

Understanding Your Medical Plan

UCI Health Care Facilitator

AGENDA

- Overview of your Options
- HMO Medical Plans
- PPO Medical Plans
- Choosing a Plan
- Appendix: PPO cost scenarios (time permitting)

YOUR OPTIONS

- UC offers:
 - 2 HMO Plans (Blue and Gold; Kaiser)
 - 3 PPO Plans (UC Care; Health Savings Plan (HSP); CORE Medical)
- HMO availability determined by county/zip code
 - UC's HMOs primarily in the more urban CA counties (about ½ of CA counties)

YOUR OPTIONS (cont'd)

- You can make changes to coverage:
 - Newly-eligible Co-worker
 - Move outside of plan service area
 - Acquire a newly-eligible family member
 - Involuntary loss of coverage (ILOC)
 - Open Enrollment (changes effective January 1st of the following year)

ABOUT UC PLANS

- No pre-existing conditions exclusions
- No UC-sponsored double coverage
- Preventative care generally provided at **NO** cost
- Medical benefits may be separate from Mental Health and Pharmacy Benefits
- For details, please review the **EVIDENCE OF COVERAGE** (plan booklet) associated with your plan

ABOUT UC PLANS

- Primary vs. Secondary insurance—Dual Coverage
 - Co-workers' plans are primary for themselves
 - Dependent coverage is subject to “Birthday Rule”
 - Birthdate that occurs first within the year is considered primary
- Dependents need to be verified through the Family Member Eligibility Verification (FMEV) process

HMO Plans

- UC Blue and Gold
- Kaiser Permanente

ABOUT HMOs

- The insurance company pre-pays a monthly per capita rate (capitation) to one medical group
 - Medical group is responsible for your care for that month
 - For Blue and Gold: each family member can have a different medical group
- Your Primary Care Provider (PCP) acts a gatekeeper regarding care for the medical group
 - PCP must be within 35 miles of home/work/school
 - Each family member can have their own PCP
 - **EXCEPTION**: Emergent care—can 911 then let PCP/Group know ASAP
- No out-of-network coverage (except for ER/UCC, prior authorization)

ABOUT HMOs (cont'd)

ADVANTAGES

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

ABOUT HMOs (cont'd)

LIMITS

- Service area limited to certain ZIP codes
- Must select PCP from medical group
- Most specialty care must be referred by PCP
- Must use medical group network of specialists/hospital/labs
- No out-of-network coverage
 - Except for ER; UCC 30 miles from group; prior auth
- May need PCP's auth to access urgent care

HMO COST SHARING

- Office Visit/Urgent Care: \$30
- ER: \$125
- Outpatient Surgery: \$100
- Inpatient Hospitalization: \$250
- Behavioral Health Outpatient: \$30
- Behavioral Health Inpatient: \$250

HMO Rx

- Tier 1 - Generic: \$10/30-day supply
- Tier 2 – Brand Name: \$30-day supply
- Tier 3 – Non-formulary: \$50/30-day supply (does NOT apply to Kaiser)
- Tier 4 – Specialty: 30% up to \$150/30-day supply
- Some meds require prior authorization
- Co-payments may be waived for low- to moderate dose statins
- 90-day supplies
 - 2 co-pays for 3 month supply
 - Blue and Gold: UC Pharmacies, CVS, Mail order
 - Kaiser: 100-day supply for 2 co-pays

HMO BEHAVIORAL HEALTH

UC Blue and Gold

- Health Net Behavioral Health (healthnet.com/uc)

Kaiser Permanente

- Kaiser Behavioral Health (select.kp.org/university-of-California)
- Optum Behavioral Health (liveandworkwell.com; access code: 11280)

UC BLUE AND GOLD

- Multiple medical groups to choose from
- Health coaching (dietitians, nursing, case managers, etc.)
- Teladoc Mental Health (mood-improving resources)
- Chiropractic/Acupuncture
 - Through American Specialty providers
 - Combined 24 visits/person/year
- Pharmacy Benefit Manager: CVS/Caremark

<http://healthnet.com/uc>

KAISER PERMANENTE

- Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
- Members must use Permanente Doctors, Kaiser pharmacies, and Kaiser clinics and hospitals
 - Clinics and hospitals tend to offer pharmacies, imaging, laboratories, and urgent care at one location
- Visiting member services in other Kaiser service area

KAISER PERMANENTE (cont'd)

