



# VEBA Medical Benefits

## Vista Unified School District: Classified

Effective January 1, 2017– December 31, 2017 **Changes from 2016 are highlighted in red**

Benefit Summary	Kaiser 15 Rx: \$10/\$20 30-day What You Pay	Kaiser 30 Rx: \$15/\$30 30-day What You Pay	PHMO Plan E Network 1 What You Pay	PHMO Plan E Network 2 What You Pay	PHMO Plan E Network 3 What You Pay
<b>Deductible (individual/family)</b>	None	None	None	None	None
<b>Medical Out-of-Pocket Maximum (individual/family)</b>	\$1,500/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
<b>RX Out-of-Pocket Maximum (individual/family)</b>	N/A	N/A	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200
<b>Health Reimbursement Account</b>	None	None	None	None	None
<b>PCP Office Visit</b>	\$15 copay	\$30 copay	\$20 copay	\$30 copay	\$40 copay
<b>Specialist Office Visit</b>	\$15 copay	\$30 copay	\$30 copay	\$40 copay	\$60 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	\$500 admit copay	20% copay	50% copay
<b>Mental Health Services (outpatient/inpatient)</b>	\$15 copay/No charge	\$30 copay/No charge	\$20 copay/\$500 copay	\$30 copay/20% copay	\$40 copay/50% copay
<b>Substance Abuse Services (outpatient/inpatient)</b>	\$15 copay/No charge	\$30 copay/No charge	No charge	No charge	No charge
<b>Infertility</b>	\$15 copay	50% coinsurance	Not covered	Not covered	Not covered
<b>Outpatient Diagnostic Laboratory and Radiology (standard procedures)</b>	No charge	No charge	No charge	No charge	No charge
<b>Complex Radiology (PET &amp; MRI)</b>	No charge	No charge	\$200 copay	\$200 copay	\$200 copay
<b>Outpatient Surgery</b>	\$15 copay	\$30 copay	\$250 copay	\$250 copay	50% copay
<b>Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)</b>	\$15 copay	\$30 copay	\$20 copay/\$30 copay	\$30 copay/\$40 copay	\$40 copay/\$60 copay
<b>Urgent Care (your medical group/other medical group)</b>	\$15 copay (Kaiser Facility)	\$30 copay (Kaiser Facility)	\$20 copay/\$75 copay	\$30 copay/\$100 copay	\$40 copay/\$100 copay
<b>Emergency Room (Copay waived if admitted)</b>	\$50 copay	\$100 copay	\$150 copay	\$200 copay	\$300 copay
<b>Short-Term Prescription Drugs generic/preferred/non-preferred drugs</b>	\$10 copay/\$20 copay (up to a 30-day supply)	\$15 copay/\$30 copay (up to a 30-day supply)	\$10/\$25/50%* <sup>1&amp;2</sup> (\$5 extra if filled at non-EAN pharmacy)	\$15/\$40/50%* <sup>1&amp;2</sup> (\$5 extra if filled at non-EAN pharmacy)	\$15/\$40/50%* <sup>1&amp;2</sup> # (\$5 extra if filled at non-EAN pharmacy)
<b>Maintenance Prescription Drugs generic/preferred/non-preferred drugs</b>	\$20 copay/\$40 copay (up to a 100-day supply)	\$30 copay/\$60 copay (up to a 100-day supply)	\$20/\$50/50%** <sup>3</sup>	\$30/\$80/50%** <sup>3</sup>	\$30/\$80/50%** <sup>3</sup> #
<b>Chiropractor Services<sup>4</sup></b>	\$20 copay	\$30 copay	\$20 copay	\$30 copay	\$30 copay

<sup>1</sup>Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, 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

<sup>2</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>3</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 maintenance prescriptions at a network pharmacy other than Smart90

<sup>4</sup>Services must be medically necessary and may be subject to prior authorization from OptumHealth

\*Subject to a \$40 minimum and \$175 maximum

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

# \$250 brand deductible for individual and \$500 brand deductible for family

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights, or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.





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### District Changes

- ◆ No changes to district plan selections

### Additional Information

#### Performance HMO Plan Changes

The Performance HMO is designed to help members make informed decisions about their Primary Care Provider (PCP) by ranking medical groups in three networks based on quality scores and pricing. Medical groups in Network 1 have the highest quality and lowest costs. With the introduction of the Affordable Care Act and the possible ramifications of the Excise tax (Cadillac Tax), VEBA evaluated its plans to consider the financial impact of the 'Cadillac Tax'. Changes in Network 3 will allow VEBA to continue to offer high quality plans at an affordable cost and minimize the risk of unnecessary tax in the event the 'Cadillac Tax' is implemented. Changes from 2016 to 2017 are noted in red on the comparison chart.

#### Express Scripts Advantage Network Changes

UnitedHealthcare members receive their prescription drug benefits through Express Scripts. VEBA members are able to use an Express Scripts Advantage Network (EAN) pharmacy to receive the lowest copays for short-term drugs. Beginning January 1, 2017, Target pharmacies will no longer be participating in the EAN network, due to the CVS acquisition and re-branding of all Target pharmacies. You can still use Target pharmacies, but will pay more for your prescriptions.

#### What Members Need to Know:

- ◆ A mailing will be sent to members approximately 30-60 days prior to 1/1/2017 notifying them of the change in the network.
- ◆ All other EAN pharmacies will remain in the EAN network for the 2017 plan year.
- ◆ There are no changes to the Express Scripts Smart90 network.

