

# Out-of-Area Dependents

Your employer is a member of VEBA. You can choose to cover any eligible dependents in your VEBA benefit plan selection. This includes your dependents who live with you as well as those who live away from home, in another part of California, or in another state. The rest of this flyer describes benefits for your dependents who live out-of-area.

## About Out-of-Area Dependent Plan Coverage

While we try to match your out-of-area dependent’s health plan as close as possible to the health plan you enroll in, sometimes we need to place your out-of-area dependents in another plan. That’s because we want to make sure they have access to a provider network wherever they live. Here’s what you need to know:

1. The monthly premium cost for out-of-area dependents is the same as it is for dependents who live at home.
2. The plan we enroll your dependents in is based on their out-of-area address.
3. Even if you enroll in an HMO plan, based on your dependent’s address, he or she may be enrolled in a different plan– either HMO or PPO plan– with different copays and benefits amounts. Again, it depends on their address.
4. You must include your dependent’s out-of-area address on the enrollment application. This is so they can be placed in an out-of-area plan that has a local provider network.
5. Dependents will remain in their out-of-area plan unless they change their permanent address. This means they cannot switch back to your HMO or PPO plan if they return home for a short period such as winter, spring, or summer break.
6. Dependents who are enrolled in an HMO plan must choose a PCP within 30 miles of their out-of-area address.

Remember, if you are in an HMO plan, we will try to keep your dependent in an HMO plan. However, based on your dependent’s address, we may have to enroll him or her in the out-of-area PPO plan. The chart below describes what plans are available to your Out-of-Area Dependents, based on the plan you enroll in and their out-of-area address. The summary of benefits is shown on the back page of this flyer.

Your Health Plan	Dependents living IN California, but OUTSIDE the San Diego Area	Dependents living OUTSIDE of California
UnitedHealthcare HMO Plan	Based on dependent’s out-of-area address, dependent will be enrolled in either a UnitedHealthcare HMO or UMR PPO plan.	Based on dependent’s out-of-state address, dependent will be enrolled in a PPO plan.
UMR PPO Plan	Your dependent will be enrolled in a California UMR PPO plan.	Based on dependent’s address, his or her out-of-area PPO plan may not be the same as yours, meaning network, copayment amounts, and deductible amounts may be different than yours.

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Benefit Summary Effective January 1, 2022	UHC Out-of-Area SignatureValue HMO \$20 - \$30	UMR Out-of-Area PPO 80 / 50	
		In Network	Out of Network
Medical Deductible (individual/family)	None	\$500 / \$1,000	\$1,000 / \$2,000
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$15,000	\$5,000 / \$10,000	\$6,000 / \$12,000
Health Account	None	None	None
PCP Office Visit	\$20 copay	\$20 copay	50% coinsurance (after deductible)
Specialist Office Visit	\$30 copay	\$40 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	\$500 copay per admit	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$20 copay / \$250 copay	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	\$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	No charge	50% coinsurance (after deductible)
Complex Radiology (PET, MRI) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	\$200 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery Ambulatory Surgery Center or Physician Office OR Outpatient Hospital-based Surgical Center	\$100 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay	\$20 copay	50% coinsurance (after deductible)
Chiropractic Services <sup>1</sup>	\$20 copay	\$20 copay	50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$20 copay / \$50 copay	\$50 copay	50% coinsurance (after deductible)
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 <sup>2</sup> (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 <sup>2</sup> (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

<sup>1</sup> Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

<sup>2</sup> Copays waived for preferred generic hypertension and hypoglycemic purchased by mail. This does not include normal retail use or brand drugs.

\* Pay standard copays if you fill your prescription at an Express Advantage Network (EAN) Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://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).

\*\* \$40 minimum and \$175 maximum

\*\*\* \$80 minimum and \$350 maximum

**Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of 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.

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## General Out-of-Area Dependent Plan Questions

1. How will a dependent be notified if they are on an HMO or PPO plan in California?  
UnitedHealthcare (UHC) does not determine the plan for the Out-of-Area dependent. UHC processes the eligibility file and the only notification the dependent would receive from UHC would be the member ID card which would have the plan information printed on it.
2. How do I find a doctor, their area of specialty, and which Networks they use – i.e. Select PPO or Choice PPO?  
The provider search for Out-of-Area dependents enrolled in an HMO plan would be the same process as all other HMO plan members. They simply need to know the Plan Network and search for a Primary Care Provider in their zip code. As for the PPO plan, they would utilize the UMR provider search process.
3. Will my new member ID card be sent directly to the dependents' new address?  
Yes, Out-of-Area dependents are enrolled under their own record in the UHC system and the member ID card will be sent to the address received via the eligibility file from VEBA.
4. Where can I get more information?  
UHC has member services teams that are always happy to help answer questions. They can also assist with the provider search tools and advising what plan a member is in once they are enrolled in our system. UHC member services can be reached at [888-586-6365](tel:888-586-6365) or visit [cosd.welcometouhc.com](https://cosd.welcometouhc.com) and UMR member services number is [800-826-9781](tel:800-826-9781) or visit [umr.com](https://umr.com).

