicians Medical, Rady's Children's Health Network	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Check umr.com to find Tier 1 physicians near you	All Others	Kaiser

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 Acupuncture benefits are available only through the PPO plan.

+ NexusACO administered by UMR.
*Subject to a \$40 minimum and \$175 maximum.

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

How to Choose Your UHC PCP

In an HMO, you see your PCP first for most medical issues. You do not need a referral for mental health, chiropractic or OB/GYN services.

To find a provider or facility:

1. Go to csveba.welcometouhc.com
2. Scroll down to choose from the plan options
3. Choose the appropriate network and click "Search the network"
4. Click "okay"
5. Click "continue"
6. Search by Name, Specialty or Medical Group