

Out-of-Area Dependents

The County of San Diego partners with California Schools VEBA (“VEBA”) to provide eligible dependents coverage, whether they are living at home or out-of-area (OOA).

How it works for your out-of-area (OOA) dependent(s):

- Your monthly premium cost is the same regardless of whether your dependent lives at home or out-of-area.
- Your dependent’s health plan (HMO or PPO) may be with another carrier with different copays and benefits amounts based on the dependent’s address on file.
- VEBA works with UHC, UMR, and Surest for OOA-dependent coverage.
- Express Scripts will remain the pharmacy. If your dependent’s plan does change, they will be assigned a new Express Scripts card that will be sent directly to your dependent’s new address.

What you and your dependent need to do:

- Update your dependent’s OOA address with Employee Benefits at the County of San Diego by sending an email to dhrbenefits.fgg@sdcounty.ca.gov.
 - o Changes will be effective the 1st of the following month after the County is notified of the change.
 - o The new carrier will send updated cards and/or benefit information directly to your dependent.
 - o If your dependent is on a different UHC, UMR, or Surest plan, they will no longer show under your profile in the carrier’s system. Your dependent will need to contact their new plan provider directly for care.
 - o Dependents who are enrolled in an HMO plan must choose a primary care physician (PCP) within 30 miles of their registered address.
 - o For questions regarding the OOA plan, you or your dependent may contact VEBA Advocacy at **888-276-0250** or visit vebaonline.com/contact for assistance.
- Your dependent will remain on their OOA plan unless they have an update to their permanent address.
 - o Dependents should not switch their address if they return home for a short period — like winter, spring, or summer break and they will remain on their OOA plan.

Your Health Plan	Dependents living IN California	Dependents living OUTSIDE of California
UnitedHealthcare (UHC) HMO plan: <ul style="list-style-type: none"> • Performance • Alliance • Harmony HDHP 	Based on your dependent’s California address, they will: <ul style="list-style-type: none"> • Remain enrolled on current HMO plan; or • Switch to the UHC SignatureValue Full Out-of-Area HMO plan; or • Be enrolled on the Surest PPO plan. 	Dependents out-of-state will: <ul style="list-style-type: none"> • Be enrolled on the Surest PPO plan; • Except for dependents residing in Hawaii — they will be enrolled on the UMR Out-of-Area Choice Plus PPO plan.
UMR PPO Plan	Your dependent will remain enrolled on the UMR PPO plan.	
Express Scripts Rx	Your dependent will remain enrolled on this pharmacy plan but may receive a new member ID.	

Out-of-Area Dependents

Benefit Summary Effective January 1, 2025	UHC Out-of-Area SignatureValue HMO \$20 - \$30	Surest Out-of-Area Dependents PPO	
		In Network	Out of Network
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$15,000	\$1,500 / \$3,000	\$8,000 / \$16,000
PCP Office Visit	\$20 copay	\$5 to \$25 copay	\$75 copay
Specialist Office Visit	\$30 copay	\$5 to \$25 copay	\$75 copay
Preventive Care	No charge	No charge	\$40
Inpatient Hospital Care	\$500 copay per admit	\$75 to \$1,200 copay per admit	Up to \$3,600 copay per admit
Mental Health Services (outpatient/inpatient)	\$20 copay / \$250 copay per admit	\$5 copay / \$500 copay per admit	\$40 copay / \$1,500 copay per admit
Substance Abuse Services (outpatient/inpatient)	No charge	\$5 copay / \$500 copay per admit	\$40 copay / \$1,500 copay per admit
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	No charge	No charge	No charge
Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	\$200 copay	\$25 to \$180 copay	\$480 to \$540 copay
Outpatient Surgery Ambulatory Surgery Center or Physician Office OR Outpatient Hospital-based Surgical Center	\$100 copay	\$5 to \$1,200 copay	Up to \$3,600 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay	\$5 to \$25 copay	Up to \$75 copay
Chiropractic and Acupuncture Services*	\$20 copay	\$5 / \$10 copay	\$15 / \$30 copay
Urgent Care (office visit only)	\$20 copay	\$10 copay	\$30 copay
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Rx Out-of Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$1,600 / \$3,200	\$1,600 / \$3,200
Short-Term Prescription Drugs*** (generic/ referred brand/non-preferred brand)	Rx Pharmacy Network: Express Advantage Network* \$15 / \$25 / 50%***	\$10 / \$20 / \$35 (up to a 30-day supply)	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** (generic/ referred brand/non-preferred brand)	Rx Pharmacy Network: Express Advantage Network** \$30 / \$50 / 50%***	\$20 / \$40 / \$60 (90-day supply)	No coverage for non-network pharmacy

PPO and HMO medical and prescription drug plans exclude coverage for infertility services, but have access to Kindbody Fertility Solutions for applicable covered benefits.

Bariatric surgery is not covered by Surest. VEBA Surest PPO members receive bariatric coverage through Carrum Health. For more information, please visit carrum.me/csveba/.

