YOUR UC MEDICAL PLANS

AN OVERVIEW FOR ACTIVE EMPLOYEES

UCDAVIS

Health Care Facilitator Program Presented by Guerren Solbach

Agenda

- Your options
 - Changes for next year to be noted
- Pre-paid medical plans
 - Medical/R_x/behavioral health
- PPO insurance plans
 - Medical/R_x/behavioral health
- Conclusion

UC Medical Plan Overview

YOUR OPTIONS

Your options

- UC offers:
 - **HMO** plans (2)
 - **PPO** plans (3)
- HMO availability determined by county/zip code
 - UC's HMOs in urban CA only
 - See Medical Plan Availability Tool [Excel] on HCF site



Pre-paid medical plans

- Health Maintenance Organizations
 - UC Blue & Gold HMO (Health Net)
 - Kaiser Permanente

Medical insurance plans

- Preferred Provider Organizations
 - CORE (Anthem Blue Cross)
 - Coverage worldwide
 - UC Care (Anthem Blue Cross)
 - Coverage worldwide
 - UC Health Savings Plan (Anthem Blue Cross)
 - Emergency/urgent care only outside U.S.A.

Changing plans: Open Enrollment



Note: separate rate chart insert is correct for UC Davis & ANR UCnet and OE booklet do not show subsidized rates; trust rates on ucdavis.edu

Changes effective January 1, 2022

Changing plans

- Move outside plan service area
- Acquire a newly eligible family member
- Involuntary loss of other coverage



About UC plans

- No pre-existing conditions exclusions
- No UC-sponsored double coverage
- Primary vs. secondary insurance
 - Employees' plans are primary for themselves
 - Birthday rule
- Family member verification:



About UC plans

- Preventive care generally provided at no cost
- Medical benefits may be separate from Mental Health and Pharmacy benefits
- For details, see Plan Booklets (Evidence of Coverage)
 - ucal.us/oe

UC Medical Plan Overview

PRE-PAID MEDICAL PLANS

About HMOs

- The insurance company pre-pays a monthly per capita rate (called capitation) to each Medical Group
- Your Primary Medical Group is responsible for your care for that month
- You choose a Primary Care Physician (PCP) who acts as your gatekeeper to care through the Medical Group (to change PCPs, contact plan directly)
 - Exception: Emergencies call 911 & let PCP know ASAP
 - PCP must be within 30 miles of home/work/school
 - Each family member can have a different PCP/group

Advantages of HMOs ©

- Premiums generally lower
- Low, predictable copayments
- No deductibles/coinsurance
- Significantly lower financial liability
- Encourages relationship with PCP

Limits of HMOs 🕾

- Service area limited to certain urban CA zip codes
- Must select PCP from the network of medical groups
- Most specialty care must be referred by PCP
 - Referrals and prior authorization usually required
- Must use your Medical Group's network of specialists/hospitals/labs
- May need to get permission from PCP's office before using Urgent Care Center

HMO cost sharing: Copayments

- Physician office visit: \$20
- Urgent Care: \$20
- ER: \$125
- Outpatient surgery: \$100
- Inpatient hospitalization:\$250



$HMOR_{x}$

- Generic: \$5/30-day supply
- Brand name: \$25/30-day supply
- Non-formulary: \$40/30-day supply
 - Does not apply to Kaiser
- Some meds require prior authorization
- Copayments may be waived for low- to moderate-dose statins



HMO R_x —90 day supplies

- 2 times the applicable copayment saves you 1/3
- UC Blue & Gold HMO:
 - UC pharmacies
 - Local CVS pharmacies
 - Mail order
- Kaiser:
 - Mail order (100-day supplies for 2 copays)



HMO behavioral health

НМО	Provider Network
UC Blue & Gold HMO (Health Net)	MHN (Managed Health Network)
Kaiser	Kaiser and/or Optum (UnitedHealthcare)