- Remember, you can either use your Kaiser benefits or Optum for behavioral health
 - Rx through Optum: use Kaiser pharmacies to dispense meds from Optum psychiatrists
 - Additional behavioral health tools through Headspace app
- Chiropractic/Acupuncture
 - Through American Specialty providers
 - Combined 24 visits/person/year

<http://select.kp.org/university-of-california>

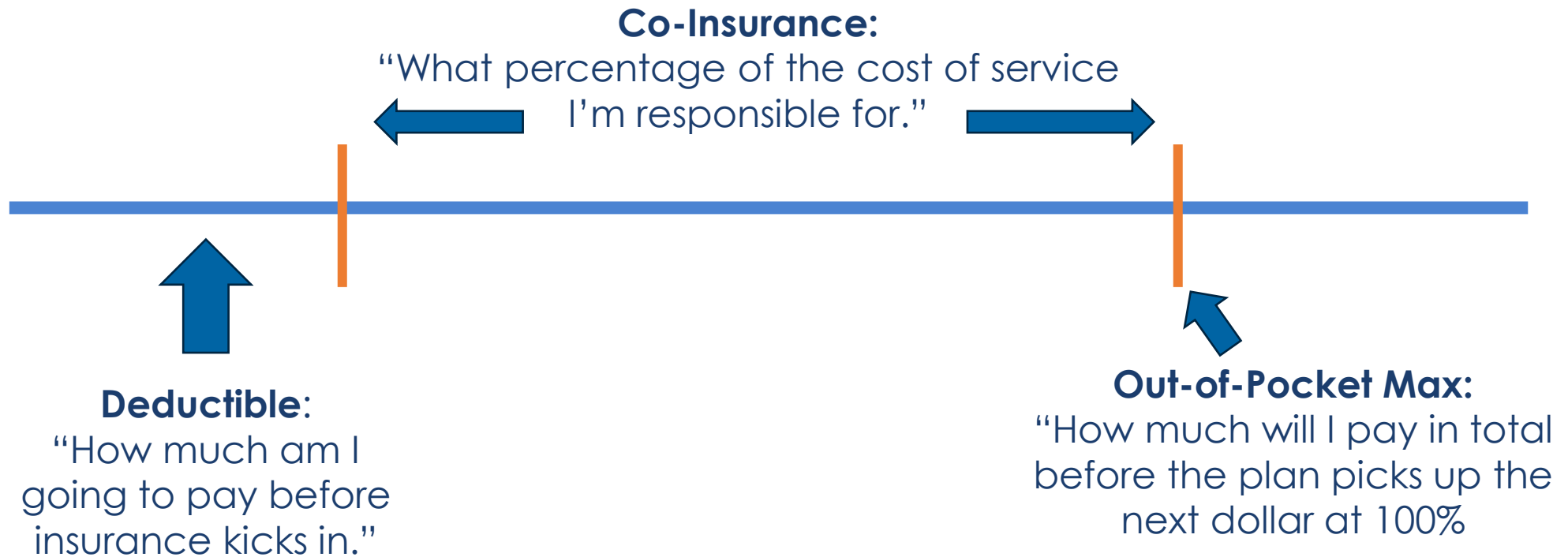
PPO Plans

- CORE Medical
- UC Care
- Health Savings Plan (HSP)

ABOUT PPOs

- No providers are “pre-paid”
- Members self-refer to medical providers
- Coverage for contracting providers (In-network) **IS GREATER** than for those with no contract (Out-of-Network)
 - Contracting providers = “Preferred” providers
 - CAUTION: “We take your insurance” **is NOT** the same as being a Preferred provider
- Generally, World-wide coverage (Except HSP)
- Don’t pay medical bills without referencing your **Explanation of Benefits (EOB)**

PPO PAYMENT STRUCTURE



ADVANTAGES OF PPOs

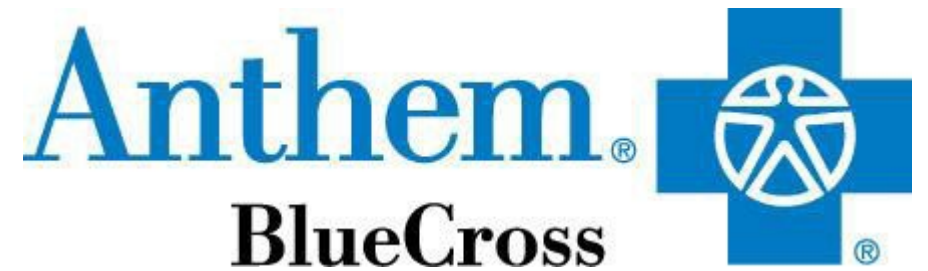
- No need to designate a PCP or stay within a medical group
- Care can be received anywhere, mostly with a referral (unless required by a specialist)
- Preferred providers cannot charge above contract rates (**Balance Billing**)
- Large provider network + Out-of-network coverage

