



2020 OPEN ENROLLMENT

COPPER MOUNTAIN COMMUNITY COLLEGE DISTRICT

WE'RE HERE TO HELP



1

Options

- ❑ UnitedHealthcare (UHC) SignatureValue
 - HMO 10
 - HMO 20
- ❑ UHC Alliance 10 HMO
- ❑ UHC Select Plus PPO
- ❑ Kaiser HMO

3

New Express Scripts Benefits

New SaveonSP program effective 10/01/19. This program covers certain specialty medications and ensures that, once enrolled, you have no financial responsibility. 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.

2

PPO Plan Changes

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.

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**.

4

New Option for 2020

Savings on pet medications effective 1/1/20. VEBA members can save an average of 77% for generics and 15% for brand medications. Inside Rx Pets discount program is available at more than 40,000 pharmacies.

●

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
Delta Dental PPO	Deltadentalins.com	800-765-6003
Express Scripts	Express-Scripts.com	800-918-8011
Kaiser	My.kp.org/VEBA	800-464-4000
Optum Employee Assistance Program	LiveandWorkWell.com Access code: VEBA	888-625-4809
OptumHealth (Chiropractic/Acupuncture)	MyOptumHealthPhysicalHealthofCA.com	800-428-6337
UMR	Umr.com	866-922-8266
UnitedHealthcare (UHC)	CSVEBA.welcometoUHC.com	888-586-6365
VEBA Advocacy	Email: Advocacy@mcgregorinc.com	888-276-0250
Vision Service Plan	Vsp.com	800-877-7195

Feature	UHC SignatureValue HMO 10 What You Pay	UHC SignatureValue HMO 20 What You Pay	UHC Alliance HMO 10 What You Pay	UHC CA Select Plus PPO ⁺ 90/70 (Mod CM) In Network Out of Network What You Pay		Kaiser 10 \$10/10 100-day What You Pay
Deductible (<i>individual/family</i>)	None	None	None	\$350/\$700	\$700/\$1,400	None
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000	\$3,000/\$6,000	\$5,000/\$10,000	\$1,500/\$3,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$3,000/\$6,000	\$3,000/\$6,000	\$1,600/\$3,200	\$3,000/\$6,000	\$3,000/\$6,000	N/A
Health Reimbursement Account	None	None	None	None	None	None
PCP Office Visit	\$10 copay	\$20 copay	\$10 copay	10% coinsurance (after deductible)	30% coinsurance (after deductible)	\$10 copay
Specialist Office Visit	\$10 copay	\$20 copay	\$10 copay	10% coinsurance (after deductible)	30% coinsurance (after deductible)	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No coverage for non-network services	No charge
Inpatient Hospital Care	No charge	\$250 copay	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)	No charge
Mental Health Services (<i>outpatient/inpatient</i>)	\$10 copay/No charge	\$20 copay/\$250 copay	\$10 copay/No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)	\$10 copay/No charge
Substance Abuse Services (<i>outpatient/inpatient</i>)	No charge	No charge	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)	\$10 copay/No charge
Infertility	Not covered	Not covered	Not covered	Not covered	Not covered	\$10 copay
Outpatient Diagnostic Laboratory and Radiology (<i>standard procedures</i>)	No charge	No charge	No charge	No charge	30% coinsurance (after deductible)	No charge
Complex Radiology (<i>PET, MRI</i>)	No charge	No charge	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)	No charge
Outpatient Surgery	No charge	No charge	No charge	No charge	10% coinsurance (after deductible of \$500 and annual deductible have been met)	\$10 copay
Outpatient Physical/Rehabilitation Therapy	\$10 copay	\$20 copay	\$10 copay	\$15 copay	30% coinsurance (after deductible)	\$10 copay
Urgent Care (<i>your medical group/other medical group</i>)	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$10 copay/\$50 copay	\$75 copay	30% coinsurance (after deductible)	\$10 copay
Emergency Room (<i>copay waived if admitted</i>)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$50 copay
Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$25 NP: 50%*	G: \$10 P: \$25 NP: 50%*	G: \$10 P: \$30 NP: 50%*	G: \$10 P: \$25 NP: \$40	G: \$10 P: \$25 NP: \$40	\$10 copay
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	G: \$20 P: \$50 NP: 50%**	G: \$20 P: \$50 NP: 50%**	G: \$20 P: \$60 NP: 50%**	G: \$20 P: \$50 NP: \$80	G: \$20 P: \$50 NP: \$80	\$10 copay
Chiropractor Service^{4,5}	\$10 copay	\$20 copay	\$10 copay	\$15 copay	30% coinsurance (after deductible)	\$10 copay

Surgeries for orthopedic, spinal and coronary artery bypass graft require precertification 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.

+ UHC Select Plus PPO 90/70 plan administered by UMR.

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

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

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.