

# 2023 Open Enrollment

## San Diego Unified School District



## Welcome VEBA Members!

Welcome to your 2023 Open Enrollment Guide. This guide was designed to give you quick access to all of the resources you may need to make your new plan selection for next year.

Not sure where to start? Here are some helpful links:

### Page 1

Available plans are listed to the right.

### Page 2

Read more about these plans and learn what is new for next year.

### Page 3

Is making all of these decisions stressing you out? Take a moment for yourself at our Virtual VRC.

### Page 4-5

Get a breakdown on the medical groups available, finding a doctor and carrier contacts.

### Page 6-7

See a side-by-side comparison of all plans offered to you for 2023.

## Your Available Plans:

1. UnitedHealthcare Performance HMO
  - Network 1
  - Network 2
  - Network 3
2. UnitedHealthcare CS VEBA Alliance HMO with \$1800 HRA
3. UnitedHealthcare Harmony HMO Journey
4. Kaiser HMO
5. UMR NexusACO PPO



## Questions?

- » Go to [myveba.org](https://myveba.org)
- » Call VEBA Advocacy at [888-276-0250](tel:888-276-0250) or email [Advocacy@mcgregorinc.com](mailto:Advocacy@mcgregorinc.com)
- » Contact your [Employee Benefits Department](#)

## 2023 Highlights

### Urgent Care Copay for UHC HMO Plans

Starting on January 1, 2023, all UnitedHealthcare (UHC) HMO plans will have Urgent Care copays that align with the plan's primary care physician's (PCP) copay for visits both within and outside of your assigned medical group's service area.

To find a provider near you, visit [UHC's site](#).

### UHC Alliance HMO Plan with HRA

The UHC CS VEBA Alliance HMO plan with HRA is an innovative health plan offering a distinct network of physicians from the UnitedHealthcare full HMO network. San Diego medical groups include Sharp, Rady Children's, Scripps and UC San Diego.

For 2023, funding for the Alliance HRA is \$1,800. Up to \$500 in unused funds can roll over to the new plan year. To find a provider near you, visit [UHC's site](#).

### HealthInvest HRA for Journey Plan

Available to you as part of the UHC Harmony HMO Journey plan, the HealthInvest HRA gives you a flexible savings option for future health care costs.

For 2023, the contribution amount is \$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, 2023.

To learn more, go to [healthinvesthira.com](https://healthinvesthira.com) or call 844-342-5505.



### Express Scripts Benefit

#### Waived Copay Program

VEBA does not want cost to become a barrier to getting treatment for hypertension, diabetes, or high cholesterol — some of our members' most common conditions. Starting January 1, 2023, preferred generic cholesterol medication will join hypertension (high blood pressure) and oral hypoglycemic (diabetic) medications in the waived copay program. Members can start these maintenance drugs at their regular retail pharmacy up to 3 fills prior to utilizing Smart90 retail and home delivery (mail order) with a \$0 copay.

#### Sharp Rees-Stealy Retail Pharmacies

Smart90 retail will now include Sharp Rees-Stealy retail pharmacies. With the large UnitedHealthcare HMO membership enrolled with the Sharp Rees-Stealy participating medical group, this will provide members with additional easy access to 90-day supply maintenance drugs at the same low costs available at Costco and Rite Aid Smart90 locations.

#### Express Scripts Prescription Drug List (PDL) – Formulary Change

All Express Scripts Rx Plans will be moving to one PDL, the National Preferred Formulary beginning January 1, 2023. Currently, VEBA utilizes both the National & Performance PDLs. Any impacted members will receive targeted member letters from Express Scripts around November 1st and December 1st to inform them of the change.

#### SaveOnSP Program

ESI members also have access to the SaveOnSP program, which waives copays for certain specialty medications and ensures that, once enrolled, you have no financial responsibility.

To learn more, visit [express-scripts.com](https://express-scripts.com) or call 800-918-8011.





## VEBA Resource Center

The VEBA Resource Center is here to support you as you define your path to well-being. We understand everyone has unique needs and we are here to help you every step of your journey. As a VEBA member, you have free access to personalized resources designed to help you achieve your well-being goals.