HMO behavioral health

Behavioral Health Plan	Website
MHN	healthnet.com/uc
Kaiser	my.kp.org/universityofcalifornia
Optum	liveandworkwell.com (access code 11280)

HMO behavioral health benefits

- Outpatient mental health benefits:
 - First 3 visits free (exception: Kaiser providers)
 - Visits 4+: \$20
- Inpatient mental health benefits:
 - \$250 per admission

HMOs: Limit on copayments

Out-of-pocket maximum

Includes medical, mental health, R_x

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UC Blue & Gold HMO (Health Net)	Kaiser Permanente*
\$1,000/person	\$1,500 /person
\$3,000/family	\$3,000/family

^{*} Kaiser maximum does not include Optum copayments

UC Blue & Gold HMO



- Large provider network, available across urban CA
- Health coach (nurse, respiratory therapist, dietician)
- 24-hour nurse line, case managers
- In-home biometric monitoring for those with heart disease/COPD
- OCVS MinuteClinics: \$20/visit
- UC-dedicated customer service

UC Blue & Gold HMO



- Disease Management programs
- Omada Health weight loss and management program (for those with diabetes and heart risks) includes scale
- Discount programs
- Quit for Life: Smoking cessation program
- Telehealth no copay consults 24/7 through Babylon



UC Blue & Gold HMO



- Smart Start for Your Baby
- myStrength mood-improving resources
- Chiropractic/acupuncture
 - 24 visits/person/year combined for \$20 copayment; selfrefer to American Specialty providers
- Online tools include a mobile app
- Pharmacy Benefit Manager: CVS/Caremark
- Carefully check your ID card—be sure the correct PCP is listed

New for 2022



- Flu Shots—Adults & Children
 - Can be obtained at office visit or Health Netcontracted pharmacy at \$0 copay
- Other Adult Immunizations
 - Can be obtained at office visit or Health Netcontracted pharmacy at \$0 copay
 - Does not apply to children's vaccines



- Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
- Clinics tend to offer pharmacies, imaging, laboratories, urgent care all at one location
- Classes, pamphlets, and videos on a wide variety of health topics; online weight, stress management & nutrition programs
- No cost access to wellness coaches by phone



- My Health Manager mobile app
- Discount programs
- Disease management programs
- Calm and myStrength behavioral health tools

KAISER PERMANENTE®

- Mental health: two choices
 - Go through PCP: \$10 for group therapy





- \bullet R_x: 30-/60-/100-day supplies at 1x/2x/3x copays
 - Use Kaiser pharmacies
 - Mail order: 100-day supply for 2x copays





- Chiropractic/acupuncture
 - 24 visits/person/year combined for \$15 copayment; self-refer to American Specialty providers
 - \$20 for Permanente acupuncturists
- Allergy shots: \$5
- No DME outside service area

New for KP



- During Open Enrollment, schedule a 15 minute appointment with a Kaiser representative
 - http://my.kp.org/universityofcalifornia
 - Look for "UC 2022 Open Enrollment Information"

UC Medical Plan Overview

PPO PLANS

About PPOs

- Insurance; no providers are pre-paid
- Members self-refer to medical providers
- Coverage for contracting providers is greater than for those with no contract
 - Contracting providers are Preferred Providers
 - When hospitalized make sure surgeon, anesthesiologist, radiologist, etc. are preferred
- Coverage is generally world-wide

Advantages of PPOs ©

- No need to designate a PCP or stay within a medical group
- Care can be received anywhere, mostly without referrals or authorizations
- Preferred providers cannot charge above contract rates (no balance billing)
- Provider network is large in CA and nationally
- Out-of-network coverage

Limits of PPOs 🙁

- Other than preventive care, no coverage until deductible is met
- Patients don't know their out of pocket costs in advance
- More expensive to use than HMOs; members must keep track of medical bills



- Out-of-network providers very expensive to use
- Prior Authorization required for imaging, inpatient services, durable medical equipment, transplants, etc.



