



## 2012 Benefit Changes

Sweetwater Union High School District is a member of the California Schools Voluntary Employee Benefits Association (VEBA). VEBA purchases and administers your district health benefits. This means you get more benefits for your money than you would if your district was not a member of VEBA. This flyer describes your 2012 benefit changes and gives an overview of your 2012 benefits.

### **Mental Health/Substance Abuse Benefits** (*Kaiser and UnitedHealthcare HMO and PPO Plan Members*)

Current federal law requires that mental health and substance abuse benefits be equal to medical benefits. This means these benefits are treated the same as any regular doctor visit or inpatient hospital stay. Here's how it works:

- **Outpatient Treatment**—You pay the same copay or coinsurance amount as you would for an outpatient office visit to your PCP. There are no limits on pre-authorized treatment.
- **Inpatient Treatment**—You pay the same copay or coinsurance amount as you would for a hospital stay. There are no limits on the number of pre-authorized days you stay.

**Kaiser Members:** This is the only change to your 2012 benefits.

**UnitedHealthcare HMO and PPO Members:** In 2012, your mental health and substance abuse benefits will be provided directly through UnitedHealthcare instead of PacifiCare/Optum Behavioral Health. This means:

- You still have access to the same network mental health providers as in 2011
- HMO Members: Use the same mental health number as you did in 2011: 888-625-4809
- PPO Members: Use the same customer service number as you would for any other health care concerns: 800-377-5154

### **Prescription Drug Benefits through Medco** (*UnitedHealthcare HMO and PPO Plan Members*)

To encourage you to use clinically-proven generic drugs to help reduce costs, certain medications you take today may become non-preferred in 2012. You may also see some changes in your copay amounts.

- **Generic drugs:** Copays stay the same as in 2011.
- **Preferred brand drugs:** Copays may increase in 2012.
- **Non-preferred brand drugs:** Copays are changing to 50% coinsurance, with a \$30 minimum cost and \$125 maximum cost at a retail pharmacy (and \$60 minimum and \$250 maximum through Medco by Mail).

#### **Important Notes:**

- If you are taking a medication that changes to "non-preferred," Medco will contact you directly with information about other drug options.
- If you or your doctor believe you are unable to take a generic or a preferred brand, you can submit a benefit coverage review request. Call Medco Customer Service at 800-918-8011 for more information.
- See the "Benefits Overview" on the back of this flyer for details about your prescription drug benefit changes.

### **Urgent Care Benefits** (*UnitedHealthcare HMO and PPO Plan Members*)

Based on your 2012 UnitedHealthcare plan choice, your Urgent Care copay may be reduced to \$50 when you receive care outside your Medical Group's Urgent Care facility.

### **Emergency Room Benefits** (*UnitedHealthcare PPO Plan Members*)

The Emergency Room copay for UnitedHealthcare PPO Plan members will increase to \$100 in 2012. See chart on back of this flyer for details.

### **Hearing Aid Benefits** (*UnitedHealthcare HMO and PPO Plan Members*)

Hearing aid benefits are no longer limited to a "single" hearing aid. Members can get a pair as long as they don't exceed the \$5,000 benefit maximum every three years.

### **Physical, Occupational and Speech Therapy** (*UnitedHealthcare PPO Plan Members*)

Physical, occupational and speech therapy limits have been increased to 50 visits per year in 2012.

## Contact Information

The following chart is an overview of your benefits. For a detailed description, please refer to the plan's summary of benefits available at: [www.vebaonline.com](http://www.vebaonline.com)

	Performance HMO Network 1	Performance HMO Network 2	Performance HMO Network 3	Kaiser 10/10	PPO Plan In Network	PPO Plan Out-of-Network
<b>Deductible</b>	None	None	None	None	\$500 individual \$1,000 family	\$500 individual \$1,000 family
<b>Out-of-pocket maximum</b>	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$5,000 individual \$10,000 family	\$1,500 individual \$3,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
<b>PCP Visit</b>	\$10	\$20	\$40	\$10	\$20	50% after deductible
<b>Specialist Visit</b>	\$10	\$20	\$40	\$10	\$20	50% after deductible
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	\$20	Not covered
<b>Hospital</b>	No charge	\$500	20%	No charge	20% after deductible	50% after deductible
<b>Outpatient Surgery</b>	No charge	\$250	\$500	\$10	\$20 after deductible	50% after deductible
<b>Urgent Care (waived if admitted)</b>	\$10 your medical group \$50 other medical group	\$20 your medical group \$100 other medical group	\$40 your medical group \$100 other medical group	\$10	\$50	50% after deductible
<b>Emergency Room (waived if admitted)</b>	\$100	\$200	\$300	\$50	\$100	\$100
<b>Retail Prescription Drugs</b>	Generic: \$3 Preferred: \$20 Non-Preferred: 50%* (30 day supply)	Generic: \$10 Preferred: \$25 Non-Preferred: 50%* (30 day supply)	Generic: \$10 Preferred: \$25 Non-Preferred: 50%* (30 day supply)	\$10 (up to 100 day supply)	Generic: \$5 Preferred: \$20 Non-Preferred: 50%* (30 day supply)	Reimbursement at in-network rate
<b>Mail Order Prescription Drugs</b>	Generic: \$6 Preferred: \$40 Non-Preferred: 50%** (90 day supply)	Generic: \$20 Preferred: \$50 Non-Preferred: 50%** (90 day supply)	Generic: \$20 Preferred: \$50 Non-Preferred: 50%** (90 day supply)	\$10 (up to 100 day supply)	Generic: \$10 Preferred: \$40 Non-Preferred: 50%** (90 day supply)	Not covered
<b>Mental Health</b>	Outpatient: \$10 Inpatient: No charge	Outpatient: \$20 Inpatient: \$500	Outpatient: \$40 Inpatient: \$500	Outpatient: \$10 Inpatient: No charge	Outpatient: \$20 Inpatient: 20% after deductible	Outpatient: 50% after deductible Inpatient: 50% after deductible
<b>Substance Abuse</b>	Outpatient: No charge Inpatient: No charge	Outpatient: No charge Inpatient: No charge	Outpatient: No charge Inpatient: No charge	Outpatient: \$10 Inpatient: No charge	Outpatient: \$20 Inpatient: 20% after deductible	Outpatient: 50% after deductible Inpatient: 50% after deductible
<b>Chiropractic</b>	\$10	\$15	\$15	\$10	\$15	Not covered

\*Subject to a \$30 minimum and \$125 maximum

\*\*Subject to a \$60 minimum and \$250 maximum

(Please Note: The overview above is merely a brief description of the major benefits offered through your district. It is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan document contracts. See Summary of Benefits or Evidence of Coverage for details.)

## Contact Information

Name	Phone Number	Website
American Specialty Health (Chiropractic)	800-678-9133	<a href="http://www.ashcompanies.com">www.ashcompanies.com</a>
Best Doctors®	888-362-8677	<a href="http://www.bestdoctors.com">www.bestdoctors.com</a>
Employee Assistance Program	888-625-4809	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> access code: VEBA
Kaiser	800-464-4000	<a href="http://www.kp.org">www.kp.org</a>
Medco	800-918-8011	<a href="http://www.medco.com">www.medco.com</a>
UnitedHealthcare HMO	800-624-8822	<a href="http://www.uhcwest.com">www.uhcwest.com</a>
UnitedHealthcare PPO	800-377-5154	<a href="http://www.myuhc.com">www.myuhc.com</a>
VEBA Advocacy Programs	888-276-0250	<a href="http://www.vebaonline.com">www.vebaonline.com</a>

