

Medical Plan Comparison 2020



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This presentation is intended for communication purposes only.

Please visit the UCnet website
<http://ucnet.universityofcalifornia.edu>
and plan documents for complete information.

Resources

★ Open Enrollment Website ucnet.universityofcalifornia.edu/oe/

- Which Medical Plan is Right for You

★ Ucnet

<http://ucnet.universityofcalifornia.edu>

- Plan Rates
- Plan Contacts
- Medical plan booklets, summaries
- Doctor Directories
- Which Medical Plan is Right for You
- Dental, Vision, FSA

Topics

- Priorities
- Residence limitations
- Choice of physician
- Cost of care & prescription drugs
- Out of Pocket Maximum
- Health Savings Account
- Behavioral Health
- Chiropractic and Acupuncture



2020 Medical Plans

HMO

❖ UC Blue & Gold HMO

❖ Kaiser



PPO

❖ UC Care

❖ Health Savings Plan

❖ Core



All medical plans continue in 2020!

Changes in Employee Medical Rates

2020 Contributions	Pay Band 1 (\$58,000 and Under)				Pay Band 2 (\$58,001 to \$114,000)			
	EE	EE+C	EE+Sp	EE+Fam	EE	EE+C	EE+Sp	EE+Fam
UC B&G HMO	\$50.64	\$91.15	\$166.95	\$207.46	\$88.82	\$159.87	\$254.11	\$325.17
Kaiser	\$22.97	\$41.35	\$50.31	\$68.66	\$61.15	\$110.07	\$137.47	\$186.37
HSP	\$22.97	\$41.35	\$50.31	\$68.66	\$61.15	\$110.07	\$137.47	\$186.37
UC Care	\$141.74	\$255.13	\$358.26	\$471.65	\$179.92	\$323.85	\$445.42	\$589.36

2020 Contributions	Pay Band 3 (\$114,001 to \$171,000)				Pay Band 4 (Over \$171,000)			
	EE	EE+C	EE+Sp	EE+Fam	EE	EE+C	EE+Sp	EE+Fam
UC B&G HMO	\$128.00	\$230.39	\$332.22	\$434.62	\$168.57	\$303.42	\$413.15	\$548.00
Kaiser	\$100.33	\$180.59	\$215.58	\$295.82	\$140.90	\$253.62	\$296.51	\$409.20
HSP	\$100.33	\$180.59	\$215.58	\$295.82	\$140.90	\$253.62	\$296.51	\$409.20
UC Care	\$219.10	\$394.37	\$523.53	\$698.81	\$259.67	\$467.40	\$604.46	\$812.19

\$0 Employee Premium Contribution for the CORE Plan

**Rates subject to collective bargaining unit agreements*

Getting started...

All plans have similar coverage

- ◇ Medical
- ◇ Behavioral health
- ◇ Prescription drugs



All plans cover preventive care at no cost

- ◇ Annual well visit and labs
- ◇ Well woman visits and labs
- ◇ Preventive screening tests
- ◇ Immunizations

**Must use
in-network
providers**

What is your priority?

- Cost to enroll – monthly premium
- Cost of care
 - ◇ Predictable, low cost copays
 - ◇ Pay a % of each service
- Choice of providers
 - ◇ HMO medical group physicians
 - ◇ PPO preferred network or any provider
- Effort to manage – coordinating care & bills



Residence Limitations

UC Blue & Gold & Kaiser (HMO)

- Employee must live in California
- PCP must be within 30 miles of where you live or work

UC Care PPO

- Most comprehensive plan
- Employee may live anywhere
- Worldwide services

Health Savings Plan

- Employee must live in US

CORE PPO

- Basic catastrophic plan
- Employee may live anywhere
- Worldwide services



Choice of Physician

HMO (Health Net, Kaiser)

- You choose PCP
- PCP coordinates care
- PCP refers to specialists
- Specialists limited to physicians in medical group

UC Care

In-Network

- UC Select
- Anthem PPO

You choose

Out-of-Network

- *Non-Anthem*

UC Health Saving Plan

In-Network

- Anthem PPO

You choose

Out-of-Network

- *Non-Anthem*

CORE

In-Network

- Anthem PPO

You choose

Out-of-Network

- *Non-Anthem*

Networks/Tiers

UC Select (Tier 1)

