



2021 OPEN ENROLLMENT

CORONA-NORCO UNIFIED SCHOOL DISTRICT: CERTIFICATED

WE'RE HERE TO HELP



1 Plan Options

- ❑ UnitedHealthcare (UHC) Performance HMO
 - Network 1
 - Network 2
 - Network 3
- ❑ UHC SignatureValue Advantage HMO
- ❑ UMR CA Select Plus PPO
- ❑ Kaiser HMO \$20
- ❑ Kaiser HMO \$30

2 Express Scripts 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 or call 800-918-8011.

3 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.

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 |
| Delta Dental HMO | Deltadentalins.com | 800-422-4234 |
| Delta Dental PPO | Deltadentalins.com | 866-499-3001 |
| Express Scripts | Express-Scripts.com | 800-918-8011 |
| Inside Rx Pets | InsideRxPets.com/employee | 800-722-8979 |
| Kaiser | My.kp.org/VEBA | 800-464-4000 |
| MES Vision | Mesvision.com | 800-877-6372 |
| Optum Employee Assistance Program | LiveandWorkWell.com Access code: VEBA | 888-625-4809 |
| Optum Health (Chiropractic/Acupuncture) | 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 for 2021 | UHC Performance Plan A, HMO Network 1 | UHC Performance Plan A, HMO Network 2 | UHC Performance Plan A, HMO Network 3 | UHC SignatureValue Advantage HMO | UMR CA Select Plus PPO 80/50, \$500 | | Kaiser HMO \$20 Rx: \$15/ \$30 30-day | Kaiser HMO \$30 Rx: \$15/\$30 30-day |
|---|--|--|--|--|--|--|--|--|
| | What You Pay | | What You Pay | What You Pay | In Network | Out of Network | What You Pay | What You Pay |
| | What You Pay | | What You Pay | What You Pay | What You Pay | What You Pay | What You Pay | What You Pay |
| Medical Deductible (individual/family) | None | None | None | \$500 / \$1,000 | \$500 / \$1,000 | \$500 / \$1,000 | None | None |
| Medical Out-of-Pocket Maximum (individual/family) | \$1,500 / \$3,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$2,000 / \$4,000 | \$4,000 / \$8,000 | \$1,500 / \$3,000 | \$1,500 / \$3,000 |
| Health Account | None | None | None | None | None | | None | None |
| PCP Office Visit | \$10 copay | \$20 copay | \$35 copay | \$20 copay | \$20 copay | 50% coinsurance (after deductible) | \$20 copay | \$30 copay |
| Specialist Office Visit | \$10 copay | \$20 copay | \$35 copay | \$30 copay | \$20 copay | 50% coinsurance (after deductible) | \$20 copay | \$30 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 | No charge | No charge | No charge | \$500 admit copay (after deductible) | 20% coinsurance (after deductible) | 50% coinsurance (after deductible) | No charge | No charge |
| Mental Health Services (outpatient/inpatient) | \$10 copay / No charge | \$20 copay / No charge | \$35 copay / No charge | \$20 copay / \$250 admit copay | \$20 copay / 20% coinsurance (after deductible) | 50% coinsurance (after deductible) | \$20 copay / No charge | \$30 copay / No charge |
| Substance Abuse Services (outpatient/inpatient) | No charge | No charge | No charge | No charge | \$20 copay / 20% coinsurance (after deductible) | 50% coinsurance (after deductible) | \$20 copay / No charge | \$30 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 | No charge | | No charge | No charge |
| Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology | No charge | No charge | No charge | \$200 copay | 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 | No charge | No charge | No charge | \$100 copay (after deductible) | 20% coinsurance (after deductible) | 50% coinsurance (after deductible) | \$20 copay | \$30 copay |
| | No charge | No charge | No charge | \$100 copay (after deductible) | 20% coinsurance (after deductible) | | \$20 copay | \$30 copay |
| Outpatient Physical/Rehabilitation Therapy (PCP/Specialist) | \$10 copay | \$20 copay | \$35 copay | \$20 copay | \$20 copay | 50% coinsurance (after deductible) | \$20 copay | \$30 copay |
| Chiropractic (HMO & PPO) and Acupuncture (PPO Only) Services* | \$10 copay | \$20 copay | \$30 copay | \$20 copay | \$20 copay | 50% coinsurance (after deductible) | \$20 copay | \$30 copay |
| Urgent Care (office visit only) | \$10 copay / \$50 copay | \$20 copay / \$50 copay | \$35 copay / \$50 copay | \$20 copay / \$50 copay | \$50 copay | 50% coinsurance (after deductible) | \$20 copay | \$30 copay |
| Emergency Room (copay waived if admitted) | \$100 copay | \$100 copay | \$200 copay | \$100 copay | \$100 copay | \$100 copay | \$50 copay | \$100 copay |
| Rx Deductible (individual/family) | None | None | None | None | None | | None | None |
| Rx Out-of-Pocket Maximum (individual/family) | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$3,000 / \$6,000 | \$1,600 / \$3,200 | \$1,600 / \$3,200 | | N/A | N/A |
| Rx Pharmacy Network | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** | | Kaiser | Kaiser |
| Short-Term Prescription Drugs*** (up to 30 day supply) | \$15 Generic \$30 PB 50% \$40 min \$175 max NPB | \$15 Generic \$30 PB 50% \$40 min \$175 max NPB | \$15 Generic \$30 PB 50% \$40 min \$175 max NPB | \$20 Generic \$35 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) | G: \$15 copay B: \$30 copay (up to a 30-day supply) |
| Long-Term Prescription Drugs*** (up to 90 day supply) | \$30 Generic \$60 PB 50% \$80 min \$350 max NPB | \$30 Generic \$60 PB 50% \$80 min \$350 max NPB | \$30 Generic \$60 PB 50% \$80 min \$350 max NPB | \$40 Generic \$70 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) | G: \$30 copay B: \$60 copay (up to a 100-day supply) |

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, Ralps, Kmart, 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.