

VEBA Medical Benefits

El Monte Union High School DistrictEffective Date January 1, 2017 – December 31, 2017 Changes from 2016 are noted in red.

Benefit Summary	Kaiser 10 Rx: \$10/10 100-day What You Pay	UHC SignatureValue HMO 10 What You Pay	UHC CA Select Plus PPO 80/50	
			In Network What You Pay	Out of Network What You Pay
Deductible (individual/family)	None	None	\$500/\$1,000	\$500/\$1,000
Medical Out-of-Pocket Maximum (individual/ family)	\$1,500/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000
RX Out-of-Pocket Maximum (individual/family)	N/A	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Health Reimbursement Account	None	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Specialist Office Visit	\$10 copay	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No charge	No coverage for non- network services
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Mental Health Services outpatient	\$10 copay/No charge	\$10 copay/ No charge	\$20 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$10 copay/No charge	No charge	\$20 copay/20% coinsurance (after deductible)	50% coinsurance (after deductible)
Infertility	\$10 copay	Not covered	Not covered	Not covered
Outpatient Diagnostic Laboratory (standard procedures)	No charge	No charge	No charge	50% coinsurance (after deductible)
Complex Radiology (PET & MRI)	No charge	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	\$10 copay	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (PCP/ Specialist)	\$10 copay	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$10 copay (Kaiser Facility)	\$10 copay/ \$50 copay	\$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$50 copay	\$100 copay	\$100 copay	\$100 copay
Short-Term Prescription Drugs generic/preferred/non-preferred drugs	\$10 copay (up to a 100-day supply)	\$10/\$25/50%* ^{1&2} (\$5 extra if filled at non-EAN pharmacy)	\$10/\$25/50%* ¹⁸² (\$5 extra if filled at non-EAN pharmacy)	\$10/\$25/50%* ^{1&2} (\$5 extra if filled at non- EAN pharmacy)
Maintenance Prescription Drugs generic/preferred/non-preferred drugs	\$10 copay (up to a 100-day supply)	\$20/\$50/50%** ³	\$20/\$50/50%** ³	\$20/\$50/50%** ³
Chiropractor and Acupuncture Services ⁴	\$10 copay	\$10 copay	\$20 copay	50% coinsurance (after deductible)

¹Pay 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 for a complete list of EAN pharmacies

²Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, Target, and certain inde-

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.



^{- 3,} Standard Copays plus \$2) prescription it you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, Target, and certain independent pharmacies)

³You 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

⁴Services must be medically necessary and may be subject to prior authorization from Optum Health

^{*}Subject to a \$40 minimum and \$175 maximum

^{**}Subject to a \$80 minimum and \$350 maximum

District Changes

♦ No changes to district plan selections

Additional Information

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.

UnitedHealthcare PPO Reimbursement Policies

UnitedHealthcare is tightening up its existing policies for out-of-network charges in the PPO plans. When members use out-of-network doctors, health care professionals, or facilities, their costs may be higher, and they may be balance billed.

What Members Need to Know:

- UnitedHealthcare network providers should be used when possible. Members should consult with their doctor prior to having a health care procedure, about the facility and other specialists who may be involved, to ensure they participate in the network.
- If balance billed, members are able to talk to the out-of-network facility or doctor to see if their provider will lower the charges or set up a payment plan.
- Any balance billed amount a member may pay for services from an out-of-network provider does not apply to your out-of-pocket limit.
- As always, members who are experiencing a medical emergency, should seek services at the nearest emergency facility.