UC Medical
Centers
&
Select
Anthem PPO

Anthem Preferred (Tier 2)

In CA
Anthem PPO

Out of CA
Blue Cross Blue Shield

Out of US
Any provider

Non-Preferred Out-of-Network (Tier 3)

Out of the
UC Select
or
Anthem Preferred

In Network Providers

UC Select (Tier 1) are **limited** to:

- ◇ Sansum Clinic
- ◇ Cottage Hospital System
(Santa Barbara, Goleta and Santa Ynez)
- ◇ Quest Diagnostic Labs
- ◇ Pacific Diagnostic Labs
- ◇ Pueblo Radiology
- ◇ Some local providers – *search Anthem directory*

No changes
in 2020

Additional UC Select (Tier 1) providers in:

- ◇ Santa Maria
- ◇ Lompoc
- ◇ Ventura
- ◇ UCLA Medical Center

No changes
in 2020

UC Care Provider Directory:

<https://www.ucppoplans.com/>

Anthem Health Guides: **(844) 437-0486**

When traveling out of US

HMO (Health Net, Kaiser)

- Limited to emergency and urgent care only
- No routine care when away from medical group

UC Care

- Comprehensive coverage
- Plan pays **Preferred/Tier 2** benefit.

UC Health Savings Plan

- Limited to emergency and urgent care only
- No routine care

CORE

- Comprehensive coverage
- Plan pays **out-of-network** benefit.



Plan Costs

- **HMOs** have predictable **copays** for services
- **PPOs** have deductibles and coinsurance
 - ◇ **Deductible** is the amount you pay **each year** before the plan starts sharing the cost with you
 - ◇ **Coinsurance** is your share of the cost after you pay the deductible
 - ◇ Your costs are based on the **network** the provider is in and the **service** you receive
 - ◇ You pay discounted rates for “in-network” providers
 - ◇ You pay more for “out-of-network” providers

PPO Allowed Amount – **In Network**

PPO plans **negotiate** “allowed” rates to process claims.

In-Network	Example										
<p>Discounted rate Amount plan negotiates for each service with “preferred” or participating providers</p> <ul style="list-style-type: none">• You pay the in-network coinsurance on the discounted rate.• Provider can't “balance bill”	<p>20% Coinsurance</p> <table><tr><td>Provider charge:</td><td>\$200</td></tr><tr><td>Allowed amount:</td><td>\$100</td></tr><tr><td>Plan pays 80%:</td><td>\$80</td></tr><tr><td>You pay 20%:</td><td>\$20</td></tr><tr><td>Provider write-off:</td><td>\$100</td></tr></table>	Provider charge:	\$200	Allowed amount:	\$100	Plan pays 80%:	\$80	You pay 20%:	\$20	Provider write-off:	\$100
Provider charge:	\$200										
Allowed amount:	\$100										
Plan pays 80%:	\$80										
You pay 20%:	\$20										
Provider write-off:	\$100										

PPO Allowed Amount – **Out of Network**

PPO plans assign “*allowed*” rates to process claims.

Out-of-Network	Example
<p>Value that plan assigns to a service when provider is NOT a “preferred provider” (not participating)</p> <ul style="list-style-type: none">• Plan pays out-of-network coinsurance on the allowed amount.• Provider can “balance bill”	<p>50% Coinsurance</p> <p>Provider charge: \$200 Allowed amount: \$100</p> <p>Plan pays 50%: \$50 (50% of \$100)</p> <p>You pay 50%: \$50</p> <p>You pay balance: \$100</p>

Office Visit Cost

Medical Plan	Copay	Deductible	Coinsurance
HMO	\$20	None	None
UC Care PPO UC Select/Tier 1	\$20	None	None
Preferred/Tier 2		\$250 indiv \$750 family	You pay 20%
Out-of-Network		\$500 indiv \$1,500 family	Plan pays 50% of allowed rate You pay balance

Deductible: Individual vs Family

Family Deductible Example **UC Care PPO** Anthem Preferred (Tier 2)

\$250 Individual / \$750 Family

Coinsurance

Parent 1	Paid \$250	20%
Child 1	Paid \$250	20%
Parent 2	Paid \$175	20%
Child 2	Paid \$ 75	20%
Total:	\$750	

