Santa Cruz County Union Newsletter

County Health Insurance Plans for SEIU Bargaining Unit

MEDICAL GROUPS ACCEPT THE FOLLOWING HEALTH INSURANCE PLANS:

- Blue Shield Access + HMO
- Blue Shield Net Value
- Anthem HMO select
- Anthem HMO Traditional
- United Healthcare

- Palo Alto Medical Foundation or Physicians Medical Group
- Physicians Medical Group
- Physicians Medical Group
- Palo Alto Medical Foundation or Physicians Medical Group
- Palo Alto Medical Foundation

Definitions of Health Benefit Terminology

- Copayment: are fixed dollar amounts you pay for covered health care, usually when you receive the service.

- Coinsurance: is your share of the costs of a covered service, calculated as a percent of the allowed amount for the services. For example, if the plan's allowed amount for an overnight hospital stay is $1,000, your coinsurance payment of 20% would be $200. This may change if the you haven't met your deductible

- Deductible: a specific amount of money that the insured must pay before an insurance company will pay a claim

- Out of pocket expense: is a non-reimbursable expense paid by a patient. This could include any medical benefits that your health plan doesn't consider "covered services." But out-of-pocket expenses can also include covered expenses that you are responsible for before your health-plan benefits kick in at 100 percent coverage.

Blue Shield Access+HMO 1-800-334-5847

Clinics, hospital or physician groups that take Blue Shield Access+HMO in Santa Cruz County

- Palo Alto Medical Foundation
- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- Watsonville Community Hospital

Important Questions	Answers
What is the overall deductible?	$0
Are there other deductibles for specific services?	No
Is there an out of pocket limit on my expenses?	Yes, for preferred: $1500 per individual/$3,000 per family
What is not included in the out-of-pocket limit?	Premiums, some copayments and health care this plan doesn't cover.
Does this plan use network of providers?	Yes, for a list of preferred providers see: www.blueshield.com/calpers
Do I need a referral to see a specialist	Yes, however members may self-refer using the Access + Self-referral feature

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Non-preferred provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$15/visit ($30 copayment per visit for Access+specialist self-referred)	Not covered
	Other practitioner office visit,	Not covered	Not covered
	preventative care/screening/immunization	No charge	Not covered
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI's)	No charge	Not covered
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	$5/prescription (retail) $10 (mail) $20/prescription(retail)$40(mail) $50/prescription(retail)$100(mail) $30/prescription	Not covered Not covered Not covered Not covered
Outpatient surgery	Facility fee Physician/surgeon fees	No charge No charge	
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	$50/visit No charge $15/visit	
Mental Health	Mental Health Outpatient	$15/visit	Not covered
Substance abuse	Outpatient	$15/visits	Not covered

For more detailed information visit: www.blueshieldca.com

Blue Shield Net Value HMO 1-800-334-5847

Clinics, hospital or physician groups that take Blue Shield Net Value HMO in Santa Cruz County

- Sutter Maternity and Surgery Center of Santa Cruz
- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Watsonville Community Hospital

Important Questions	Answers
What is the overall deductible?	$0
Are there other deductibles for specific services?	No
Is there an out of pocket limit on my expenses?	Yes, for preferred: $1500 per individual/$3,000 per family
What is not included in the out-of-pocket limit?	Premiums, some copayments and health care this plan doesn't cover.
Does this plan use network of providers?	Yes, for a list of preferred providers see: www.blueshield.com/calpers
Do I need a referral to see a specialist	Yes, however members may self-refer using the Access + Self-referral feature

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Non-preferred provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$15/visit ($30 copayment per visit for Access+specialist self-referred)	Not covered
	Other practitioner office visit,	Not covered	Not covered
	preventative care/screening/immunization	No charge	Not covered
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI's)	No charge	Not covered
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	$5/prescription (retail) $10 (mail) $20/prescription(retail)$40(mail) $50/prescription(retail)$100(mail) $30/prescription	Not covered Not covered Not covered Not covered
Outpatient surgery	Facility fee Physician/surgeon fees	No charge No charge	Not covered Not covered
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	$50/visit No charge $15/visit	Not covered Not covered Not covered
Mental Health	Mental Health Outpatient	$15/visit	Not covered
Substance abuse	Outpatient	$15/visits	Not covered

For more detailed information visit www.blueshieldca.com/calpers

Anthem HMO Select 1-855-839-4524

Clinics, hospital or physician groups that take Anthem HMO Select in Santa Cruz County

- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Watsonville Community Hospital

Important Questions	Answers
What is the overall deductible?	$0
Are there other deductibles for specific services?	No
Is there an out of pocket limit on my expenses?	Yes, for preferred: $1500 per individual/$3,000 per family
What is not included in the out-of-pocket limit?	Premiums, any copays for testing and diagnosis of infertility, and health care that is not covered.
Does this plan use network of providers?	Yes, Anthem Blue Cross Select HMO: www.anthem.com/ca/calpers/hmo
Do I need a referral to see a specialist	Yes, unless the specialist is in the “direct access” or “Speed Referral.” Programs

