

VEBA Renewal Information

The VEBA Board remains committed to providing long-term stability to the VEBA purchasing pool and delivering benefits to our member districts and associations that are of the highest quality and value. The 2017 renewal highlights the Board's focus on developing creative solutions aimed at increasing affordable access to care.

To help you understand the renewal changes and the impact they have on members, we encourage you to review all of the materials that we have included in your 2017 VEBA Renewal Package. Not only do they explain the reasoning behind our solutions, they also serve as a guide to help you make the best plan selections to meet the needs of your district and/or bargaining group.

What is Changing in 2017?

Due to the VEBA Board's long-term, quality-focused approach to health care benefits, we are pleased to say that the majority of plan benefits will have no changes for 2017. Listed below are the plans that will have changes for 2017:

- UnitedHealthcare PPO Plan for San Diego and other Southern California regions
- UnitedHealthcare Alliance Plan for San Diego
- Performance HMO, Network 3 Plans in San Diego

All other plans including the Kaiser Medical and Prescription Drug Plans and the Full Network UHC HMO Plans will have no changes for 2017.

UnitedHealthcare PPO Plan Changes

UnitedHealthcare is tightening up its existing policies for out-of-network charges in the PPO plans. When members use out-of-network doctors, health care professionals, or facilities, their costs may be higher, and they may be balance billed. What Members Need to Know:

- UnitedHealthcare network providers should be used when possible. Members should consult with their doctor
 prior to having a health care procedure, about the facility and other specialists who may be involved, to ensure
 they participate in the network.
- If balance billed, members are able to talk to the out-of-network facility or doctor to see if their provider will lower the charges or set up a payment plan.
- Any balance billed amount a member may pay for services from an out-of-network provider does not apply to your out-of-pocket limit.
- As always, members who are experiencing a medical emergency, should seek services at the nearest emergency facility.

Alliance Plan Changes

UnitedHealthcare launched the Alliance plan in San Diego approximately three years ago. It was originally built around Scripps providers, requiring the providers to 'discount' their pricing in order to participate in the Alliance Plan. VEBA has built upon existing strong relationships with San Diego providers in order to provide choice of access for its members. As a result, we are pleased to announce that the UCSD Health Group and Rady Children's* will be joining the Alliance Plan beginning in 2017.

Detailed Alliance Plan changes continue on the next page.



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New Alliance 1200 HRA HMO Plan Offered as a Plan Option

Currently, VEBA districts and bargaining groups are able to offer the Alliance 500 plan to its members. Beginning in 2017, a new Alliance 1200 Plan will be offered as an alternative choice to offer to members. The new Alliance 1200 Plan is designed to provide members with a competitive alternative plan to PHMO Network 3 Plans and the UHC PPO Plan. Districts and bargaining units may choose one of the Alliance plans to offer to members.

Performance HMO Plan Changes

The Performance HMO is designed to help members make informed decisions about their Primary Care Provider (PCP) by ranking medical groups in three networks based on quality scores and pricing. Medical groups in Network 1 have the highest quality and lowest costs. With the introduction of the Affordable Care Act and the possible ramifications of the Excise tax (Cadillac Tax), VEBA evaluated its plans to consider the financial impact of the 'Cadillac Tax'. Changes listed below will allow VEBA to continue to offer high quality plans at an affordable cost and minimize the risk of unnecessary tax in the event the 'Cadillac Tax' is implemented.

Changes from 2016 to 2017 are noted in red below:

	2016	2017	2016	2017	2017	2017
Benefit Summary	Performance HMO Plan A Network 3 What You Pay	Performance HMO Plan A Network 3 What You Pay	Performance HMO Plan B Network 3 What You Pay	Performance HMO Plan B Network 3 What You Pay	Alliance 500 HMO What You Pay	NEW Alliance 1200 HMO What You Pay
Deductible (individual/family)	None	None	None	None	\$2,000/\$2,000	\$2,000/\$2,000
Rx Deductible (Brand) *	None	\$250	None	\$250	None	None
Annual Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$5,000	\$3,000/\$6,000
Rx Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200	\$1,600/\$3,200
Health Reimbursement Account	None	None	None	None	\$500	\$1,200
PCP Office Visit	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$35 copay	\$35 copay
Specialist Office Visit	\$40 copay	\$60 copay	\$40 copay	\$60 copay	\$50 copay	\$50 copay
Inpatient Hospital Care	\$250 admit copay	20% coinsurance	20% copay	20% copay	20% copay (after deductible)	20% copay (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge					
Complex Radiology (MRI & PET)	\$200 copay	\$200 copay	\$200 copay	\$200 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Surgery	\$500 copay	20% coinsurance	\$500 copay	20% coinsurance	20% (after deductible)	20% (after deductible)
Urgent Care (Your medical group/other medical group)	\$40 copay/\$50 copay	\$40 copay/\$50 copay	\$40 copay/\$100 copay	\$40 copay/\$100 copay	\$35 copay/ 20% coinsurance(after deductible)	\$35 copay/ 20% coinsurance(after deductible)
Emergency Room (Copay waived if admitted)	\$300 copay	\$300 copay	\$300 copay	\$300 copay	20% (after deductible)	20% (after deductible)

^{*} The \$250 Rx brand deductible is applicable to Performance HMO Plans A-E, Network 3 in San Diego.

Disclaimer: All benefit summaries provided in this flyer serve as illustration only and are not intended to alter or expand benefits, rights or liabilities as set forth in the official plan documents. In the event of a discrepancy, the plan documents will govern.