Office Visit Costs

Medical Plan	Copay	Deductible	Coinsurance
CORE			
In-network	n/a	\$3,000 per individual	You pay 20%
Out-of-Network			Plan pays 80% of allowed rate
Health Savings			
In-network	n/a	\$1,400 single \$2,800 family*	You pay 20%
Out-of-Network		\$2,550 single \$5,100 family*	Plan pays 60% of allowed rate
Full family deductible must be met before plan shares cost			

Hospital Costs

Medical Plan	Copay	Deductible	Coinsurance
HMO	\$250	None	None
UC Care PPO			
UC Select/Tier 1	\$250	None	None
Preferred/Tier 2	n/a	\$250 indiv \$750 family	You pay 20%
Out-of-Network		\$500 indiv \$1,500 family	Plan pays 50% of allowed rate You pay balance

Hospital Costs

Medical Plan	Copay	Deductible	Coinsurance
CORE			
In-network	n/a	\$3000 per individual	You pay 20%
Out-of-Network			Plan pays 80% of allowed rate
Health Savings			
In-network	n/a	\$1,400 single \$2,800 family*	You pay 20%
Out-of-Network		\$2,550 single \$5,100 family*	Plan pays 60% of allowed rate

*Full family deductible must be met before plan shares cost

Outpatient Surgery Center Costs

Medical Plan	Copay	Deductible	Coinsurance
HMO	\$100	None	None
UC Care PPO			
UC Select/Tier 1	\$100	None	None
Preferred/Tier 2	n/a	\$250 indiv \$750 family	You pay 20%
Out-of-Network	n/a	\$500 indiv \$1,500 family	Plan pays 50% of allowed rate You pay balance

Outpatient Surgery Center Costs

Medical Plan	Copay	Deductible	Coinsurance
CORE			
In-network	n/a	\$3000 per individual	You pay 20%
Out-of-Network	n/a		Plan pays 80% of allowed rate

Health Savings			
In-network	n/a	\$1,400 single \$2,800 family*	You pay 20%
Out-of-Network	n/a	\$2,550 single \$5,100 family*	Plan pays 60% of allowed rate

*Full family deductible must be met before plan shares cost

Emergency Room Costs

Medical Plan	Copay	Deductible	Coinsurance
HMO	\$75	None	None
UC Care PPO			
UC Select/Tier 1	\$200*	None	None
Preferred/Tier 2	\$200*	Waived	None
Out-of-Network	\$200*	Waived	None

*250 if admitted

Emergency Room Costs

Medical Plan	Copay	Deductible	Coinsurance
CORE			
In-network	n/a	\$3,000	You pay 20%
Out-of-Network			You pay 20%
Health Savings			
In-network	n/a	\$1,400 single \$2,800 family*	You pay 20%
Out-of-Network		\$2,550 single \$5,100 family*	You pay 20%
*Full family deductible must be met before plan shares cost			

Out-of-Pocket Maximum

- The most the insurance plan requires you to pay in a **calendar year**
- Once you have paid this amount, the insurance plan pays **100%** of future expenses in plan year.
- **Includes** deductible, copay, coinsurance for medical services, behavioral health and prescription drugs
- Does not include amounts “not allowed” by insurance plan when using out-of-network providers.

Out-of-Pocket Maximum

Medical Plan	OOPM Medical & Rx	Notes
Health Net HMO	\$1,000 indiv \$3,000 family	Family = 3 or more
Kaiser HMO	\$1,500 indiv \$3,000 family	Family = 2 or more

- Each individual has his/her own OOPM
- The family also has an OOPM – the most the family as a whole will pay in a year