LIMITS OF PPOs

- NO coverage until deductible is met (except preventative care)
- Patients don't know out-of-pocket costs in advance
- More expensive to use than HMO's
- 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, etc.

PPO PLANS

- Large Preferred Provider Network
 - More than 62,000 physicians and 400+ hospitals are part of preferred network
 - More than 97% of hospitals and 92% of physicians available across the county through Blue Cross/Blue Shield networks
 - Preferred providers in 190 foreign countries



PPO BEHAVIORAL HEALTH

- Behavioral health services provided by Anthem through Anthem Preferred providers

PPO PLANS (cont'd)

- Concierge service exclusive to UC PPO Plans
- Claims information, second options, clinical support, prior authorizations, and nurse advice
- Variety of online tools
 - **LiveHealth Online**
 - Medical and behavioral health care
 - **Learn to Live**
 - Behavioral Health website



PPO PLANS (cont'd)

- Pharmacy Benefit Manager
- “Closed” formulary
 - Rx has to be available on the formulary **AND** meet clinical efficacy protocols



CORE MEDICAL

- **Anthem Preferred**

- Self-refer to preferred providers
- Deductible: \$3000/person/yr
- Co-insurance: 20%
- Out-of-Pocket Max:
 - \$6,350/person/yr
 - \$12,700/family/yr

- **Out-of-Network**

- Self-refer to preferred providers
- Deductible: \$3000/person/yr
- Co-insurance: 20%
- Out-of-Pocket Max:
 - \$6,350/person/yr
 - \$12,700/family/yr
- **+ Balance Billing**

CORE MEDICAL (cont'd)

| Example: Self Only Coverage | Anthem Preferred | Out-of-Network Providers |
|-----------------------------|--------------------------------|--------------------------|
| Deductible | \$3,000 ↔ \$3,000 | |
| Co-insurance | 20% | 20% + balance |
| Out-of-Pocket Max | \$6,350 ↔ \$6,350 + balance | |

ADVANTAGES OF CORE MEDICAL

- One deductible & out-of-pocket limit
- Self-refer to specialist (unless the specialist requires referral)
- Large preferred network
- Worldwide coverage
- **Accolade Care**
 - Virtual visits: 12 medical and 12 mental health (>18yo) virtual visits each calendar year
- **LiveHealth Online:** virtual medical/mental health visits
 - \$49/visit until deductible is met

LIMITS OF CORE MEDICAL

- High deductible/out-of-pocket limits per person & per family
- NOT compatible with Health Savings Account
- No coverage for hearing aids
- Out-of-network coverage severely limited
- Prior authorization (Accolade) required for imaging, inpatient services, in-office injections, bariatric surgery, transplants, and more

UC CARE

- High Premium, low deductible PPO
- Two levels of in-network providers
 - **Tier 1: UC Select: In-network providers associated with any UC health system**
 - No deductibles; co-payments to access services
 - **Tier 2: Anthem Preferred: In-network providers**
 - Deductible and co +-insurance of 30% until out-of-pocket is met
- **Tier 3: Out-of-Network coverage**

UC CARE (cont'd)

Tier 1: UC Select (CA only)

- All UC medical centers/health systems and other select providers near UC Campuses without an associated medical center.
- No deductible; flat-dollar copayments for services provided:
 - Physician office visit: \$30
 - Urgent Care Center (not just UC Select): \$30
 - ER (not just UC Select): \$300
 - Ambulance: \$200
 - Outpatient surgery: \$100
 - Inpatient Hospitalization: \$250

UC CARE (cont'd)

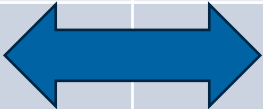
Tier 2: Anthem Preferred

- Deductible
 - \$500/person/yr
 - \$1,000 for family (>3)
- Co-insurance: 30%
- Out-of-Pocket Max
 - \$7,600/person/yr
 - \$14,200 per family
 - Includes Rx