Accessing the VRC has never been easier! With both in person and online services — we are ready to support you wherever you may be on your health journey!

## In Person and Virtual Group Classes

The VRC offers more than 40 live group classes each week — both in person and online. Whether you are wanting to relax with yoga or mindfulness, reduce stress by learning about your finances, or step up your cardio through one of our movement class, we have you covered!

Check out our complete class schedule [here](#).

## Personalized Care

If you are looking for a place to start or if you have a specific health condition or concern, we offer personalized one-on-one visits with a Care Navigator. The Care Navigator will help you explore your challenges and develop a personalized plan for your mind, body, and spirit.

Click [here](#) to schedule your appointment.

Don't have time to take an online class? No problem! Check out our social media channels for videos and the latest well-being content.



## Choosing a Provider Group that Meets Your Needs

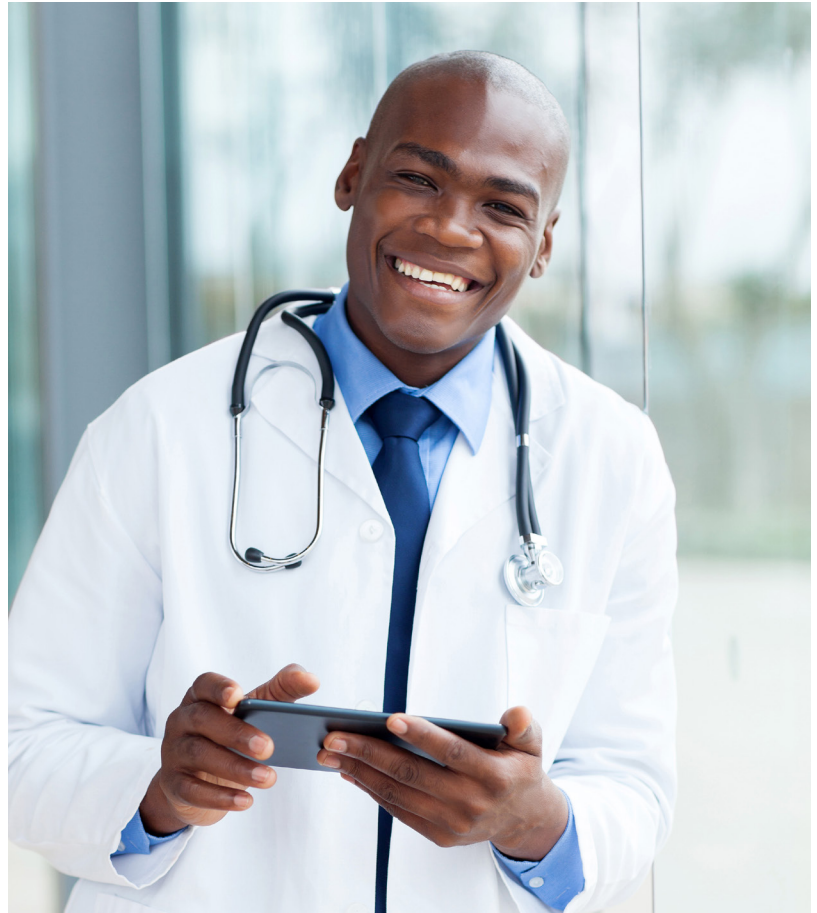


UnitedHealthcare's participating medical groups offer comprehensive and personalized care in your community with a large and robust network of physicians, health care professionals and facilities located throughout Southern California.

The following HMO plans are available to you:

1. UHC Performance HMO Network 1
2. UHC Performance HMO Network 2
3. UHC Performance HMO Network 3
4. UHC CS VEBA Alliance HMO
5. UHC Harmony HMO Journey

[Click here](#) to find a doctor near you or learn more about your plans.



### How to Choose Your UHC HMO Provider

To choose a provider for the UnitedHealthcare HMO plan, here are step-by-step instructions. In an HMO, you see your PCP first for most medical issues. You do not need a referral for mental health, chiropractic, or OB/GYN services.