Out-of-Pocket Maximum

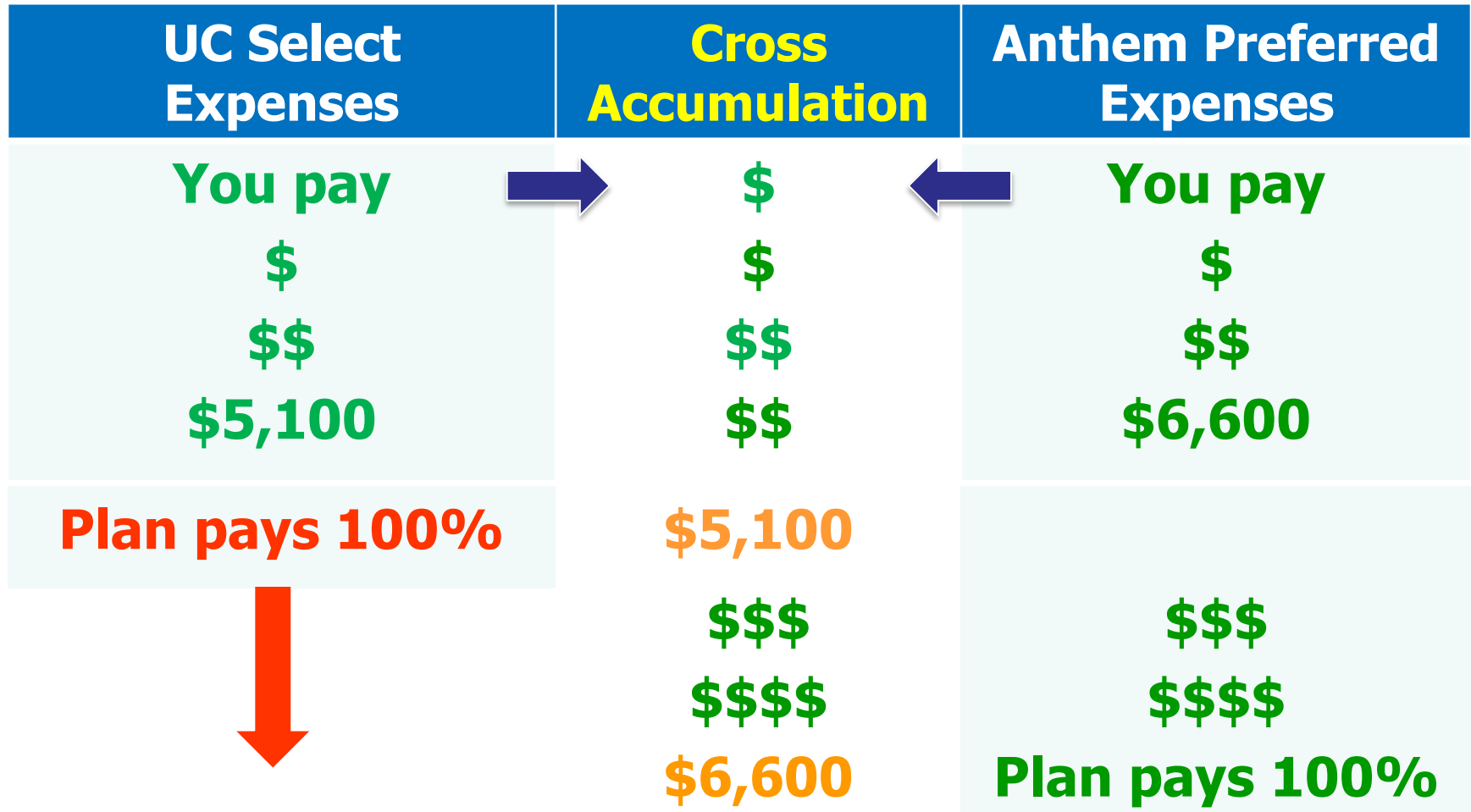
Medical, behavioral health and pharmacy are combined

Medical Plan	UC Select	Anthem Preferred	Out-of-Network
UC Care	\$5,100 indiv \$8,700 family	\$6,600 indiv \$13,200 family	\$8,600 indiv \$19,200 family

Cross accumulate

*UC Select/Anthem Preferred pharmacy and behavioral health expenses accumulate toward the UC Select maximum.

