Your UC Medical Insurance

An overview for active employees
Agenda

- Your Options
- Pre-paid medical
- Other Insurance Plans
- Conclusion
Your Options
Your options

• UC offers four types of medical plan
  o HMO plans (4)
  o POS plan
  o PPO plans (2)
  o FFS plan

• Availability determined by zip code
  o Medical Plan Chooser
    • http://atyourservice.ucop.edu
Pre-paid medical plans

• Health Maintenance Organizations
  o Health Net
  o New: health Net Blue & Gold
  o Kaiser Permanente

• Point-Of-Service plan
  o Anthem Blue Cross PLUS
Other medical insurance plans

• Preferred Provider Organizations
  o Anthem Blue Cross PPO
  o New: Anthem Lumenos PPO + HRA
    • Replaces CIGNA Choice Fund PPO

• Fee-For-Service plan
  o Core Medical (through Anthem Blue Cross)
Medical Plan Comparison

- **Cost**
  - HMO
  - POS
  - PPO
  - FFS
  
- **Flexibility**
  - (Health Net, Health Net Blue & Gold, Kaiser, WHA)
  - (Anthem Blue Cross PLUS)
  - (Anthem Blue Cross PPO, Anthem Lumenos PPO + HRA)
  - (Core Medical)
Changing plans (cont.)

- Move outside plan service area
- Acquire a newly eligible family member
- Involuntary loss of other coverage
- HMO Transfer Program
  - Provider group disruptions
About our plans…

• **No** pre-existing conditions exclusions
• **No** UC – sponsored double coverage
• Primary vs. secondary insurance
  o Employees’ plans are primary for them
  o Birthday rule
• Medical benefits often separate from Mental Health benefits and Pharmacy benefits
• For details, see Plan Booklets (Evidence of coverage)
  o http://atyoursevice.ucop.edu → Open Enrollment
Pre-paid medical plans
About HMOs…

• The insurance company prepays 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, just call plan)
  - Exception: emergencies covered anywhere; call 911 or go to the nearest hospital. Let PCP know ASAP/
  - PCP must be within **30 miles** of home/ work/ school
Advantages of HMOs 😊

- **Lower** monthly premiums
- **Low**, predictable copayments
- **No** claim forms
- **No** deductibles/ coinsurance
- Provides **no** – cost preventive care
- Encourages relationship with PCP
Limits of HMOs 😞

- **Must** select PCP from the network of medical groups
- Most specialty care **must** be referred by PCP (including second opinions)
- **Must** use your Medical Group’s network of specialists/hospitals/labs
- Preauthorization process required
- Service area limited to certain urban zip codes
HMO coverage

• Modest copayments
  o Physician office visit: $15
    • Waived for preventive care including certain immunizations
  o ER: $50
    • Emergencies covered worldwide
  o Inpatient hospitalization: $250

• Out-of-Pocket Maximum: $1,000
  o Per person, per calendar year ($3,000 for family of 3+)
  o Kaiser: $1,500 per person ($3,000 for family of 2+)
HMO mental health

• Coverage “carved out” to United behavioral Health (UBH)
  o Call UBH directly for service
  o [http://www.liveandworkwell.com](http://www.liveandworkwell.com)
• Provider search: use Access Code 11280
UBH benefits

- **Outpatient mental health benefits:**
  - First 3 visits free
  - Visits 4+: $15

- **Inpatient mental health benefits**
  - $250 per admission

- **Out-of-Pocket Maximum: $1,000**
  - Per person, per calendar year ($3,000 for family of 3+)
  - New: Combined with medical expenses

- **Substance abuse benefits also available**
HMO Rx

- Generic: $5/30 – day supply
- Brand name: $20/30 – day supply
- Non-formulary: $35/30 – day supply
  - *(does not apply to Kaiser)*
HMO $R_x$

- UC pharmacies:
  - 90-day supplies for 2 copays (does not apply to Kaiser)
- Mail – order:
  - 90-day supplies for 2 copays
  - Kaiser: 100-day supplies for 2 copays
- Some meds require preauthorization
Wellness Programs