Tier 3: Out-of-Network

- Deductible
 - \$750/person/yr
 - \$1,750 for family (>3)
- Co-insurance: 50%
- Out-of-Pocket Max
 - \$9,600/person/yr
 - \$20,200 per family + balance
 - Includes Rx

UC CARE (cont'd)

| Self-Only Coverage | UC Select (tier 1) | Anthem Preferred (tier 2) | Out-of-Network |
|---------------------|--------------------|---|--------------------------|
| Deductible | None | \$500 | \$750 |
| Co-Insurance | Flat co-payments | 30% | 50% + Balance |
| Out-of-Pocket Limit | \$6,100 |  \$7,600 | \$9,600 + Balance |

UC CARE Rx BENEFIT (NAVITUS)

- For a 30-day Supply:
 - Generic: \$10
 - Brand Name: \$30
 - Non-Formulary: \$50
 - Specialty Rx: 30% up to \$150/script (UC Pharmacies or Lumicera)
 - Oral Chemo Rx: \$200 max for 30-day fill
- 90-day supply for 2 co-pays
 - UC Pharmacies, Costco, CVS, Vons, Walgreens, Walmart
 - Mail Order: Costco

UC CARE BEHAVIORAL HEALTH

- Use Anthem Behavioral Health Providers
- Outpatient Visits: NO co-pays for first 3 visits; \$30 afterwards

UC CARE - ADVANTAGES

- Low co-pays from UC SELECT providers & network urgent care providers
- Lower Deductibles. Co-pays for Rx and Behavioral Health than CORE/Health Savings Plan
- No PCP; can self-refer to specialists
- Large national preferred network
- Accolade Care and LiveHealth Online virtual visits

UC CARE - LIMITS

- Some Services not available at UC Select level of Coverage
- Not all provider types are available as UC Select
- UC Select Tier: multiple co-payments can apply to service
- Acupuncture/chiropractic visits limited to 24 visits combined
- Out-of-network coverage limited
 - Outpatient Surgery @ surgery center: 50% of \$175; Hospital 50% OF \$300/day
- Preauthorization required (Accolade) for imaging, inpatient services, in-office injections, bariatric surgery, transplants, & more
- Highest premiums and financial risks of all UC Plans

UC HEALTH SAVINGS PLAN (HSP)

- Low premium, high deductible PPO with a **HSA (Health Savings Account)**
- HSA partially funded by UC
- Pay for medical expenses with debit card or through website
- HSA administered by Health Equity

HealthEquity®

UC HEALTH SAVINGS PLAN (HSP) cont'd

- **UC contributes** to the HSA every year:
 - \$500 for self-only; \$1000 for co-workers + dependents
- No “use it or lose it”
- Triple tax advantage
 - No taxes on contributions/withdrawals for health care expenses (CA still taxes contributions and earnings)
 - Balances > \$1,000 can be invested in fund offerings through HealthEquity
 - >Age 65 can take distributions from HSA as normal income (unless used for eligible expenses)
- Pre-tax contributions up to:
 - Single: \$4,300 (+\$1,000 if over age 55)
 - Family: \$8,550 (+\$1,000 if over age 55)
 - Factor in UC contribution in your calculations

UC HEALTH SAVINGS PLAN (HSP) cont'd

| | Anthem Preferred | Out-of-Network |
|---------------------|-------------------------|--|
| Deductible | \$1,650/ 3,300 (family) | \$2,600/\$5,200 (family) |
| Co-insurance | 20% | 40% |
| Out-of-Pocket Limit | \$4,000/6,400 (family) | \$8,000/16,000(family) + balance billing |

UC HEALTH SAVINGS PLAN (HSP) Rx

- No flat co-pays; covered like medical
- Rx expenses counts towards your deductible/Out-of-Pocket limit
- Oral chemo Rx (on formulary)
 - After deductible is met, Coinsurance up to \$200/per 30-day fill

UC HEALTH SAVINGS PLAN – MENTAL HEALTH

- Behavioral Health covered the same way medical and pharmacy are covered
- Use **Anthem Preferred** providers

HEALTH SAVINGS PLAN – ADVANTAGES

- Lowest out-of-pocket limit of PPOs
- Tax advantaged HSA partially-funded by UC
- Accolade Care virtual visits (medical/mental health for > 18yo) for \$30
- Advantages of a PPO