UC Care – Cross Accumulation



Out-of-Pocket Maximum

Medical, behavioral health and pharmacy are combined

Medical Plan	Anthem Preferred	Out-of-Network
Core	\$6,350 indiv \$12,700 family	
Health Savings	\$4,000 indiv (single) \$6,400 family	\$8,000 indiv (single) \$16,000 family
<ul style="list-style-type: none">• In-network expenses apply to out-of-network OOPM• FULL family OOPM must be met before plan pays 100% for any family member		

Deductible, Coinsurance, OOPM

Health Savings Plan Individual (Single) In-Network Providers

You pay	You share cost with plan	After you pay OOPM, Plan pays 100%
\$1400 Deductible	20% Coinsurance	\$4000 OOPM

Deductible, Coinsurance, OOPM

Health Savings Plan Family In-Network Providers

The full family deductible must be met before plan shares costs

You pay	You share cost with plan	After you pay OOPM, Plan pays 100%
\$2800 Deductible	20% Coinsurance	\$6400 OOPM

Prescription Drugs

Preferred Drug List (Formulary) is different for each carrier

	HMO UC Care	Health Savings CORE
Retail (30 day) <ul style="list-style-type: none"> • Generic • Brand • Non-formulary 	\$5 \$25 \$40	You pay discounted rate for medication until you satisfy the deductible After deductible, you pay 20% at preferred pharmacies
Mail Order (90 day) Selected Retail <ul style="list-style-type: none"> • Generic • Brand • Non-formulary 	\$10 \$50 \$80	

Learn more about PPO costs

Fair Health Consumer

<http://www.fairhealthconsumer.org/>

Health Care Blue Book

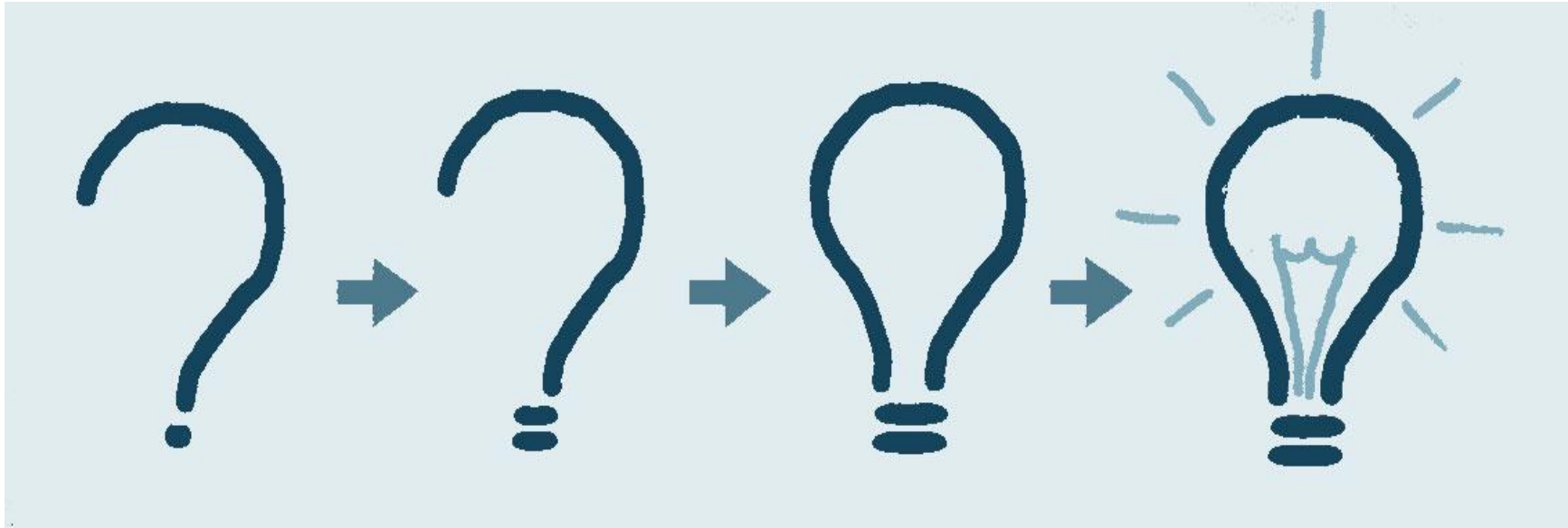
<https://www.healthcarebluebook.com/>

Anthem Pharmacy– drug costs

<https://www.ucppoplans.com>

Anthem Member website

- After you enroll, see estimator tools



UC Health Savings Plan

High deductible medical plan paired
with a Health Savings Account

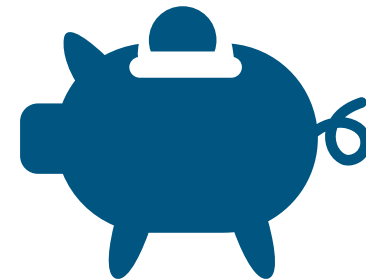
Medical Coverage



(844) 437-0486
[anthem.com/ca/uc](https://www.anthem.com/ca/uc)