• Kaiser members: Kaiser HealthWorks
  o Take a Health Assessment, get custom wellness information
• StayWell Health Management (members of plans other than Kaiser)
• Complete (1) a Health Assessment and (2) a follow-up activity based on risks:
  o $100 gift card for vendor of your choice for completion (online or paper form)
  o Spouse: $50 gift card
  o Deadline for (1) 6/15/2012 and (2): 12/15/2012
  o Not available to some union members
Health Net

• Large provider network, contracted with most UC Irvine area medical groups

• NCQA: “Excellent”

• Decision Power
  • Track your health issues/ knowledgebase
  • Health coach (nurse, respiratory therapist, dietitian)
  • 24 – hour nurse line

• Medical group/ hospital comparison reports
Health Net (cont.)

• **WellRewards** discount programs
  - Acupuncture, chiropractic, massage therapy, fitness centers
    - *American Specialty Health Network*
  - Vitamins, books, videos, weight loss programs, etc.

• Disease Management programs

• Prescriptions drugs
  - Purchase 90-day supplies from UC pharmacies for 2 copayments
Health Net Blue & Gold

• Exact same benefits as Health Net

• Only differences:
  o Premiums are lower
  o Offers 35% fewer doctors/hospitals
    • Provider directory: www.healthnet.com/uc
Kaiser Permanente

• Kaiser Foundation Health Plan contracts with one large group, the Permanente Medical Group
• NCQA: “Excellent”
• Audio library, classes pamphlets, cassettes and videos on a wide variety of health topics; online weight, stress management & nutrition programs; *Healthwise Handbook* free to members
• Advanced electronic medical records and online tools
Kaiser Permanente (cont.)

• New: **No** copay for preventive care
• Discount programs
  o Acupuncture, chiropractic, massage therapy
    • *American Specialty Health Network*
  o Fitness club, vitamins, books & videos, etc.
• Disease management programs
Kaiser Permanente (cont.)

• Mental health: two choices
  o Go through PCP” $7 for group therapy
  o And/ or use UBH
    • Use Kaiser pharmacy for meds prescribed by UBH psychiatrists

• RX: 30-/60-/100-day supplies at 1x/2x/3x copays
  o Use Kaiser pharmacies
  o Mail order: 100-day supply for 2x copays
Our health plans offer the care, tools, and resources you need to stay healthy in body, mind, and spirit. You get medical care you can count on, and programs to help you achieve total health:
● award-winning wellness programs to help you lose weight, reduce stress, manage chronic conditions, and more
● online health resources to keep you informed and inspired

Quality doctors you choose
Select a doctor who’s right for you from a large list of physicians, and feel free to change your doctor for any reason. Plus, you can manage your health online or receive care at any one of our convenient, one-stop facilities. It’s all part of our commitment to keep you healthy.

Easy access to services
Request routine appointments, refill prescriptions, and get most lab results online. Have a routine health question or concern? You can simply e-mail your doctor’s office online, anytime. Or visit a nearby Kaiser Permanente facility for primary care, lab, X-ray, and pharmacy services—in many instances, all conveniently located in one place.

Convenience you can count on
We survey our members regularly to find out what they need most and where. That means you can count on:
● seeing a physician when you need one
● easy access to facilities close to where you live or work
● advanced technology and innovative medical care

In addition, we’ve developed Centers of Excellence that provide our members with highly specialized care and medical procedures to treat complicated medical problems. Why join Kaiser Permanente? For quality, convenience, and a commitment to your total health.
Anthem Blue Cross PLUS

- Anthem Blue Cross
- Point-Of-Service plan
  - Combines feature of HMOs and PPOs
  - Benefit level determined by point of service
- NCQA: “Commendable”
How does PLUS work?

