



PISTRANO

## **Capistrano Unified School District** 2023 Benefits: Effective Date: Jan. 1, 2023 - Dec. 31, 2023 Plan design changes highlighted in red

Benefit Summary	UHC Harmony HMO \$10	UHC SignatureValue Alliance HMO \$10	UHC Journey Harmony HMO with HRA	UHC SignatureValue Alliance HMO - Low Option
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Health Reimbursement Account	None	None	HealthInvest HRA \$500	None
PCP Office Visit	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$40 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$25 copay / 20% coinsurance (after deductible)	\$40 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Dutpatient Diagnostic .aboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$100 copay	\$100 copay
Dutpatient Surgery	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (office visit)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Chiropractic Services*	\$10 copay	\$10 copay	\$30 copay	\$30 copay
Jrgent Care office visit only)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
E <b>mergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	No charge (after deductible)
Rx Deductible individual/family)	None	None	None	\$250 / \$500 (Brand Rx only)
Rx Out-of-Pocket Maximum individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (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	\$15 Generic \$40 PB 50% \$40 min \$175 max NPB
<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	\$30 Generic \$80 PB 50% \$80 min \$350 max NPB
Available Medical Groups <sup>1</sup>	OptumCare (formerly HealthCare Partners), Optum Care Network— Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network— Monarch, Regal Medical Group, ADOC, Memorial- Care, Scripps	OptumCare (formerly HealthCare Partners), Optum Care Network— Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, Regal Medical Group, ADOC, MemorialCare, Scripps

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 ASH for Kaiser. \*Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans. \*CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna. \*\*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 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 phescriptions at a flet 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 =

<sup>1</sup>Check <u>whyuhc.com/csveba</u> for a full list of available UHC medical groups.

Non-preferred Brand, S =

Specialty

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Benefit Summary	Cigna Select HMO \$10	Kaiser HMO \$15, Rx: \$10/\$20 30-day	Kaiser HMO \$25/\$40, Rx: \$15/\$35 30-day - Low Option	UHC Performance HMO Plan A, Network 2 (no new enrollments—current enrollees only)
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible	None	None	None	None
	NOTE	NOTE	None	NOTE
(individual/family)	¢1.000./ ¢2.000	¢1 500 / ¢2 000	\$3.000 / \$6.000	\$3,000 / \$6,000
Medical Out-of-Pocket Maximum	\$1,000 / \$3,000	\$1,500 / \$3,000	\$3,0007\$6,000	\$3,0007 \$0,000
(individual/family)				News
Health Reimbursement Account	None	None	None	None
PCP Office Visit	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Specialist Office Visit	\$10 copay	\$15 copay	\$40 copay	\$20 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	10% coinsurance	No charge
Mental Health Services	\$10 copay /	\$15 copay /	\$25 copay /	\$20 copay /
(outpatient/inpatient)	No charge	No charge	10% coinsurance	No charge
Substance Abuse Services	\$10 copay /	\$15 copay /	\$25 copay /	No charge
(outpatient/inpatient)	No charge	No charge	10% coinsurance	
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	No charge	No charge
Outpatient Surgery	No charge	\$15 copay	10% coinsurance	No charge
Outpatient Physical/Rehabilitation Therapy (office visit)	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Chiropractic and Acupuncture (only	\$10 copay	\$15 copay (ASH)	\$15 copay (ASH)	\$20 copay
through Cigna HMO) Services*	(20 visits per year)	(30 visits per year)	(30 visits per year)	
Urgent Care (office visit only)	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$50 copay	\$150 copay	\$100 copay
	None	None	None	None
(individual/family)	None	None	None	
Rx Out-of-Pocket Maximum	N/A	N/A	N/A	\$3,000 / \$6,000
(individual/family)		11/7	19/75	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
Rx Pharmacy Network	Cigna	Kaiser	Kaiser	Express Scripts EAN**
Short-Term Prescription Drugs***	G: \$10	G: \$10 copay	G: \$15 copay	\$10 Generic
(up to 30-day supply)	P: \$25	B: \$20 copay	B: \$35 copay	\$30 PB 50% \$40 min \$175 max
	NP: 50% (Up to \$100 maximum)	(up to a 30-day supply)	(up to a 30-day supply)	50% \$40 min \$175 max NPB
Long-Term Prescription Drugs***	G: \$20	G: \$20 copay	G: \$30 copay	\$20 Generic
(up to 90-day supply)	P: \$50	B: \$40 copay	B: \$70 copay	\$60 PB
	NP: 50% (Up to \$200 maximum)	(up to a 100-day supply)	(up to a 100-day supply)	50% \$80 min \$350 max NPB
Available Medical Groups <sup>1</sup>	St Joseph Hospital/Heritage, St Jude Affl Phys/Heritage, Hoag Med Grp/Affl Phys, Mission Hospital/Heritage	Kaiser	Kaiser	Edinger Med Grp, GNP Hoag/Orange Coast, Optum Care Network, Monarch/Orange County

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.

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Benefit Summary	UMR CA Select Plus PPO 80/50, \$2,000				
	In Network Out of Network				
	What You Pay	What You Pay			
Medical Deductible	\$2,000 / \$4,000	\$2,000 / \$4,000			
(individual/family)					
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000			
Health Reimbursement Account	None				
PCP Office Visit	\$30 copay	50% coinsurance			
		(after deductible)			
Specialist Office Visit	\$30 copay	50% coinsurance			
		(after deductible)			
Preventive Care	No charge	No coverage for			
		non-network services			
Inpatient Hospital Care	20% coinsurance	50% coinsurance			
	(after deductible)	(after deductible)			
Mental Health Services	\$30 copay /	50% coinsurance			
(outpatient/inpatient)	20% coinsurance	(after deductible)			
	(after deductible)				
Substance Abuse Services	\$30 copay /	50% coinsurance			
(outpatient/inpatient)	20% coinsurance	(after deductible)			
	(after deductible)				
Outpatient Diagnostic	No charge	50% coinsurance			
Laboratory and Radiology (standard procedures)		(after deductible)			
Complex Radiology	20% coinsurance	50% coinsurance			
(PET & MRI)	(after deductible)	(after deductible)			
Outpatient Surgery	20% coinsurance	50% coinsurance			
	(after deductible)	(after deductible)			
Outpatient Physical/Rehabilitation	\$30 copay	50% coinsurance			
Therapy (office visit)		(after deductible)			
Chiropractic and Acupuncture Services*	\$30 copay	50% coinsurance			
		(after deductible)			
Urgent Care	\$50 copay	50% coinsurance			
(office visit only)		(after deductible)			
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay			
<b>Rx Deductible</b> (individual/family)	None				
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200				
Rx Pharmacy Network	Express Scripts EAN**				
Short-Term Prescription Drugs***	\$15 Generic	Retail: with submission of a paper			
(up to 30-day supply)	\$30 PB	claim, member will be reimbursed a			
	50% \$40 min \$175 max NPB	the rate the Plan would have paid had the member used an in-networ pharmacy less the member's copay.			
Long-Term Prescription Drugs***	\$30 Generic	No coverage for			
(up to 90-day supply)	\$60 PB 50% \$80 min \$350 max NPB	non-network pharmacy			
Available Medical Groups	Visit <u>umr.com</u> to locate a physician near you				

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