

Coverage for out-of-area students enrolled with PacifiCare without access to PacifiCare HMO network



Southern California Schools VEBA and PacifiCare are committed to providing you and your eligible dependants with the best health care services, even when all family members are not living under the same roof.

If you have an eligible dependent student who does **not** have access to the PacifiCare Signature Value HMO network, PacifiCare will automatically enroll the student in the dependent PacifiCare Preferred Provider Organization (PPO), which allows your dependent to visit any provider, without a referral (the plan pays a higher level of benefits if your dependent uses a PacifiCare provider). Your dependent's participation in this PPO will **not** affect the premium charged to you by the district. Please see the following page for more information on how this plan covers services.

Definition of eligible student dependent

Your child is deemed an eligible dependent student if he or she is:

- Unmarried
- At least 19 years of age, but less than 25
- Primarily dependent on you for support and maintenance
- A full-time student carrying at least 12 units and attending an accredited college, university, or a State Department of Education-approved vocational/technical school.

You must submit a change of address form at your district's benefits office to allow your eligible dependent student to access the dependent PPO coverage. To minimize your out-of-pocket expenses, work with your child to find in-network providers in his or her area. To do so, check the online provider directory at www.pacificare.com for a list of in-network doctors available in your child's area. (Click on "Find a Doctor" under the "Tools" section. When asked to select a plan, click "Preferred Provider Organization.")

Please note that if your eligible student dependent participates in the PPO, he or she **cannot** switch back to a PacifiCare HMO plan mid-year (for example, if your dependent returns home for summer break). Once your dependent is in the PPO, he or she must remain in the PPO for the entire plan year.

An example scenario

You are an employee of a VEBA-participating school district and live in San Diego. You have enrolled yourself and all eligible family members in the PacifiCare Signature Value Advantage Network HMO 5. Your son, Robert, is attending college this fall in Colorado. In order for Robert to access the dependent PacifiCare PPO, you need to complete a change of address form at your district's benefits office. When Robert returns home to San Diego for his summer break, he continues to participate in the PPO.

(continued on next page)

About VEBA

Southern California Schools VEBA is a cooperative labor-management trust program that manages health care benefits for participating districts and associations by positively influencing the quality, affordability, and accessibility of care delivered by contracted health plans and their providers. Learn more about Southern California Schools VEBA at www.vebaonline.com or call 619-278-0021.

This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits rights or liabilities as set forth in the official plan documents and contracts. Additionally, the plan options available to you are based on the plans bargained by your district or association.

Coverage for out-of-area students enrolled with PacifiCare without access to PacifiCare HMO network



(continued from previous page)

How Services are Covered by the Dependent PacifiCare PPO

	In-Network	Out-of-Network
Deductible <i>Combined in-network and out-of-network</i>	\$250/individual \$500/family	\$250/individual \$500/family
Maximum Benefit While Covered <i>Combined in-network and out-of-network</i>	\$2,000,000	\$2,000,000
Annual Copayment Maximum	\$1,000/individual \$2,000/family	\$2,000/individual \$4,000/family
Emergency Care	\$75 copay	\$75 copay
Pre-Existing Conditions	Not covered	Not covered
Ambulance Services	30% coinsurance	30% coinsurance
Inpatient Hospital Care	20% coinsurance	40% coinsurance <i>(additional \$250 deductible applies for non-participating hospitals)</i>
Inpatient Physician Services	20% coinsurance	40% coinsurance
Office Visits	\$20 copay/visit	40% coinsurance
Outpatient Diagnostic Laboratory and Radiology	20% coinsurance	40% coinsurance
Outpatient Allergy Tests	Not covered	Not covered
Outpatient Surgery	20% coinsurance	40% coinsurance
Outpatient Physical/Rehabilitation Therapy	20% coinsurance (\$2,000 combined calendar year maximum)	40% coinsurance (2,000 combined calendar year maximum)
Routine Physical Exam	\$20 copay <i>(\$300 combined in- and out-of-network maximum per calendar year for participants ages 19 and over)</i>	40% coinsurance <i>(\$300 combined in- and out-of-network maximum per calendar year for participants ages 19 and over)</i>
Well-Woman Care	\$20 copay	40% coinsurance
Chiropractor Services	20% coinsurance (\$2,000 max/calendar year combined for in- and out-of-network for all neuro/musculoskeletal services)	40% coinsurance (\$2,000 max/calendar year combined for in- and out-of-network for all neuro/musculoskeletal services)
Retail Prescription Drugs If you purchase a brand name drug when a generic alternative is available, you will pay the generic drug copay plus the difference in cost between the brand name and generic drug, even if your doctor writes 'dispense as written' on the prescription. Fourth and subsequent refills for selected maintenance medications at a retail pharmacy will incur double the retail copays (equivalent to mail order copays for a 90-day supply) for only a 30-day supply	\$5 generic \$10 formulary \$25 non-formulary Covered through Medco <i>(San Marcos School District copays are \$10 generic, \$15 formulary and \$30 non-formulary)</i>	The greater of: 50% of the cost, or \$10 for generic \$30 for formulary \$60 for non-formulary covered drugs
Mail Order Prescription Drugs	\$10 generic \$20 formulary \$50 non-formulary Covered through Medco <i>(San Marcos School District copays are \$15 generic, \$25 formulary and \$55 non-formulary)</i>	Not covered
Mental Health Services Preauthorization required through PacifiCare Behavioral Health, PCP referral not required	Inpatient: \$200 copay/admission Outpatient: \$10 copay/visit; unlimited visits	Not covered
Substance Abuse Services Preauthorization required through PacifiCare Behavioral Health, PCP referral not required	Inpatient: \$250 copay/admission; two treatment episodes/lifetime; max 30 days/calendar year Outpatient: No charge visits 1-5; \$10 copay thereafter	Not covered

About VEBA

Southern California Schools VEBA is a cooperative labor-management trust program that manages health care benefits for participating districts and associations by positively influencing the quality, affordability, and accessibility of care delivered by contracted health plans and their providers. Learn more about Southern California Schools VEBA at www.vebaonline.com or call 619-278-0021.

This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits rights or liabilities as set forth in the official plan documents and contracts. Additionally, the plan options available to you are based on the plans bargained by your district or association.