In-Network (HMO)
- Like HMO, the prepaid PCP/Medical group is responsible for your care for that month
- Member pays flat copayments for care
  - Physician office visit $20
  - ER $75
  - Inpatient hospitalization: $250
  - $1,500 Out-of-Pocket Maximum
    - Per person, per calendar year ($4,500 for family of 3+)

Out-of-Network (PPO)
- Like PPO, self – refer to providers
  1. $500 deductible
    - Per person, per calendar year ($1,500 for family of 3+)
  2. 30% coinsurance
  3. $5,000 Out-of-Pocket Maximum
    - Per person, per calendar year ($15,000 for family of 3+)
- You pay 30% of allowable charges (+ balance if provider is not preferred)
### PLUS Out-of-Network

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<thead>
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<td>Deductible</td>
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<tr>
<td>2</td>
<td>Coinsurance</td>
<td>30%</td>
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<td>30% + balance</td>
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<tr>
<td>3</td>
<td>Out-of-Pocket Maximum</td>
<td>$5,000</td>
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Advantages of PLUS 😊

- In-Network coverage offers modest copayments for care
- Chiropractic/ acupuncture coverage through American Specialty Health Plans
- Hearing aid benefit: 50% coinsurance with no benefit maximum
- Out-of-Network coverage
  - Both preferred and non-Blue providers
  - Out-of-Picket Max $5,000 (lower than PPO)
Limits of PLUS 😞

- In-Network: same limitations that apply to HMOs
- Sutter medical groups unavailable In-Network
- **No** Out-of-Network chiropractic/ acupuncture
- **Only available** in certain CA zip codes
- **Higher** premium than HMOs
- Out-of-Network access **more** expensive compared to PPO In-Network coverage for preferred providers
PLUS mental health: UBH

In-Network
United Behavioral Health (UBH) providers
- Outpatient office visits:
  - Visits 1-3: free
  - Visits 4+: $15
- Inpatient hospitalization
  - $250 copayment
- $1,500 Out-of-Pocket Max
  - Per person, per year
  - $4,500 for 3+
  - New: Mental health expenses count toward medical OOP Max

Out-of- Network
- $500 deductible
  - Per person, per year
  - $1,500 for 3+
- 30% coinsurance
- $5,000 Out-of-Pocket Max
  - Per person, per year
  - $15,000 for 3+
  - New: Deductibles/ OOP Max shared for medical and mental health
  - + “balance billing”:
PLUS Rx

- Generic: $10/30-day supply
- Brand name: $25/30-day supply
- Non-formulary: $40/30-day supply
  - If physician writes “dispense as written” (DAW), brand name copay applies
- Mail-order: 90-day supplies for 2 copayments
- UC pharmacies: 90-day supplies for 2 copayments
- Some meds require prior authorization
  - New: automatic generic substitution
  - New: specialty meds through CuraScript
Anthem Blue Cross Plans: Additional Programs

- Disease management programs
  - Diabetes, asthma, cognitive heart failure
- **MyHealthAdvantage**: alerts members to possible gaps in care/ contraindicated medications/ early risk for chronic disease
- Tobacco cessation
- “Health Extensions”
  - Discounted fitness/ massage therapy/ nutrition/ weight loss programs and more
- **Subimo** online decision support tool
  - Diagnostic and procedure explanations, hospital and drug comparisons
- **MedCall** (nurse advice line)
Preferred Provider Organizations:
Anthem Blue Cross PPO
Anthem Blue Cross PPO

- Anthem Blue Cross
- More than 85 percent of all doctors and hospitals throughout the U.S. contract with Blue Cross/Blue Shield Plans
  - ~46,000 Anthem Blue Cross network doctors in CA
  - ~700,000 Blue Cross/Blue Shield network doctors nation-wide
- NCQA: “Commendable”
How does ABC PPO work?

In-Network
- Self-refer to preferred providers
  1. $250 deductible
     - Per person, per calendar year ($750 for family of 3+)
  2. 20% coinsurance
  3. $2,000 Out-of-Pocket Maximum
     - Per person, per calendar year ($9,000 for family of 3+)
- Hospitalization: be sure facility AND doctors are preferred providers

Out-of-Network
- Self-refer to non-Blue Cross providers
  1. $500 deductible
     - Per person, per calendar year ($1,500 for family of 3+)
  2. 40% coinsurance
  3. $6,000 Out-of-Picket Maximum
     - Per person, per calendar year ($18,000 for family of 3+)
- Balance billing
## Anthem Blue Cross PPO (cont.)

