



2021 OPEN ENROLLMENT

SAN DIEGO UNIFIED SCHOOL DISTRICT

WE'RE HERE TO HELP

1 Options

- ❑ UHC Journey Harmony HMO with HealthInvest HRA
- ❑ UnitedHealthcare (UHC) Performance HMO Package A
 - Network 1
 - Network 2
- ❑ UHC SignatureValue Alliance HMO with \$1800 HRA
- ❑ UMR NexusACO PPO
- ❑ Kaiser HMO 10

2 2021 Highlights

Journey Harmony 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. 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](#).

HealthInvest HRA Funding Increase

Available to you as part of the Journey Harmony HMO plan, the HealthInvest HRA gives you a flexible savings option for future health care costs.

In 2021, the contribution amount will be increasing to \$1,000 for single coverage. Other amounts are \$1,600 for two-party and \$2,200 for family. Funds will be distributed on or before March 1, 2021. To learn more, go to [healthinvesthira.com](#) or call **844-342-5505**.

PPO Carrum Health Benefit

Carrum Health is a premium surgery benefit for PPO members that makes it easier and less expensive to get world class care. Your surgery costs are covered when using a surgeon within Carrum Health's program, as well as travel expenses. Covered surgeries include musculoskeletal procedures and cardiac surgeries.

Learn more at [Carrum.me/CSVEBA](#) or call **888-855-7806**.

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
DeltaCare USA HMO	deltadentalins.com	800-422-4234
Delta Dental PPO	deltadentalins.com	866-499-3001
Express Scripts	express-scripts.com	800-918-8011
HealthInvest HRA (HRA for Journey Plan)	healthinvesthira.com	844-342-5505
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 (Chiropractic)	myoptumhealthphysicalhealthofca.com	800-428-6337
OptumHealth Financial (HRA for Alliance Plan)	optumbank.com	800-243-5543
UMR	umr.com	800-826-9781
UnitedHealth care (UHC)	csveba.welcometouhc.com	888-586-6365
VEBA Advocacy	email: advocacy@mcgregorinc.com	888-276-0250
Western Dental	westerndental.com	800-992-3366

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.

How to Choose Your UMR PCP

For the NexusACO PPO plan, you will need to select a PCP. Your PCP can be a great resource to help you find the right specialists and coordinate your primary care. Follow the directions below to find a provider or facility:

1. Go to [umr.com](#).
2. Click on "Find a Provider."
3. In the search box, type "NexusACO" to bring up the UnitedHealthcare NexusACO Network. Or scroll down to the "U" menu and choose the UnitedHealthcare NexusACO Network.
4. Click "View Providers" to be taken to the search menu.
5. Search by Name, Specialty, Facility or Zip code.
6. Choose a Tier 1 PCP for the highest level of coverage.



Benefit Summary	UHC Journey Harmony HMO What You Pay	UHC Performance HMO Plan A, Network 1 What You Pay	UHC Performance HMO Plan A, Network 2 What You Pay	UHC SignatureValue Alliance HMO \$1,800 HRA What You Pay	UMR NexusACO PPO - No HRA		Kaiser HMO \$10, Rx: \$10 / 10 100-day What You Pay
					In Network What You Pay	Out of Network What You Pay	
Medical Deductible (individual/family)	\$2,000 / \$4,000	None	None	\$2,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	None
Medical Out-of-Pocket Maximum (individual/family)	\$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
Health Reimbursement Account	HealthInvest HRA \$1,000 single \$1,600 two-party \$2,200 family	None	None	OptumBank HRA \$1,800 Up to \$500 in unused funds can rollover to new plan year	None		None
PCP Office Visit	\$25 copay	\$10 copay	\$20 copay	\$35 copay	Tier 1 Physician: \$30 copay Tier 2 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 Tier 2 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 (outpatient/inpatient)	\$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 (outpatient/inpatient)	No charge	No charge	No charge	No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology	No charge	No charge	No charge	No charge	No charge	50% coinsurance (after deductible)	No charge
Complex Radiology (PET & MRI)	\$100 copay	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)	No charge
Outpatient Surgery <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	\$10 copay
<i>Outpatient Hospital-based Surgical Center</i>	20% coinsurance (after deductible)	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible) and \$100 copayment		\$10 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$25 copay	\$10 copay / \$10 copay	\$20 copay / \$20 copay	\$35 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay
Chiropractic (HMO & PPO) and Acupuncture (PPO only) Services*	\$30 copay	\$10 copay	\$20 copay	\$30 copay	\$30 copay	50% coinsurance (after deductible)	\$10 copay
Urgent Care (office visit only)	\$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 (Copay waived if admitted)	20% coinsurance (after deductible)	\$100 copay	\$100 copay	\$300 copay (after deductible)	\$100 copay	\$100 copay	\$50 copay
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
Short-Term Prescription Drugs*** (up to 30-day supply)	\$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	\$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 / B: \$10 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	\$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	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	G / B: \$10 copay (up to a 100-day supply)
Available Medical Groups	Sharp Rees-Stealy, Sharp Community Medical Group, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Rady Children's Health Network	Mercy Physicians, Greater Tri-Cities, Mid- County Physicians, Scripps Physicians Medical, Rady 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

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 Evidence of Coverage document 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.

* Acupuncture benefits are available only through the PPO plan.

**Pay standard copays if you fill your prescription at an EAN Pharmacy. EAN Pharmacies include Costco, Ralpins, Kmart, Safeway, Walmart and many independent pharmacies. Visit 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.