



Out-of-Area Dependent Benefits

Your school district is a member of the California Schools VEBA (VEBA). You can choose to cover any eligible dependents in your VEBA benefit plan selection. This includes your dependents who live with you as well as those who live away from home, in another part of California, or in another state. The rest of this flyer describes benefits for your dependents who live out-of-the-area.

About Out-Of-Area Dependent Plan Coverage

While we try to match your out-of-area dependent’s health plan as close as possible to the health plan you enroll in, sometimes, we need to place your out-of-area dependents in another plan. That’s because we want to make sure they have access to a provider network wherever they live. Here’s what you need to know:

1. The monthly premium cost for out-of-area dependents is the same as it is for dependents who live at home.
2. The plan we enroll your dependents in is based on their out-of-area address.
3. Even if you enroll in an HMO plan, based on your dependent’s address, he or she may be enrolled in a different plan—either HMO or PPO plan—with different copays and benefit amounts. Again, it depends on their address.
4. You must include your dependent’s out-of-area address on the enrollment form. This is so they can be placed in an out-of-area plan that has a local provider network.
5. Dependents will remain in their out-of-area plan unless they change their permanent address. This means they cannot switch back to your HMO or PPO plan if they return home for a short period of time such as winter, spring, or summer break.
6. Dependents who are enrolled in an HMO plan must choose a PCP within 30 miles of their out-of-area address.

Remember, if you are in an HMO plan, we will try to keep your dependent in an HMO plan. However, based on your dependent’s address, we may have to enroll him or her in the out-of-area PPO plan.

The chart below describes what plans are available to your Out-Of-Area Dependents, based on the plan you enroll in and their out-of-area address. The summary of benefits is shown on the back page of this flyer.

Your Health Plan	Dependents living IN California but OUTSIDE San Diego Area	Dependents living OUTSIDE California	Dependents visiting other regions (for no more than 90 days)
Kaiser	<ul style="list-style-type: none"> • Benefits are available if dependent’s out-of-area address is within a Kaiser service area • If dependent’s out-of-area address is outside the Kaiser service area, benefits are available for emergency services only 	<ul style="list-style-type: none"> • Benefits are available for emergency services only 	<p>If your out-of-area dependent temporarily visits the service area of another Kaiser region (not more than 90 days), you can receive visiting member care from designated providers in that area. Visiting member care and out-of-pocket costs may differ from the covered services and cost sharing described in the plan’s <i>Evidence of Coverage</i>.</p> <p>The 90-day limit on visiting member care does not apply to Members who attend an accredited college or accredited vocational school. In addition, the service areas and facilities where out-of-area dependents may obtain visiting member care may change at any time without notice.</p>
UnitedHealthcare HMO Plan	<ul style="list-style-type: none"> • Based on dependent’s out-of-area address, dependent will be enrolled in either a UnitedHealthcare HMO or PPO plan 	<ul style="list-style-type: none"> • Based on dependent’s out-of-state address, dependent will be enrolled in a PPO plan 	N/A
UnitedHealthcare PPO Plan	<ul style="list-style-type: none"> • Your dependent will be enrolled in a UnitedHealthcare California PPO 	<ul style="list-style-type: none"> • Based on dependent’s address, his or her out-of-area PPO plan may not be the same as yours, meaning network, copayment amounts and deductible amounts may be different from yours 	N/A





Benefit Summary

The summary below shows the available plans for out-of-area dependents. For more details, including a Summary of Benefits (SOB) and Summary of Benefits Coverage (SBC), please visit: [Vebaonline.com](http://vebaonline.com)

Benefit Summary	UHC Out-of-Area Signature Value	
	HMO 10	UHC Out-Of-Area PPO 80/50 In Network Out of Network
Deductible (individual/family)	None	\$500/\$1,000 \$500/\$1,000
Medical Plan Out-of-Pocket Maximum (individual/family)	\$1,000/\$3,000	\$2,000/\$4,000 \$4,000/\$8,000
RX Plan Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000 N/A
Health Reimbursement Acct.	None	None None
PCP Office Visit	\$10 copay	\$20 copay 50% coinsurance (after deductible)
Specialist Office Visit	\$10 copay	\$20 copay 50% coinsurance (after deductible)
Preventive Care	No charge	No charge No coverage for non-network services
Inpatient Hospital Care	No charge	20% coinsurance (after deductible) 50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay/ No charge	\$20 copay/20% coinsurance (after deductible) 50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	\$20 copay/20% coinsurance (after deductible) 50% coinsurance (after deductible)
Infertility	Not covered	Not covered Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge 50% coinsurance (after deductible)
Complex Radiology (PET & MRI)	No charge	20% coinsurance (after deductible) 50% coinsurance (after deductible)
Outpatient Surgery	No charge	20% coinsurance (after deductible) 50% coinsurance (after deductible)
Outpatient Physical/ Rehab. Therapy (PCP/Specialist)	\$10 copay	\$20 copay 50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$10 copay/ \$50 copay	\$50 copay 50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay \$100 copay
Retail Prescription Drugs¹ (generic/preferred/non-preferred)	\$5/\$20/50% (up to a 30-day supply)	\$5/\$20/50% (up to a 30-day supply) No coverage for non-network chiro
Mail Order Prescription Drugs² (generic/preferred/non-preferred)	\$10/\$40/50% (90-day supply)	\$10/\$40/50% (90-day supply) No coverage for non-network pharmacy
Chiropractor Services³	\$10 copay	\$20 copay 50% coinsurance (after deductible)

¹ Subject to a \$30 minimum and \$125 maximum

² Subject to a \$60 minimum and \$250 maximum

³ Services must be medically necessary and may be subject to prior authorization from OptumHealth

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.