



2021 OPEN ENROLLMENT

SAN DIEGO COUNTY OFFICE OF EDUCATION

WE'RE HERE TO HELP



1 Plan Options

- ❑ UnitedHealthcare (UHC) Journey Harmony HMO
- ❑ UHC Harmony HMO
- ❑ UHC Alliance HMO
- ❑ UHC Performance HMO
 - Network 1
 - Network 2
- ❑ Kaiser HMO

2 HealthInvest HRA

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.

3 Journey Harmony HMO

The Journey Plan offers a unique approach to health care and is designed to provide a smart and affordable solution to the traditional plans. In addition to covering everyday medical expenses, the Journey Plan helps you build wealth for long-term protection with the HealthInvest HRA.

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.

4 VEBA Well-being Resources

Feeling a little overwhelmed? VEBA members have access to a variety of free resources to take care of themselves.

- **Virtual VEBA Resource Center** – Shake off some of your stress in the comfort of your own home. More than 300 group classes, such as Zumba, yoga and cardio, are free to you. Check out our [online calendar](#) of offerings for both kids and adults. One-on-one appointments, workshops, personal health coaching, and education classes are also available.
- **Optum Emotional Well-being** – Optum provides a free emotional support line for all VEBA members. Anyone (including your family and friends) can call 866-342-6892 to speak to a mental health expert 24/7. VEBA members have free, confidential access to all of Optum's services, including professional care, self-help programs and personalized assistance. Visit liveandworkwell.com (access code: VEBA) or call 888-625-4809.

- **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	Deltadentalins.com	800-422-4234
Express Scripts	Express-Scripts.com	800-918-8011
HealthInvest HRA (Journey HRA)	Healthinvesthira.com	844-342-5505
Inside Rx Pets	InsideRxPets.com/employee	800-722-8979
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/Acupuncture)	MyOptumHealthPhysicalHealthofCA.com	800-428-6337
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

Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 Plan changes in red	UHC Journey Harmony HMO What You Pay	UHC Harmony HMO \$10 What You Pay	UHC Alliance HMO \$20/\$30 What You Pay	UHC Performance HMO Plan B, Network 1 What You Pay	UHC Performance HMO Plan B, Network 2 What You Pay	Kaiser HMO \$10 Rx: \$10/ \$10 100-day What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	None	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$1,500 / \$3,000
Health Account	HealthInvest HRA \$1,000 / \$1,600 / \$2,200	None	None	None	None	None
PCP Office Visit	\$25 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$10 copay	\$30 copay	\$10 copay	\$20 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	No charge	\$500 admit copay	No charge	\$500 admit copay	No charge
Mental Health Services (outpatient/inpatient)	\$25 copay / 20% coinsurance (after deductible)	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge	No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	\$100 copay	No charge	\$200 copay	No charge	No charge	No charge
Outpatient Surgery	20% coinsurance (after deductible)	No charge	\$250 copay	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$25 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$30 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Urgent Care (your medical group/other medical group)	\$25 copay / \$50 copay	\$10 copay / \$50 copay	\$20 copay / \$75 copay	\$10 copay / \$50 copay	\$20 copay / \$100 copay	\$10 copay
Emergency Room (copay waived if admitted)	20% coinsurance (after deductible)	\$100 copay	\$150 copay	\$100 copay	\$200 copay	\$50 copay
Rx Deductible (individual/family)	None	None	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200	N/A
Rx Formulary List	Performance	Performance	Performance	Performance	Performance	Kaiser
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
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	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$15 Generic \$30 PB 50% \$40 min \$175 max NPB	G: \$10 copay 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	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$30 Generic \$60 PB 50% \$80 min \$350 max NPB	G: \$10 copay B: \$10 copay (up to a 100-day supply)
Available Medical Groups	Sharp Rees-Stealy, Sharp Community, UCSD Medical	Sharp Rees-Stealy, Sharp Community, UCSD Medical	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associates, Arch Health Partners, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	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 policies for details.

*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.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralpins, Kmart, Vons, Hegggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.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