*Chiropractic and Acupuncture services for UHC HMO have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

**Pay standard copays if you fill your prescription at an Express Advantage Network (EAN) Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Costco, Rite-Aid, and Sharp Rees Stealy Pharmacies.

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased by mail or Smart90. This does not include normal retail use or brand drugs.

*** \$40 minimum and \$175 maximum; *** \$80 minimum and \$350 maximum

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

Out-of-Area Dependents

Benefit Summary Effective January 1, 2025	UMR Choice Plus Out-of-Area PPO Dependents Residing in Hawaii	
	In Network	Out of Network
Medical Deductible (individual/family)	\$500 / \$1,000	\$1,000 / \$2,000
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$6,000 / \$12,000
PCP Office Visit	\$20 copay	50% coinsurance (after deductible)
Specialist Office Visit	\$40 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	No charge	50% coinsurance (after deductible)
Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery Ambulatory Surgery Center or Physician Office OR Outpatient Hospital-based Surgical Center	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$20 copay	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$20 copay	50% coinsurance (after deductible)
Urgent Care (office visit only)	\$50 copay	50% coinsurance (after deductible)
Emergency Room (copay waived if admitted)	\$100 copay	\$100 copay
Rx Out-of Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$1,600 / \$3,200
Short-Term Prescription Drugs*** (generic/ referred brand/non-preferred brand)	\$10 / \$20 / \$35 (up to a 30-day supply)	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** (generic/ referred brand/non-preferred brand)	\$20 / \$40 / \$60 (90-day supply)	No coverage for non-network pharmacy

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Out-of-Area Dependent: Plan FAQs

1. How will a dependent be notified if they are on an HMO or PPO plan in California?

The dependent's eligibility is based on the address provided to Employee Benefits at the County of San Diego and their member ID card will indicate which plan they are on.

2. What if my dependent needs medical services before their ID card arrives?

Your dependent can contact VEBA Advocacy at [888-276-0250](tel:888-276-0250) or visit vebaonline.com/contact for assistance.

3. How does my dependent find a doctor or a specialist and which network the provider uses?

The UnitedHealthcare (UHC) [provider search](#) for out-of-area (OOA) dependents enrolled in an HMO plan would be the same process as other HMO plans. They need to know the plan network and search for a primary care provider (PCP) in their zip code.

For the Surest OOA PPO plan, they would utilize the [Surest App](#) and use the app provider search process.

For the UMR PPO plan, they would go to umr.com and click on "Find a Provider" then scroll down to the "U" menu and choose the "UnitedHealthcare Choice Plus Network." Next, click the "View Providers" button to begin the search.

4. How does my dependent on an OOA dependent plan access their pharmacy benefits and who should they contact with questions? How do they find the right pharmacy to use?

Access to pharmacy benefits is through Express Scripts. If further assistance is needed or they have additional benefit questions then they can contact Express Scripts by calling [800-918-8011](tel:800-918-8011) or visiting the [Express Scripts website](#), or by contacting [VEBA Advocacy](#).

5. Will my dependent's new member ID card be sent directly to their new address?

Yes, OOA dependents are enrolled under their own record and the member ID card will be sent to the address received via the eligibility file from VEBA. The ID card should arrive within 15 business days.

6. What happens if my OOA dependent needs to fill a prescription before their ID card arrives in the mail?

Dependents on OOA plans can access their digital ID card through the [Express Scripts website](#) or the [Express Scripts app](#) if they don't have a physical ID card.

7. How long is the transition for a dependent being switched from the subscriber's plan to an OOA plan? When should the dependent expect the transition to be completed so they can seek care from a provider in their new area?

The average turnaround time for processing eligibility requests is two weeks from when VEBA receives the request. Generally, your dependent should be able to seek a provider's care in their new area after that time.

8. After my OOA dependent receives services from a provider, where will the bill for those services be mailed?

Bills for services your OOA dependent receives will be mailed directly to your dependent's address on file, not to the employee.

Out-of-Area Dependent: Plan FAQs—continued

9. What if I'm on a PPO plan, is there anything I need to do?

No, unless your dependent's permanent OOA address changes, then you would need to inform Employee Benefits at the County of San Diego by sending an email to dhrbenefits.fgg@sdcounty.ca.gov.

10. What happens if my dependent remains on one of our active Performance, Alliance, or Harmony HMO plans—are there any actions my dependent needs to take?

If your dependent stays on the same HMO plan as the subscriber then no action is required.

11. Does the SIMNSA HMO plan have OOA benefits for dependents?

The SIMNSA plan doesn't offer coverage for OOA dependents.

12. Where can I get more information?

UHC can assist your dependent with the provider search tools and advise which plan a member is in once they are enrolled in the UHC system. UHC member services can be reached at [888-586-6365](tel:888-586-6365) or visit whyuhc.com/cosd.

Surest member services number is [866-683-6440](tel:866-683-6440) or visit surest.com.

UMR member services number is [800-826-9781](tel:800-826-9781) or visit umr.com.

Contact VEBA Advocacy at [888-276-0250](tel:888-276-0250) or visit vebaonline.com/contact online.