To find provider or facility:

1. Go to [whyuhc.com/csveba](https://whyuhc.com/csveba)
2. Select "Search for a Provider" that appears near the top of the page
3. Scroll down and choose from the plan options
4. Select "Continue"
5. Select "Change Location" and enter your ZIP code, then select "Update Location"
6. Now you can search by People, Places, Service and Treatments, or Care by Condition

## Need Help Looking For a Provider?

### How to Choose Your UMR PPO Provider

The UMR NexusACO PPO plan allows you to elect a primary care physician (PCP). Your PCP can be a great resource to help you find the right specialist and coordinate your primary care. You are still free to see any physician you choose — there are no required referrals or gatekeepers in the PPO plan.

Follow the directions below to find a provider or facility:

1. Go to [umr.com](http://umr.com)
2. Click on “Find a Provider”
3. In the search box, type “NexusACO” to bring up the UnitedHealthcare NexusACO Network. Or scroll down to the “U” menu and choose the UnitedHealthcare NexusACO Network
4. Click “View Providers” to be taken to the search menu
5. Search by Name, Specialty, Facility or Zip code
6. Choose a Tier 1 PCP for the highest level of coverage

### Free VEBA Benefits

#### Teladoc Medical Experts

Free access to medical experts to make sure you have the correct treatment and diagnosis. [Visit their site.](#)

#### Optum EAP

Get through life’s challenges with counseling, budgeting, legal advice, child and eldercare support, and more! Visit [liveandworkwell.com](http://liveandworkwell.com) (access code: VEBA) or call 888-625-4809.

#### VEBA Advocacy

Navigating healthcare can be difficult at times. Our Advocacy team is here to help you.

Call 888-276-0250 or email [Advocacy@mcgregorinc.com](mailto:Advocacy@mcgregorinc.com)



### Benefit Contacts

Benefit	Website	Phone
Carrum Health	<a href="http://info.carrumhealth.com/csveba/">info.carrumhealth.com/csveba/</a>	888-855-7806
DeltaCare USA HMO	<a href="http://deltadentalins.com">deltadentalins.com</a>	800-422-4234
Delta Dental PPO	<a href="http://deltadentalins.com">deltadentalins.com</a>	866-499-3001
Express Scripts (UHC members)	<a href="http://express-scripts.com">express-scripts.com</a>	800-918-8011
HealthInvest HRA (HRA for Journey Plan)	<a href="http://healthinvesthra.com">healthinvesthra.com</a>	844-342-5505
Inside Rx Pets	<a href="http://insiderxpets.com">insiderxpets.com</a>	800-722-8979
Journey Plan	<a href="http://journeyplan.org">journeyplan.org</a>	888-586-6365
Kaiser	<a href="http://my.kp.org/veba">my.kp.org/veba</a>	800-464-4000
Optum Employee Assistance Program	<a href="http://liveandworkwell.com">liveandworkwell.com</a> access code: VEBA	888-625-4809
OptumHealth (Chiro for UHC and Kaiser)	<a href="http://myoptumhealthphysicalhealthofca.com">myoptumhealthphysicalhealthofca.com</a>	800-428-6337
OptumHealth Financial (HRA for Alliance plan)	<a href="http://optumbank.com">optumbank.com</a>	800-243-5543
Teladoc Medical Experts	<a href="http://teladoc.com/medical-experts/">teladoc.com/medical-experts/</a>	800-835-2362
UMR	<a href="http://umr.com">umr.com</a>	800-826-9781
UnitedHealthcare (UHC)	<a href="http://whyuhc.com/csveba">whyuhc.com/csveba</a>	888-586-6365
VEBA Advocacy	<a href="mailto:Advocacy@mcgregorinc.com">Advocacy@mcgregorinc.com</a>	888-276-0250
Western Dental	<a href="http://westerndental.com">westerndental.com</a>	800-992-3366

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# San Diego Unified School District