Health Savings Account



HealthEquity®

866-212-4729
[healthequity.com/ed/uc/](https://www.healthequity.com/ed/uc/)

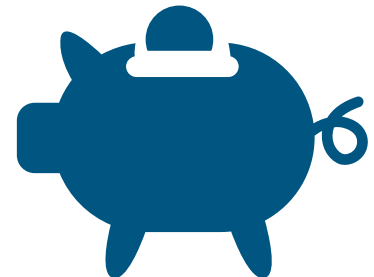
STOP: Consider HSA Limitations

To own/contribute to Health Savings Account:

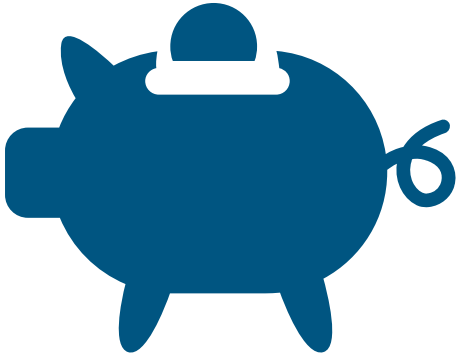
- May **not** be enrolled in Medicare A or B
 - ◇ Did you enroll in Medicare at age 65?
 - ◇ Were you automatically enrolled when you signed up for Social Security pension?
- May **not** be enrolled in other medical plan
- Must have a \$0 balance in Health FSA on December 31, 2019
- May **not** be claimed as a dependent on someone else's tax return

Health Savings Account

- You keep the money even if you change jobs or insurance plans
- You can make contributions at any time
- **HSA has triple tax advantage**
 - No Federal taxes on contributions
 - No taxes when funds are used
 - No taxes on earnings
- HSA **funds rollover** from year to year
- You can **invest funds** to earn more



How does HSA work?



UC contributes in January

You contribute anytime

- ◇ Your 2019 payroll contribution will carryover
- ◇ Increase or decrease contribution at any time

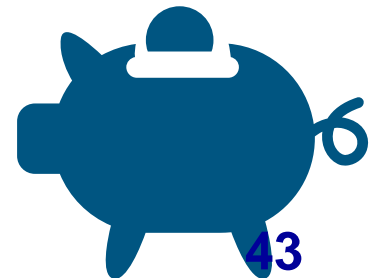


Pay eligible expenses using:

- ◇ Debit card
- ◇ Health Equity website

HSA can maximize savings

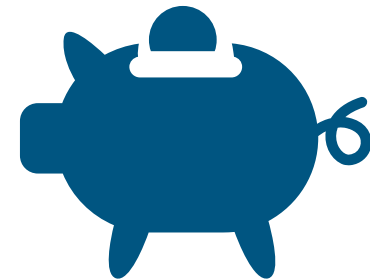
- UC Contribution (plan starting on 1/1/20)
 - ◇ **\$500** individual
 - ◇ **\$1000** family
- You can contribute up to **IRS limit** (optional):
 - ◇ Single-coverage: **\$3,550** – **\$500** = **\$3,050**
 - ◇ Family-coverage: **\$7,100** – **\$1,000** = **\$6,100**
 - ◇ Catch-up contribution, age 55+: \$1,000