- Large Preferred Provider network:
 - In California: 62,000+ <u>Blue Cross</u> network **Anthem Preferred** physicians (87%) including 400+ network hospitals (90%)
 - More than 97% of hospitals and 92% of physicians across the country are <u>Blue Cross/Blue Shield</u> (BlueCard) providers
 - Preferred providers in 190 foreign countries
- http://ucppoplans.com/nh/find-care



- UC-dedicated customer service
- 24/7 nurse line & behavioral health resource center
- Variety of online tools
 - Mobile app: Sydney Health
 - LiveHealth Online medical and psychology care
 - Learn to Live replaces myStrength behavioral health site learntolive



- Discount access to health & wellness
- Disease Management programs
- Pharmacy Benefit Manager: IngenioRx
 being replaced by Navitus

 MAVITUS

 Pharmacy Benefits Reinvented
- Copayments waived for some low- to moderate-dose statins

CORE Medical



- Simple, \$0 premium, high deductible PPO
- No cost preventive care, but for everything else:

"Catastrophic coverage"

CORE coverage

Anthem.

Anthem Preferred

- Self-refer to preferred providers
- 1. \$3,000 deductible
 - Per person per year
- 2. 20% coinsurance
- 3. \$6,350 Out-of-pocket limit (\$12,700 per family)
 - Per person, per year

Out-of-network

- Self-refer to non-contracting providers
- 1. Same \$3,000 deductible
 - Per person, per year
- 2. 20% coinsurance
- 3. Same \$6,350 Out-of-pocket limit (\$12,700 per family)
 - Per person, per year
- + Balance billing

CORE coverage
Anthem.



Example: Single employee	Anthem Preferred	Out-of-Network Providers
1: Deductible	\$3,000	\$3,000
2: Coinsurance	20%	20% + balance
3: Out-of-Pocket Limit	\$6,350	\$6,350 + balance

BlueCross

CORE R_x

- No flat copays; covered like medical
- Drug expenses apply toward your deductible/out-ofpocket limit





CORE mental health



- Behavioral health covered the same way medical and pharmacy are covered
 - Coverage not "carved out"
- Use Anthem Preferred providers

Advantages of CORE ©



- No monthly premium
- One deductible, out-of-pocket limit whether in-or out-of-network
- No PCP, self-refer to specialists
- Large, national preferred provider network
- Out-of-network/world-wide coverage
- LiveHealth Online 24/7 telemedicine
 - \$49/visit until deductible is met

Limits of CORE (3)



- High deductible per person & per family
- High out-of-pocket limit per person & per family
- Out-of-network coverage severely limited
 - Outpatient surgery @ surgery center: 80% of \$350
 - Hospital: 80% of \$600/day
- No coverage for hearing aids
- Chiropractic/acupuncture 24 visit limit

UC Care PPO



- High premium, low deductible PPO
- Like a standard PPO, but with two levels of innetwork providers
 - Choose a special **UC Select** provider network for low copayments
 - 2. Or, use regular **Anthem Preferred** providers and pay 30%

UC Care PPO coverage



- Tier 2: Anthem Preferred providers
 - **1. \$500** deductible
 - Per person per year
 - \$1,000 for 3 or more
 - 2. 30% coinsurance
 - **\$7,600** Out-of-pocket limit (includes R_x)
 - Per person, per year
 - **\$15,200** per family

- Tier 3: Out-of-network providers
 - **1. \$750** deductible
 - Per person, per year
 - \$1,750 for 3 or more
 - 2. **50%** coinsurance
- 3. \$9,600 Out-of-pocket limit (includes R_x)
 - Per person, per year
 - **\$20,200** per family
- + Balance billing

UC Care: Tier 1—UC Select (CA only)