Effective Period: January 1, 2023 - December 31, 2023

Plan design changes highlighted in red



CALIFORNIA SCHOOLS  
VEBA



San Diego Unified  
SCHOOL DISTRICT

Benefit Summary	UHC Performance HMO A, Network 1, \$10/100%	UHC Performance HMO A, Network 2, \$20/100%	UHC Performance HMO Network 3, \$20/\$30/\$500A	Kaiser HMO \$10, Rx: \$10 / \$10 100-day
	What You Pay	What You Pay	What You Pay	What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,500 / \$3,000
<b>Health Reimbursement Account</b>	None	None	None	None
<b>PCP Office Visit</b>	\$10 copay	\$20 copay	\$20 copay	\$10 copay
<b>Specialist Office Visit</b>	\$10 copay	\$20 copay	\$30 copay	\$10 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	\$500 admit copay	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$20 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge	No charge	\$10 copay / No charge
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge	\$200 copay	No charge
<b>Outpatient Surgery</b>	No charge	No charge	\$250 copay	\$10 copay
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$20 copay	\$20 copay	\$10 copay
<b>Chiropractic (HMO &amp; PPO) and Acupuncture (PPO only) Services*</b>	\$10 copay	\$20 copay	\$20 copay	\$10 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$20 copay	\$20 copay	\$10 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$50 copay
<b>Rx Deductible</b> (individual/family)	None	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	N/A
<b>Rx Formulary List</b>	National Preferred	National Preferred	National Preferred	Kaiser
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	G / B: \$10 copay (up to a 100-day supply)
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	G / B: \$10 copay (up to a 100-day supply)
<b>Available Medical Groups</b>	Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Sharp Community Medical Group, SCMG - Arch Health Partners, Sharp Rees-Stealy Medical Group	Greater Tri-Cities IPA, Mercy Physicians Medical Group, Rady Children's Health Network, Scripps Physician Medical Group	Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center	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 services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, 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.

\*\*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, hypoglycemic, and **cholesterol medications** 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

**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.



# San Diego Unified School District

Effective Period: January 1, 2023 - December 31, 2023

Plan design changes highlighted in red



Benefit Summary	UHC Alliance HMO \$1,800 HRA (SDUSD)	UHC Harmony HMO Journey	UMR NexusACO PPO - No HRA	
	What You Pay	What You Pay	In Network What You Pay	Out of Network What You Pay
<b>Medical Deductible</b> (individual/family)	\$2,000 / \$2,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$2,000 / \$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>Health Reimbursement Account</b>	OptumBank HRA \$1,800 Up to \$500 in unused funds can roll over to new plan year	HealthInvest HRA \$1,000 single \$1,600 two-party \$2,200 family	None	
<b>PCP Office Visit</b>	\$35 copay	\$25 copay	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Specialist Office Visit</b>	\$50 copay	\$40 copay	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No charge	No charge	No coverage for non-network services
<b>Inpatient Hospital Care</b>	20% coinsurance (after deductible)	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$40 copay / 20% coinsurance (after deductible)	\$25 copay / 20% coinsurance (after deductible)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	No charge	No charge	50% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	No charge	No charge	20% coinsurance (deductible does not apply)	
<b>Complex Radiology</b> (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	20% coinsurance (after deductible)	\$100 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>	20% coinsurance (after deductible)	\$100 copay	20% coinsurance (after deductible)	
<b>Outpatient Surgery</b> <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	20% coinsurance (after deductible)	20% coinsurance (after deductible)	20% coinsurance (after deductible) and \$100 copayment	
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$35 copay	\$25 copay	\$30 copay	50% coinsurance (after deductible)
<b>Chiropractic (HMO &amp; PPO) and Acupuncture (PPO only) Services*</b>	\$30 copay	\$30 copay	\$30 copay	50% coinsurance (after deductible)
<b>Urgent Care</b> (Office Visit only)	\$35 copay	\$25 copay	\$50 copay	50% coinsurance (after deductible)
<b>Emergency Room</b> (Copay waived if admitted)	\$300 copay (after deductible)	20% coinsurance (after deductible)	\$100 copay	\$100 copay
<b>Rx Deductible</b> (individual/family)	None	None	None	
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200	
<b>Rx Formulary List</b>	National Preferred	National Preferred	National Preferred	
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
<b>Available Medical Groups</b>	Mercy Physicians, Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician MG, UC San Diego Medical Group	Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Check <a href="http://umr.com">umr.com</a> to find Tier 1 physicians near you	All others

Infertility services are excluded/not covered under PPO and non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policy 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 Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, 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.

\*\*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, hypoglycemic, and **cholesterol medications** 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

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