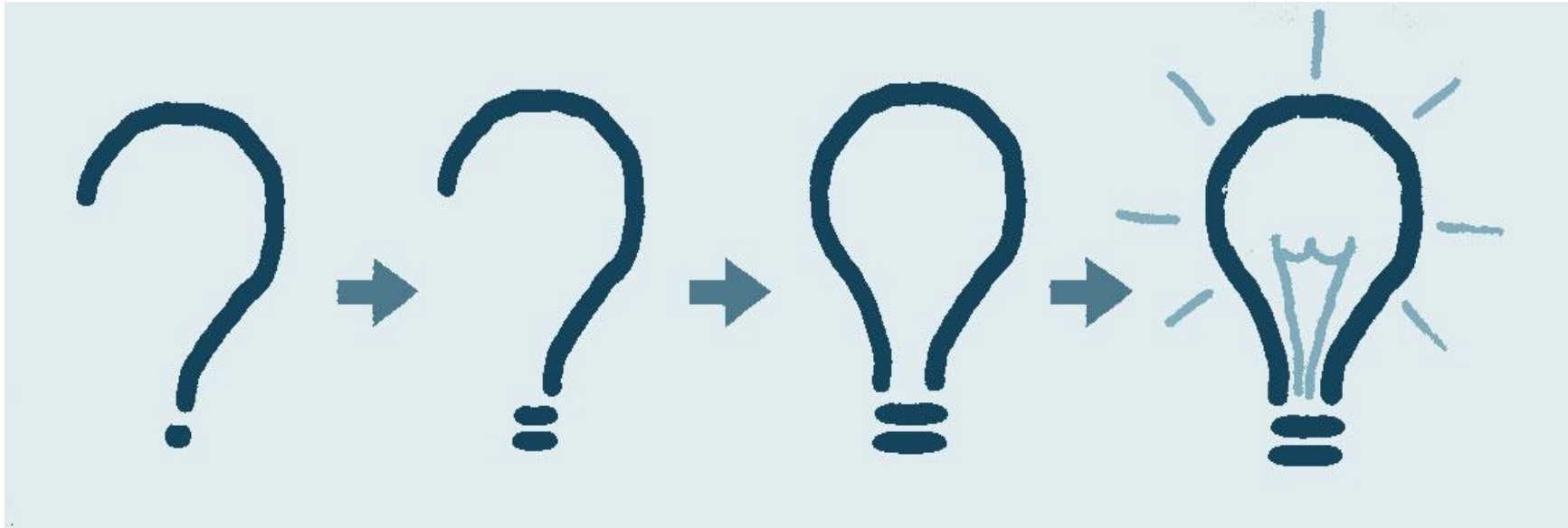


Use the HSA to pay for...

- Deductible
- Coinsurance
- Any IRS Publication 502 Expenses, including:
 - ◇ Medical
 - ◇ Dental
 - ◇ Vision
 - ◇ Prescription drug
 - ◇ Long Term Care insurance premiums
- May pay expenses for **tax dependents**; don't have to be enrolled in medical plan

Or, save for retirement





Behavioral Health

- All plans cover behavioral health care
 - ◇ psychiatrist
 - ◇ psychologist
 - ◇ therapist
 - ◇ substance abuse treatment
 - ◇ in-patient mental health
 - ◇ *Referral is not required*



HMO –Behavioral Health

Medical Plan	Network	Out of Network
UC Blue & Gold (MHN Providers)	Visits 1–3 no copay Visits 4+ \$20	Emergency only
Kaiser (Optum Providers) <i>*See plan document for Kaiser providers</i>	\$250 inpatient hospitalization	Emergency only

Telemental Health

MHN – Teladoc

Optum- 1DocWay

PPO – Anthem Behavioral Health

Plan	UC Select	Anthem	Out-of-Network
UC Care	Visit 1 – 3 No charge; \$20 copay per visit		<ul style="list-style-type: none"> • Deductible • Plan- 50% of allowed • You- balance of bill
Health Savings	n/a	Deductible 20% allowed	<ul style="list-style-type: none"> • Deductible • Plan- 60% of allowed • You- balance of bill
Core	n/a	Deductible 20% allowed	<ul style="list-style-type: none"> • Deductible • Plan- 80% of allowed • You – balance of bill

