



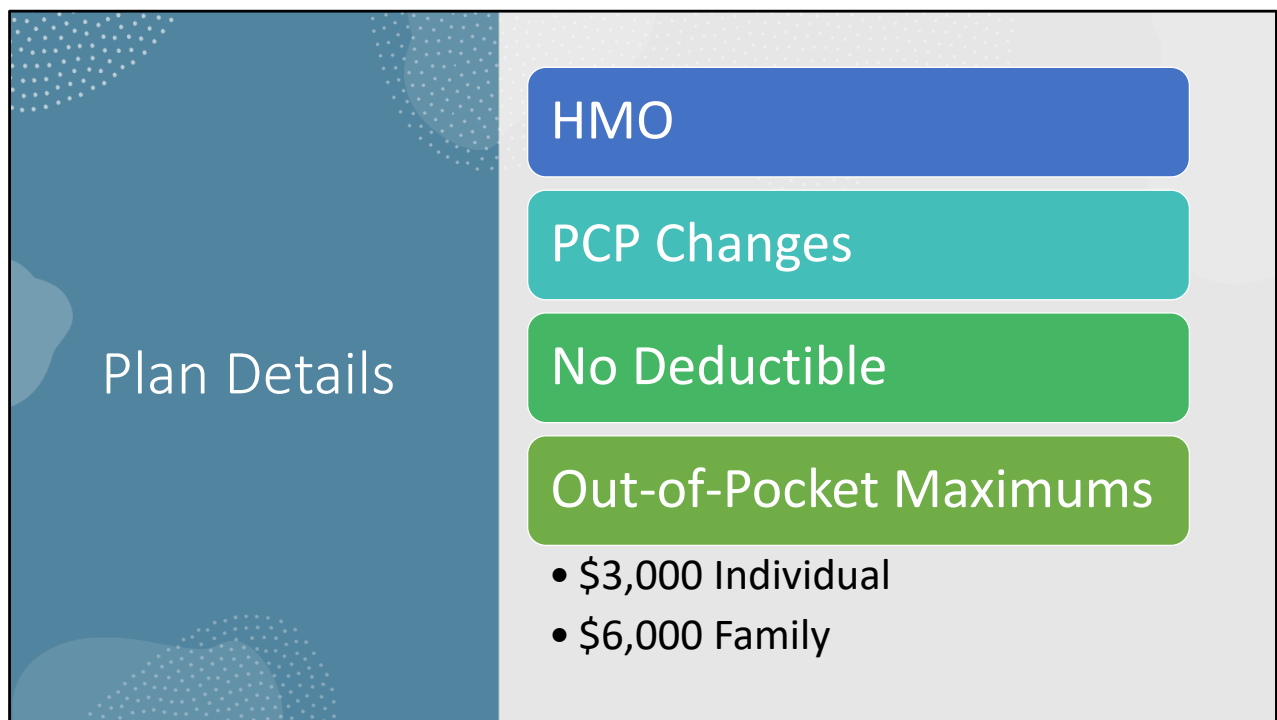
VENTURA COUNTY  

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HEALTH CARE PLAN

Hi, this is Christina Woods, and I oversee the Member and Provider Services teams here at the Ventura County Health Care Plan. This presentation will give you an overview of our plan and will also provide you with some contact information at the end in case you have additional questions.

We are very proud to be your local option for health care coverage. We are fellow County employees who care about the service we provide and strive to be your health care coverage of choice.

A graphic titled "Plan Details" on a blue background with white dots. To the right, on a light gray background, are four colored boxes: a blue box with "HMO", a teal box with "PCP Changes", a green box with "No Deductible", and a light green box with "Out-of-Pocket Maximums". Below the last box is a bulleted list: "• \$3,000 Individual" and "• \$6,000 Family".

Plan Details

- HMO
- PCP Changes
- No Deductible
- Out-of-Pocket Maximums
  - \$3,000 Individual
  - \$6,000 Family

This is an HMO plan, which means that all your care must be coordinated through your primary care physician. In most cases, when needed, your primary care physician can submit a direct referral to a specialist. This means that prior approval from the Plan is not required. In those instances where prior approval is required, your primary care physician will submit a prior authorization request to the Plan.

Although the primary care physician will be coordinating your care, you are able to self-refer for Mental Health and Substance Use Services, and women can self-refer for OB/GYN services. This means that you will not need to coordinate with your primary care physician for these services; however, you still need to remain in the VCHCP network.

When you first enroll in our Plan, you will select your primary care physician. Each of your covered dependents can have a different primary care physician and you can change your primary care physician at any time. You can do this by calling our member services team, or you can submit a request through the Plan's Member portal, or via email, and the change can be effective that same day.

There are no deductibles on this plan, so you are not required to pay a specific amount out-of-pocket before the plan starts to pay. However, there are out-of-pocket maximums in place for your protection. The annual out-of-pocket maximums are \$3,000 per individual and \$6,000 per family. Once you reach the maximum, the plan will pay 100% for covered services for the remainder of the year. All your Medical, Rx, and Mental Health copays go towards your annual out-of-pocket maximum.