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Non-preferred provider
If you visit a health care provider’s office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$15/visit $15/visit	100% Out of pocket
	Other practitioner office visit,	$15/visit	100% Out of pocket
	preventative care/screening/immunization	No charge	100% Out of pocket
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI’s)	No charge	100% Out of pocket
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	$5/prescription (retail) $10 (mail) $20/prescription(retail)$40(mail) $50/prescription(retail)$100(mail) Follows tier structure	100% Out of pocket 100% Out of pocket 100% Out of pocket 100% Out of pocket
Outpatient surgery	Facility fee Physician/surgeon fees	No charge No charge	100% Out of pocket 100% Out of pocket
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	$50/visit No charge $15/visit	100% Out of pocket 100% Out of pocket 100% Out of pocket
Mental Health	Mental Health Outpatient	$15/visit	100% Out of pocket
Substance abuse	Outpatient	$15/visits	100% Out of pocket

For more detailed information visit www.anthem.com/ca/calpers/hmo

Anthem Blue Cross Traditional 1-855-839-4524

Clinics, hospital or physician groups that take Blue Cross Traditional in Santa Cruz County

- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- Watsonville Community Hospital
- Palo Alto Medical Foundation

Important Questions	Answers
What is the overall deductible?	$0
Are there other deductibles for specific services?	No
Is there an out of pocket limit on my expenses?	Yes, for preferred: $1500 per individual/$3,000 per family
What is not included in the out-of-pocket limit?	Premiums, any copays for testing and diagnosis of infertility, and health care that is not covered.
Does this plan use network of providers?	Yes, Anthem Blue Cross Traditional HMO: www.anthem.com/ca/calpers/hmo
Do I need a referral to see a specialist	Yes, unless the specialist is in the “direct access” or “Speed Referral.” Programs

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Non-preferred provider
If you visit a health care provider’s office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$15/visit $15/visit	100% Out of pocket
	Other practitioner office visit,	$15/visit	100% Out of pocket
	preventative care/screening/immunization	No charge	100% Out of pocket
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI’s)	No charge	100% Out of pocket
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	$5/prescription (retail) $10 (mail) $20/prescription(retail)$40(mail) $50/prescription(retail)$100(mail) Follows tier structure	100% Out of pocket 100% Out of pocket 100% Out of pocket 100% Out of pocket
Outpatient surgery	Facility fee Physician/surgeon fees	No charge No charge	100% Out of pocket 100% Out of pocket
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	$50/visit No charge $15/visit	100% Out of pocket 100% Out of pocket 100% Out of pocket
Mental Health	Mental Health Outpatient	$15/visit	100% Out of pocket
Substance abuse	Outpatient	$15/visits	100% Out of pocket

For more detailed information visit www.anthem.com/ca/calpers/hmo

United Healthcare 1-877-359-3714

Clinics, hospital or physician groups that take United Healthcare in Santa Cruz County

- Palo Alto Medical Foundation
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz

Important Questions	Answers
What is the overall deductible?	$0
Are there other deductibles for specific services?	No
Is there an out of pocket limit on my expenses?	Yes, for preferred: $1500 per individual/$3,000 per family
What is not included in the out-of-pocket limit?	Premiums, some copayments and health care this plan doesn't cover.
Does this plan use network of providers?	Yes, see www.uhc.com/CalPERS
Do I need a referral to see a specialist	Yes, written or oral approval is required, based upon medical policies

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Non-preferred provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$15/visit $15/visit	Not covered
	Other practitioner office visit,	Not covered	Not covered
	preventative care/screening/immunization	No charge	Not covered
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI's)	No charge	Not covered
If you need drugs to treat your illness or condition. RX coverage not provided by UHC Pharmacy benefit through CVS/Caremark, however you can use other pharmacies. Call 1-877-359-3714	Formulary Generic-lowest cost Formulary Brand-midrange cost Non-formulary Specialty drugs	Covered Covered Covered Covered	Not covered Not covered Not covered Not covered
Outpatient surgery	Facility fee Physician/surgeon fees	No charge No charge	Not covered Not covered
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	$50/visit No charge $15/visit	
Mental Health	Mental Health Outpatient	$15/visit	Not covered
Substance abuse	Outpatient	$15/visits	Not covered

For more detailed information visit: www.uhc.com/CalPERS

CalPERS PERS CARE PPO1-877-737-7776

Clinics, hospital or physician groups that take Pers Care in Santa Cruz County

- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- Watsonville Community Hospital
- Palo Alto Medical Foundation
- Doctors on Duty

Important Questions	Answers
What is the overall deductible?	$500 persona/$1,000 family (does nappy to preventative care, office visits
Are there other deductibles for specific services?	Yes, $250 for each inpatient hospital admission. $50 for each emergency room visit
Is there an out of pocket limit on my expenses?	Yes, for participating providers $2,000 person/$4,000 family. No out-of-pocket limit with non-participating providers.
What is not included in the out-of-pocket limit?	Premiums, balanced-billed charges and health care this plan doesn't cover
Does this plan use network of providers?	Yes, see www.anthem.com/ca/calpers for a list of participating providers
Do I need a referral to see a specialist	No: You can see the specialist you choose without permission from this plan.