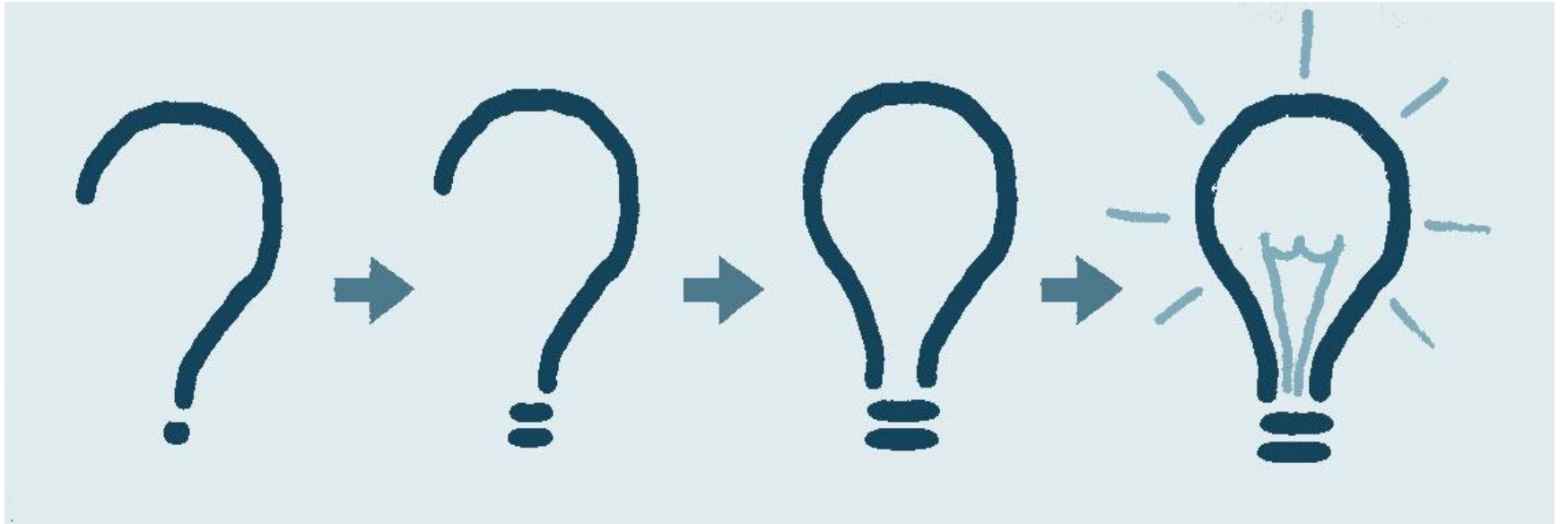
LiveHealth Online – private video visit with a therapist from home, at work or on the go. See plan documents for cost.

TeleHealth Programs

- Designed to enhance the care you already receive from your personal physician:
 - ◇ When you are considering the ER or urgent care for nonemergency medical issues
 - ◇ After normal office hours
 - ◇ When your primary care physician is not available
 - ◇ With pediatric care, if your child's primary care physician is not available
- Doctors can also diagnose, recommend and prescribe medication for many of your non-emergent medical issues

TeleHealth – How it works

- 24/7/365 access to consultations anywhere through online video, phone or secure email
- Pre-registration on plan website is recommended:
 - ◇ Health Net: **Teleadoc Health**
 - ◇ Kaiser: **Optum** or **Kaiser**
 - ◇ UC Care, Health Savings Plan, Core: **LiveHealth Online**
 - ◇ See plan benefit summary for copay/coinsurance



Chiropractic & Acupuncture

Medical Plan	Providers	Costs
Health Net	American Specialty Health	\$20 copay Self-referral 24 visits/year combined
Kaiser	American Specialty Health	\$15 copay Self-referral 24 visits/year combined with acupuncture
	Kaiser	\$15 copay 24 visits/year combined with chiropractor

Chiropractic & Acupuncture

Medical Plan	Providers	Costs
UC Care UC Select	N/A	N/A
Preferred	Anthem	After deductible, You pay 20%
Out-of-Network	Non-Anthem	After deductible, Acupuncture: Plan pays 50% allowed Chiropractic: Plan pays 80% allowed

Note: Benefit is limited to **24 visits per calendar year** combined for Acupuncture and Chiropractic visits

Chiropractic & Acupuncture

Medical Plan	Providers	Costs
Health Savings In-Network	Anthem	After deductible, You pay 20%
Out-of-Network	Non-Anthem	After deductible, Acupuncture: Plan pays 80% of allowed Chiropractic: Plan pays 60% of allowed

Note: Benefit is limited to **24 visits per calendar** year combined for Acupuncture and Chiropractic visits

Chiropractic & Acupuncture

Medical Plan	Provider	Out of Network
Core In-Network	Anthem	After deductible, You pay 20%
Out-of-network	Non-Anthem	After deductible, Acupuncture: Plan pays 80% allowed Chiropractic: Plan pays 80% allowed

Note: Benefit is limited to 24 visits per calendar year combined for Acupuncture and Chiropractic visits