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Advantages of ABC PPO 😊

- **No** PCP, self-refer to specialists
- **No** Primary Medical Group
- **Large**, national provider network
- Out-of-Network coverage
- Comprehensive world-wide coverage
- Chiropractic/ acupuncture coverage
- Hearing aid benefit: 20% coinsurance with **no** benefit maximum
Limits of ABC PPO 😞

- **Higher** premiums
- Deductibles coinsurance rather than flat copayments
- Separate In-and Out-of-Network deductibles
- Preauthorization required for nonemergency hospitalization
- Out-of-Network access to non-preferred providers more expensive than under PLUS
ABC PPO mental health

In-Network
• United Behavioral Health (UBH) providers
  1. **New:** No deductible
  2. **New:** 20% coinsurance
  3. **New:** $3,000 Out-of-Pocket Max
     o Per person, per year
     o $9,000 for 3+
     o Shared for medical and mental health
• Outpatient office visits
  o Visits 1-3: no cost

Out-of- Network
  1. $500 deductible
     o Per person, per year
     o $1,500 for 3+
  2. 40% coinsurance
  3. $6,000 Out-of-Pocket Max
     o Per person, per year
     o $18,000 for 3+
     o + “balance billing”
     o **New:** Deductibles/ OOP Max shared for medical and mental health
ABC PPO Rx

- Generic: $10/30-day supply
- Brand name: $25/30-day supply
- Non-formulary: $40/30-day supply
  - If physician writes “dispense as written” (DAW), brand name copay applies
- Mail – order: 90-day supplies for 2 copayments
- UC pharmacies: 90-day supplies for 2 copayments
- Some meds require prior authorization
- **New**: automatic generic substitution
- **New**: Specialty meds through *CuraScript*
Preferred Provider Organization: Anthem Lumenos PPO + HRA
Anthem Lumenos PPO + HRA

• **High** deductible, **low** premium plan – where UC pays for much of the deductible

• Preferred provider network same as ABC PPO/PLUS
  - ~46,000 *Anthem Blue Cross* network doctors in CA
  - ~700,000 *Blue Cross/ Blue Shield* network doctors nationwide

• Health Reimbursement Account (**HRA**)  
  - Funded by UC
  - Pays for care and drugs before member pays
  - Unused HRA dollars roll over to next year

• NCQA: “Commendable”
How does the Lumenos PPO work?

1. HRA pays first
   - Medicare & Rx paid at 100% by HRA
   - Member pays nothing until HRA is depleted
   - Shared by all family members

2. Member pays remainder of annual deductible
   - Shared by all family members

3. After meeting deductible, member pays 20% coinsurance for PPO providers/ 40% for non-preferred providers

4. Plan pays 100% after Out-of-Pocket Maximum is reached by member
   - OOP Max includes expenses for medical and Rx
   - Non-preferred providers can “balance bill”
How does the Lumenos PPO work?

**Total Out-of-Pocket**
- **Employee**:
  - $4,000 In-Network
  - $9,000 Out-of-Network
- **Employee + Adult**:
  - $6,000 In-Network
  - $13,500 Out-of-Network
- **Employee + Child(ren)**:
  - $6,000 In-Network
  - $13,500 Out-of-Network
- **Employee & Family**:
  - $8,000 In-Network
  - $18,000 Out-of-Network

**Out-of-Pocket Max**
- **Employee**:
  - $5,000 In-Network
  - $10,000 Out-of-Network
- **Employee + Adult**:
  - $7,500 In-Network
  - $15,000 Out-of-Network
- **Employee + Child(ren)**:
  - $7,500 In-Network
  - $15,000 Out-of-Network
- **Employee & Family**:
  - $10,000 In-Network
  - $20,000 Out-of-Network

**PPO Health Coverage**
- 80%/60%*

**Member Responsibility**
- **Employee**:
  - Preventive Care: $700
  - HRA: $1,000
- **Employee + Adult**:
  - Preventive Care: $1,050
  - HRA: $1,500
- **Employee + Child(ren)**:
  - Preventive Care: $1,050
  - HRA: $1,500
- **Employee & Family**:
  - Preventive Care: $1,400
  - HRA: $2,000
Advantages of Lumenos PPO 😊

