Medical Plan Comparison 2020



Presented by: Rebecca Preza, Health Care Facilitator UCSB

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

Which Medical Plan is Right for You

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Which medical plan is right for you?



Employee Medical Plan Costs

UC will continue to pay the greater portion of monthly medical plan premiums in 2019, and employees will pay the balance as shown in the tables.

Four Rate Levels Based on Salary

Four rate tables ("pay bands") are shown here. Your pay band, and thus your premium, is based on your full-time salary rate as of Jan. 1, 2018. UC provides larger monthly employer contributions for those earning less to help keep premium costs from becoming a burden.

Retiree Medical Plan Costs

Retirees can find their monthly premiums for the medical plans listed here online at ucal.us/retireepremiums

PLEN .		+E	+4.	+8,5,4	PLIN
CORE	60.00	\$0.00	95.00	9000	COM
Sainer Fermaneste - Califfornia	920.60	840.3%	885.00	965.00	Salar Perissanda - Californ
UC Block Guld HMO	545.98	grank.	928476	scritter.	DC Nue & Guld HIND
UE Care	(CT3/8 (Re)	-\$179,96	\$28.0,00	(800.00)	DC Care
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Western Health Advertage	921,210	198.02	paterne	963.87	Western Health Advantage
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Famer Permanente - California	97.00	1123.04	tmarks.	4070.00	Samer Permanente Californ
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UC Care	6288.00	state se	pd66.26	(618.15	DC Care
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Western Health Advantage					

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

<u> HMO</u>

UC Blue & Gold HMO



All medical plans continue in 2020!

Kaiser



<u> PPO</u>

UC Care

Health Savings Plan





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)					
	EE	EE+C	EE+Sp	EE+Fam		
UC B&G HMO	\$128.00	\$230.39	\$332.22	\$434.62		
Kaiser	\$100.33	\$180.59	\$215.58	\$295.82		
HSP	\$100.33	\$180.59	\$215.58	\$295.82		
UC Care	\$219.10	\$394.37	\$523.53	\$698.81		

Pay Band 4 (Over \$171,000)							
EE	EE+C	EE+Sp	EE+Fam				
\$168.57	\$303.42	\$413.15	\$548.00				
\$140.90	\$253.62	\$296.51	\$409.20				
\$140.90	\$253.62	\$296.51	\$409.20				
\$259.67	\$467.40	\$604.46	\$812.19				

\$0 Employee Premium Contribution for the CORE Plan

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 Health Saving Plan

You choose

In-Network

Anthem PPO

Out-of-Network

Non-Anthem

UC Care

In-Network

- UC Select
- Anthem PPO

Out-of-Network

Non-Anthem

CORE

In-Network

Anthem PPO

Out-of-Network

Non-Anthem

You choose

You choose



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



UC Select in Santa Barbara

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



UC Select near UCSB

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		
Discounted rate Amount plan negotiates for each	20% Coinsurance		
service with "preferred" or participating providers	Provider charge: Allowed amount:	\$200 \$100	
 You pay the in-network 	Plan pays 80%:	\$80	
coinsurance on the discounted rate.	You pay 20%:	\$20	
 Provider can't "balance bill" 	Provider write-off:	\$100	

PPO Allowed Amount — Out of Network

PPO plans assign "allowed" rates to process claims.

Out-of-Network	Example		
Value that plan assigns to a service when provider is	50% Coinsurance		
NOT a "preferred provider" (not participating)	Provider charge: Allowed amount:	\$200 \$100	
 Plan pays out-of-network coinsurance on the allowed 	Plan pays 50%: (50% of \$100)	\$50	
amount.	You pay 50%:	\$50	
 Provider can "balance bill" 	You pay balance:	\$100	

Office Visit Cost

Medical Plan	Copay	Deductible	Coinsurance
НМО	\$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	You pay 20%			
Out-of-Network	,	per individual	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
НМО	\$250	None	None
UC Care PPO UC Select/Tier 1	\$250	None	None
Preferred/Tier 2		\$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

Hospital Costs

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

- 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.