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Your cost if you use an out-of-network provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$20copay/visit $20copay/visit	40% coinsurance of allowed amount
	Other practitioner office visit,	10% coinsurance for chiropractor, acupuncture, behavioral health and physical therapy	40% coinsurance of allowed amount
	preventative care/screening/immunization	No charge	40% coinsurance of allowed amount
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI's)	10% coinsurance	40% coinsurance of allowed amount
If you need drugs to treat your illness or condition	Generic drugs Preferred brand drugs Non-preferred brand drugs Specialty drugs	$5: 34 day supply $10: 90 day supply $20: 34 day supply $40: 90 day supply $50: 34 day supply $100: 90 day supply Specialty follows tier structure above	100% out of pocket
Outpatient surgery	Facility fee Physician/surgeon fees	10% coinsurance 10% coinsurance	40% coinsurance of allowed amount
Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	10% coinsurance 20% coinsurance $20 copayment	10% coinsurance allowed 20% co insurance allowed 40% coinsurance allowed
Mental Health	Mental Health Outpatient	10% coinsurance	40% coinsurance of allowed amount
Substance abuse	Outpatient	10% coinsurance	40% coinsurance of allowed amount

For more detailed information visit www.anthem.com/ca/calpers

CalPERS PERS Choice PPO 1-877-737-7776

Clinics, hospital or physician groups that take Pers Choice in Santa Cruz County

- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- Watsonville Community Hospital
- Palo Alto Medical Foundation
- Doctors on Duty

Important Questions	Answers
What is the overall deductible?	$500 persona/$1,000 family (does nappy to preventative care, office visits
Are there other deductibles for specific services?	Yes, $50 for each emergency room visit
Is there an out of pocket limit on my expenses?	Yes, for participating providers $3,000 person/$6,000 family. No out-of-pocket limit with non-participating providers.
What is not included in the out-of-pocket limit?	Premiums, balanced-billed charges and health care this plan doesn't cover
Does this plan use network of providers?	Yes, see www.anthem.com/ca/calpers for a list of participating providers
Do I need a referral to see a specialist	No: You can see the specialist you choose without permission from this plan.

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Your cost if you use an out-of-network provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$20copay/visit $20copay/visit	40% coinsurance of allowed amount
	Other practitioner office visit,	20% coinsurance for chiropractor, acupuncture, behavioral health and physical therapy	40% coinsurance of allowed amount
	preventative care/screening/immunization	No charge	40% coinsurance of allowed amount
If you have a test	Diagnostic test (x-ray, blood work), Imaging (CT/PET scans, MRI's)	20% coinsurance	40% coinsurance of allowed amount
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Immediate medical attention	Emergency room services Emergency medical transportation Urgent visit	10% coinsurance 20% coinsurance $20 copayment	20% coinsurance allowed 20% co insurance allowed 40% coinsurance allowed
Mental Health	Mental Health Outpatient	20% coinsurance	40% coinsurance of allowed amount
Substance abuse	Outpatient	20% coinsurance	40% coinsurance of allowed amount

For more detailed information visit www.anthem.com/ca/calpers

CalPERS PERS Select PPO 1-877-737-7776

Clinics, hospital or physician groups that take Pers Select PPO in Santa Cruz County

- Santa Cruz Physicians Medical Group
- Dominican Hospital
- Sutter Maternity and Surgery Center of Santa Cruz
- Watsonville Community Hospital
- Palo Alto Medical Foundation
- Doctors on Duty

Important Questions	Answers
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Are there other deductibles for specific services?	Yes, $50 for each emergency room visit
Is there an out of pocket limit on my expenses?	Yes, for participating providers $3,000 person/$6,000 family. No out-of-pocket limit with non-participating providers.
What is not included in the out-of-pocket limit?	Premiums, balanced-billed charges and health care this plan doesn't cover
Does this plan use network of providers?	Yes, see www.anthem.com/ca/calpers for a list of participating providers
Do I need a referral to see a specialist	No: You can see the specialist you choose without permission from this plan.

Common Medical Event	Service you may need	Your Cost if you use a preferred provider	Your cost if you use an out-of-network provider
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness or Specialist visit	$20copay/visit $20copay/visit	40% coinsurance of allowed amount
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Mental Health	Mental Health Outpatient	20% coinsurance	40% coinsurance of allowed amount
Substance abuse	Outpatient	20% coinsurance	40% coinsurance of allowed amount

For more detailed information visit www.anthem.com/ca/calpers