- All UC medical centers and select other providers located near UC campuses
- Ocertain services for flat copayments:
 - Physician office visit: \$20
 - Urgent Care Center (not just UC Select) \$20
 - ER (not just UC Select): \$300
 - Ambulance: \$200
 - Outpatient surgery: \$100
 - Inpatient hospitalization: \$250
 - LiveHealth Online 24/7 telemedicine: \$20



Tier 1—UC Select providers



- Local UC Select hospitals
 - UC Davis Medical Center
 - Marshall Medical Center
 - Lodi Memorial Hospital
- Copayments for UC Select providers apply to the Anthem Preferred out-of-pocket limit

UC Care coverage



Self only coverage	UC Select Providers	Preferred Providers	Out-of- Network
1: Deductible	None	\$500	\$750
2: Coinsurance	Flat copayments	30%	50% + balance
3: Out-of-Pocket Limit	\$6,100	\$7,600	\$9,600 + balance

UC Care R_x

- **1. Generic: \$5**/30-day supply
- 2. **Brand name: \$25**/30-day supply
- 3. Non-formulary: \$40/30-day supply
- 90-day supplies available for 2 copays:
 - UC pharmacies
 - Costco, CVS, Safeway/Vons, Walgreens, Walmart
 - Mail order: Costco





 Specialty R_x: 30% up to \$150/script (UC pharmacies or Lumicera)

UC Care behavioral health coverage



- Coverage not "carved out"
- Use Anthem Preferred providers
- Outpatient visits 1-3, no copay; additional visits \$20

Advantages of UC Care ©



- Care from UC Select providers for low copays
- Lower deductibles than CORE, UC Health Savings Plan
- Low copays for R_x vs. CORE, UC Health Savings Plan
- No PCP, self-refer to medical providers
- Large, national preferred provider network
- Out-of-network coverage
- World-wide coverage at Anthem Preferred level of benefit

Limits of UC Care





- Many services not available at UC Select level of coverage
- Acupuncture/chiropractic visits limited to 24 visits combined
- Out-of-network coverage severely limited
 - Outpatient surgery @ surgery center: 50% of \$350
 - Hospital: 50% of \$600/day
- Specialty drugs have especially high copays
- Highest premiums and financial risks of all UC plans

UC Health Savings Plan



- Low premium, high deductible PPO with a HSA (Health Savings Account)
- HSA partially funded by UC
- Pay for medical expenses with HSA "smart card" or website
- HSA not "use it or lose it" like Health FSA (above \$500)

UC Health Savings Plan: HSA



- UC contributes to the HSA every January 1: \$500 for self-only or \$1,000 for employee + dependents
- HSA has a triple Federal tax advantage:
 - Pay no taxes on contributions/earnings/withdrawals for health care expenses (CA taxes contributions & earnings)
- In 2022, you can contribute pre-tax up to:
 - Single: \$3,650 (+\$1,000 if over age 55)
 - Family: \$7,300 (+\$1,000 if over age 55)

UC Health Savings Plan: HSA (cont.)



- Balance above \$1,000? Money can be invested.
- Have a balance at age 65? Distributions taxed as normal income (unless used for eligible expenses).
- Single? Adding new family members mid-year does not get you an additional UC contribution until the following January.

UC Health Savings Plan: Coverage





- Anthem Preferred
 - 1. \$1,400 deductible
 - \$2,800 for self + dependents
 - 2. 20% coinsurance
 - 3. \$4,000 Out-of-pocket limit
 - \$6,400 per family

Out-of-Network

- 1. \$2,500 deductible
 - \$5,000 for self + dependents
- 2. 40% coinsurance
- 3. \$8,000 Out-of-pocket limit
 - \$16,000 per family
- + Balance billing

UC Health Savings Plan: Coverage



Self Only Coverage	Preferred Providers	Out-of-Network Providers
1: Deductible*	\$1,400	\$2,550
2: Coinsurance	20%	40%
2: Coinsurance	20/0	+ balance
3: Out-of-Pocket Limit	\$4,000	\$8,000
		+ balance