Medical Plan	ООРМ	Notes
	Medical & Rx	
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

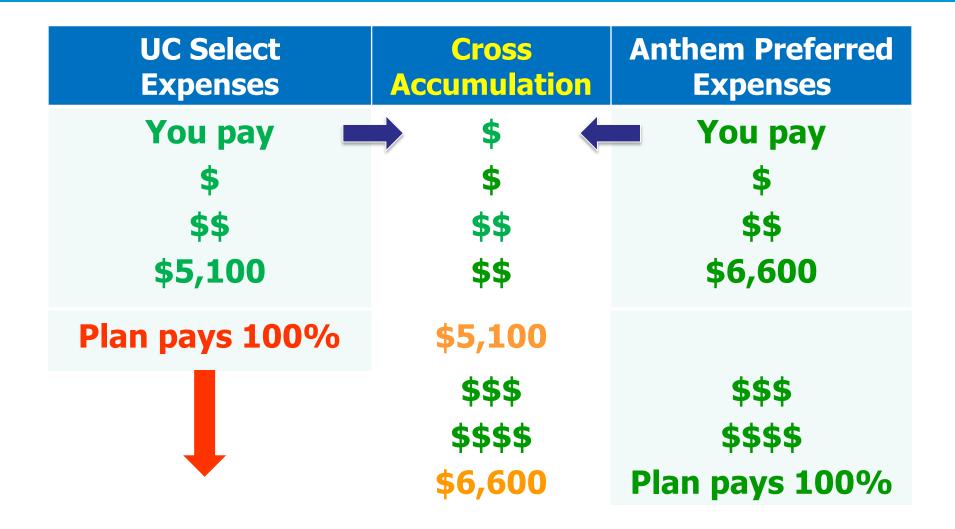
Medical, behavioral health and pharmacy are combined

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

Cross accumulate

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

UC Care — Cross Accumulation



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 \$16,000 family		
 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

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)GenericBrandNon-formulary	\$5 \$25 \$40	You pay discounted rate for medication until you satisfy the deductible
Mail Order (90 day) Selected Retail Generic Brand Non-formulary	\$10 \$50 \$80	After deductible, you pay 20% at preferred pharmacies

Learn more about PPO costs

Fair Health Consumer

http://www.fairhealthconsumer.org/

Health Care Blue Book

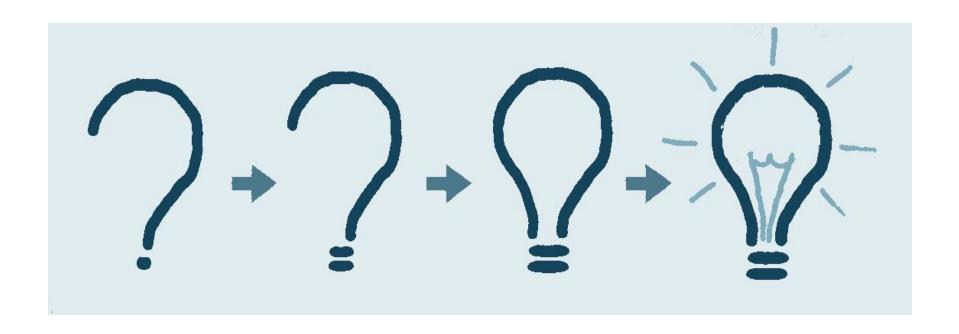
https://www.healthcarebluebook.com/

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







Health Savings Account



Health**Equity**®

866-212-4729 healthequity.com/ed/uc/

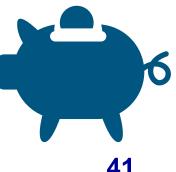
STOP: Consider HSA Limitations

To own/contribute to Health Savings Account:

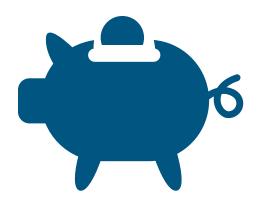
- May not be enrolled in Medicare A or B
 - Did you enroll in Medicare at age 65?
 - Were you automatically enrolled when you signed up for Social Security pension?
- May not be enrolled in other medical plan
- Must have a \$0 balance in Health FSA on December 31, 2019
- May not be claimed as a dependent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

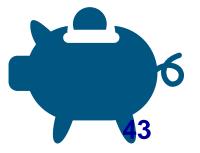


Pay eligible expenses using:

- Debit card
- Health Equity website

HSA can maximize savings

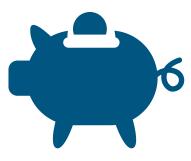
- UC Contribution (plan starting on 1/1/20)
 - \$500 individual
 - ◆ \$1000 family
- You can contribute up to IRS limit (optional):
 - \diamond Single-coverage: \$3,550 \$500 = \$3,050
 - \diamond Family-coverage: \$7,100 \$1,000 = \$6,100
 - ♦ Catch-up contribution, age 55+: \$1,000

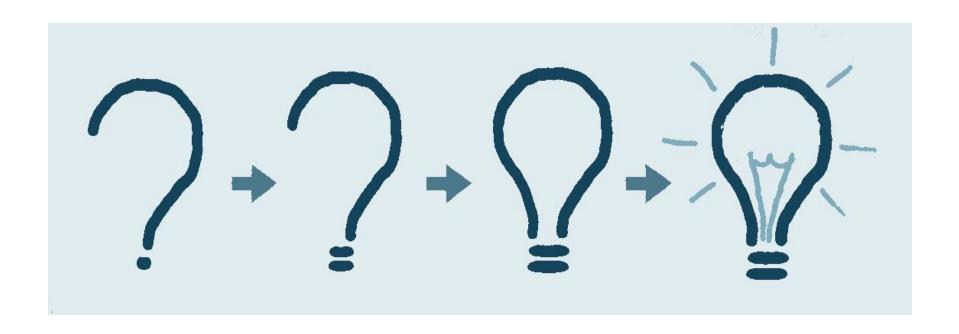


Use the HSA to pay for...

- 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) *See plan document for Kaiser providers	\$250 inpatient hospitalization	Emergency only

Telemental Health

MHN - Teladoc

Optum- 1DocWay

PPO – Anthem Behavioral Health

Plan	UC Select	Anthem	Out-of-Network
UC Care		No charge; ay per visit	DeductiblePlan- 50% of allowedYou- balance of bill
Health Savings	n/a	Deductible 20% allowed	DeductiblePlan- 60% of allowedYou- balance of bill
Core	n/a	Deductible 20% allowed	DeductiblePlan- 80% of allowedYou – balance of bill

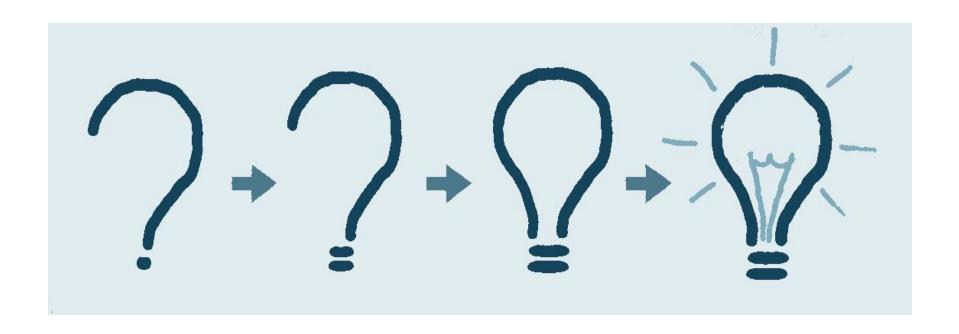
LiveHealth Online – private video visit with a therapist from home, at work or on the go. See plan documents for cost.

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



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

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

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

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