• First – dollar coverage by HRA
• Unused HRA dollars roll to next year
• Preventive care does not deplete HRA
• **No** PCP/ medical group; self-refer to specialists
• Large, national provider network
• Out-of-Network coverage
• Chiropractic/ acupuncture coverage
• Deductible/ OOP Max shared with family members
• OOP Maximum includes R_x
• Hearing aid benefit: 20% coinsurance with no benefit maximum
Limits of Lumenos PPO 😞

- Deductibles/ coinsurance rather than flat copayments
- **High** Out-of-Pocket Maximums
  - Separate for In- and Out-of-Network
- OOP Max **higher** for non-preferred providers compared to Anthem Blue Cross plans
- Preauthorization required for non – emergency hospitalization and some tests/ procedures
- **90** day limit on rehabilitative therapy
- **20** visit limit on acupuncture/ chiropractic
Lumenos mental health: UBH

In-Network

- United Behavioral Health (UBH) providers
  1. No deductible
  2. 20% coinsurance
  3. $5,000/ $7,500/ $10,000 Out-of-Pocket Max
     - Shared for medical and mental health
- Outpatient office visits
  - Visits 1-3: no cost

Out-of- Network

1. $500 deductible
2. 40% coinsurance
3. $10,000/ $15,000/ $20,000 Out-of-Pocket Max
   - + “balance billing”
   - New: Deductibles/ OOP Max shared for medical and mental health

Must use claim form to get UBH expenses claimed against HRA
Lumenos PPO + HRA $R_x$

- **No** flat copayments
- HRA pays first
- Use Anthem web site to price drugs at local pharmacies
- $R_x$ expenses apply toward Out-of-Pocket Maximum
Fee-For-Service plan: Core medical
Core Medical

- Customized plan for UC
- Administered by Anthem Blue Cross Life & Health Insurance Co.
- Some PPO features
- **Not** accredited by NCQA
- **New**: no cost preventive care
- For everything else:
  - Catastrophic coverage only
How does Core work?

PPO Network
- Self-refer to preferred providers
  1. $3,000 deductible
     - Per person, per calendar year
  2. 20% coinsurance
  3. $7,600 Out-of-Pocket Max
     - Per person, per calendar year

Other providers
- Self-refer to non-Blue Cross providers
  1. $3,000 deductible
     - Per person, per calendar year
  2. 20% coinsurance
  3. $7,600 Out-of-Pocket Max
     - Per person, per calendar year
- Balance billing
Advantages of Core 😊

- **No** monthly premium
- **No** PCP, self-refer to specialists
- **Large**, national preferred provider network
- Out-of-Network/ world-wide coverage
- Chiropractic/ acupuncture coverage
- **No** drug formulary
- Drug expenses apply toward OOP Max
Limits of Core 😞

- **High** deductible
- **High** OOP Max
- **No** coverage for hearing aids
Core $R_x$

- **New**: drug formulary
- Drug expenses apply toward your deductible/ OOP Max
Conclusion
Have QUESTIONS regarding your UC health plan coverage?

... call your Health Care Facilitator today

Glenn Rodriguez
Health Care Facilitator
UC Irvine

(949) 824-9065
(949) 824-3057 Fax
grnrg@uci.edu
What is a Health Care Facilitator?

UC Health Care Facilitators help faculty, staff and eligible members better understand UC-sponsored health plans and provide FREE, CONFIDENTIAL assistance in resolving benefit and service issues. They work from benefits offices at all UC campuses, medical centers and laboratories.

The HCF office at UC Irvine is located at:
111 Theory, Suite 200
Irvine, CA 92697-4600

Before contacting your Health Care Facilitator:

- Contact your doctor’s office
- Contact your Medical Group
  - Most medical groups have patient assistance department that can help you find a doctor, resolve billing problems, or obtain referrals for services
- Contact your Health Plan
  - Your health plan has customer service representatives who can answer your questions regarding the plan’s benefits
- If you still NEED HELP, call your Health Care Facilitator

Your Health Care Facilitator does NOT:
  - Provide medical or legal advice
  - Act as a patient care advocate for services/benefits that are not offered by UC’s plans
  - Suggest treatment plans

For more information and resources offered by the Health Care Facilitator at UC Irvine, visit:
http://www.hr.uci.edu/hcf/