^{*} UC contributes \$500 to the HSA

UC Health Savings Plan: Coverage



Self + Dependents Coverage	Preferred Providers	Out-of-Network Providers
1: <u>Shared</u> Deductible*	\$2,800	\$5,100
2: Coinsurance	20%	40%
		+ balance
3: Shared Out-of-Pocket	\$6,400	\$16,000
Limit	φ0,400	+ balance

^{*} UC contributes \$1,000 to the HSA

UC Health Savings Plan: R_x coverage



- No flat copays; covered like medical
- Drug expenses apply toward your deductible/out-of-pocket limit

UC Health Savings Plan: Mental health coverage



- Behavioral health covered the same way medical and pharmacy are covered
 - Coverage not "carved out"
- Use Anthem Preferred providers

Advantages of UC Health Savings Plan ©

- Anthem.
- Low monthly premium, lower out-of-pocket limit (shared by family)
- Tax advantaged HSA funded by UC
 - Members can contribute additional pretax amounts
 - Unused HSA dollars roll to next year; can be used as retirement money at age 65
 - Use HSA pay for deductibles and other out-of-pocket costs
- Advantages of a PPO

Limits of UC Health Savings Plan 😊



- Incompatible with Health FSA
 (FSA balance must be zero by the end of the year; cannot roll over up to \$500)
- Incompatible with Medicare
 Parts A & B and other coverage
 that is not also a qualified high
 deductible plan
- Consult a financial advisor before choosing this plan
- High deductible/OOP limit per person or per family

- Acupuncture/chiropractic visits limited to 24 visits combined
- Out-of-network coverage severely limited with addl ddbl/OOP limit
 - Outpatient surgery @ surgery center: 60% of \$350
 - Hospital: 60% of \$600/day
- Emergency/urgent coverage only outside U.S.A.
- Save your receipts in case audited by I.R.S.

PPO best case scenario: no claims ©

Single Coverage	Annual Premium (Salary Band 2)	Out-of-Pocket Maximum	Total Expense
CORE	\$0	\$0	\$0
UC Health Savings Plan	\$742.44	\$0	\$742.44
UC Care	\$2,159.04	\$0	\$2,159.04

PPO worst case scenario: high claims 🕾

Single Coverage	Annual Premium (Salary Band 2)	Out-of-Pocket Maximum	Total Expense
CORE	\$0	\$6,350	\$6,350
UC Health Savings Plan	\$742.44	\$4,000 - \$500 UC HSA contribution = \$3,500	\$4,242.44
UC Care	\$2,159.04	\$7,600	\$9,759.04

PPO best case scenario: no claims @@@

Family Coverage	Annual Premium (Salary Band 2)	Out-of-Pocket Maximum	Total Expense
CORE	\$0	\$0	\$0
UC Health Savings Plan	\$2,262.24	\$ 0	\$2,262.24
UC Care	\$7,072.32	\$0	\$7,072.32

PPO worst case scenario: high claims ⊗⊗⊗

Family Coverage	Annual Premium (Salary Band 2)	Out-of-Pocket Maximum	Total Expense
CORE	\$0	\$12,700	\$12,700
UC Health Savings Plan	\$2,262.24	\$6,400 - \$1,000 UC HSA contribution = \$5,400	\$7,662.24
UC Care	\$7,072.32	\$15,200	\$21,272.32

Choosing a plan

- Every insurer has a different drug formulary
- Match your priorities with the services available
- Do a cost/benefit analysis based on plan premiums and your expected medical, behavioral and pharmacy needs
- Review the Plan Booklets (Evidence of Coverage):
 ucal.us/oe

Help is available

Health Care Facilitator Program

- Guerren Solbach:
 - (530) 752-4264
- Erika Castillo:
 - (530) 752-7840



http://hr.ucdavis.edu/hcf

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