HEALTH SAVINGS PLAN – LIMITS

- Incompatible with Health FSA and Medicare Parts A/B
- Not offered to retirees; co-workers can retire with it until Medicare eligibility
- High deductible/OOP limit per person or family
- Out-of-network coverage severely limited
- Emergency/urgent coverage ONLY outside U.S.
- Save your receipts in case audited by IRS

CHOOSING A PLAN

- Every insurer has a different Rx formulary
- Match your priorities with the services available
- Is your priority to keep costs down? Access to care?
- Do a cost/benefit analysis based on plan premiums and your expected medical, behavioral, and pharmacy needs
- Review the Plan Booklets (Evidence of Coverage) on UCNet

Employee Experience Center (EEC)



START HERE. Search for knowledge articles and answers to questions or issues you have.

Search all knowledge articles and the HR catalog

ALREADY KNOW WHAT YOU NEED? Select a category to open a new case for problem resolution.

- Featured Items
- Benefits Administration
- Employee Relations
- Learning & Development
- Leave and Disability Administration
- Onboarding / Talent Acquisition
- Payroll and Time Reporting
- Programs & Initiatives
- Talent Management
- UCPath

HOW TO NAVIGATE THIS SUPPORT SITE

- 01 TRY SELF HELP**
Use the search box above to look for answers and solutions to your issue.
- 02 OPEN A SUPPORT CASE**
Click on a CATEGORY above to open a support case. Choose what best defines your issue, e.g., benefits, payroll, timesheet, etc.
- 03 VISIT UCPath ONLINE**
Not ready to open a support case? You may find answers at UCPath Online. Use UCPath Online to view pay statements, change personal information and more.
- 04 GET HELP NOW**
Need help right now? Call 949.824.0500 and speak to an HR support representative.

Most Viewed Articles

2023 New Employee Orientation (NEO)

EEC Support chat interface showing a virtual agent greeting and options for Benefits, Leave of Absence, Payroll and Taxes, Retirement, and Show me everything.

Self-Service Portal:

<https://eec.hr.uci.edu/>

AI Chat Feature:

Self-service topic search for quick answers to common questions along with live agent support

Phone: 949.824.0500,

M – F, 8:30am – 5pm

Email: eec@uci.edu

Appendix

- PPO Costs Scenarios

PPO BEST CASE SCENARIO – NO CLAIMS (SELF COVERAGE)

| Self Only Coverage | Annual Premium (Salary Band 2) | Out-of-Pocket Maximum | Total Expense |
|---------------------------|-----------------------------------|--------------------------|---------------|
| CORE | \$876.24 | \$0 | \$876.24 |
| UC Health Savings Plan | \$2,442.48 | \$0 | \$2442.48 |
| UC Care | \$3,414.48 | \$0 | \$3,414.48 |

PPO WORST CASE SCENARIO – HIGH CLAIMS (SELF COVERAGE)

| Self Only Coverage | Annual Premium (Salary Band 2) | Out-of-Pocket Maximum | Total Expense |
|---------------------------|-----------------------------------|--|---------------|
| CORE | \$876.24 | \$6,350 | \$7,226.24 |
| UC Health Savings Plan | \$2,442.48 | \$4,000 - \$500 UC contribution =\$3,500 | \$5,942.48 |
| UC Care | \$3,414.48 | \$7,600 | \$11,014.48 |

PPO BEST CASE SCENARIO – NO CLAIMS (FAMILY COVERAGE)

| Family Coverage | Annual Premium (Salary Band 2) | Out-of-Pocket Maximum | Total Expense |
|---------------------------|-----------------------------------|--------------------------|---------------|
| CORE | \$3,317.52 | \$0 | \$3,317.52 |
| UC Health Savings Plan | \$7,149.84 | \$0 | \$7,149.84 |
| UC Care | \$10,818.82 | \$0 | \$10,818.12 |

PPO WORST CASE SCENARIO – HIGH CLAIMS (FAMILY COVERAGE)

| Family Coverage | Annual Premium (Salary Band 2) | Out-of-Pocket Maximum | Total Expense |
|---------------------------|-----------------------------------|---|---------------|
| CORE | \$3,317.52 | \$12,700 | \$16,017.52 |
| UC Health Savings Plan | \$7,149.84 | \$6,400 - \$1000 UC contribution =\$5,400 | \$12,549.84 |
| UC Care | \$10,818.12 | \$14,200 | \$25,018.12 |