We talked about how you need to stay in network for all your services, but there are going to be times when you are out of the area, and you need emergency services and those are covered by the plan. Also, our pharmacy benefit has a national network, as well as the Mental Health benefit. We'll talk about those benefits a little later in the presentation, but when you are out of the area and you need a prescription filled, you'll find that the national network has pharmacies where you can obtain those prescriptions. And the same goes for the mental health and substance use benefit, as it is a national network as well.

The graphic is a rectangular slide with a blue background on the left and a light gray background on the right. On the left, the text 'Provider Network & Directory' is written in white. On the right, there are two colored boxes: a blue one at the top containing the title 'Provider Network' and a list of provider categories, and a green one below it containing the title 'Provider Directory' and a list of directory options.

## Provider Network & Directory

### Provider Network

- VCMC
  - PCPs & Specialists
  - VCMC & Santa Paula Hospital
- Other Contracted
  - PCPs & Specialists
  - St. John's Regional Medical Center, St. John's Camarillo, & Adventist Health
- Tertiary Care Facilities
  - UCLA, Cedars-Sinai, Children's Hospital of L.A.

### Provider Directory

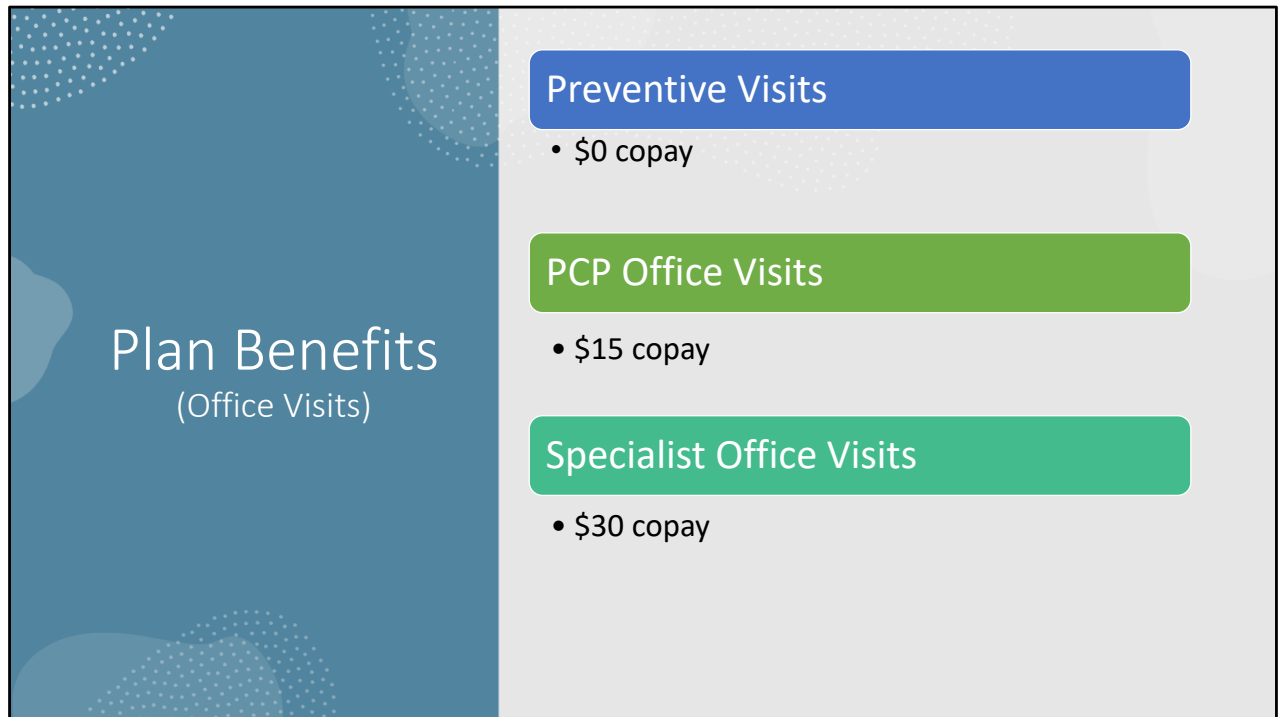
- On-Line Directory
  - <http://www.vhealthcareplan.org/members/physicians.aspx>
- Printed Directory Upon Request

Our provider network includes providers throughout the County. We have the VCMC providers which includes primary care physicians as well as Specialist. It also includes the Ventura County Medical Center and Santa Paula Hospitals. We also understand that not all services are available through the VCMC network of providers, so we also have direct contracts with other primary care physicians and specialist, as well as other hospitals including St. John's Regional Medical Center in Oxnard, St. John's Camarillo, and Adventist Health in Simi Valley.

We also have tertiary care facilities. They include UCLA, Cedars-Sinai, and Children's Hospital of L.A. Any time tertiary care is utilized, it does need to be preauthorized by the Plan. We want to keep our members in-network as much as possible, but we do have these facilities available for those services that are not available within our network.

The online directory available on our website is updated weekly, so that is where you can find the most current information on our contracted network of providers. You can also call our Member Services team and we will have that contact information at the end of this presentation.

For the online directory, we have a link here to the Plan's website, and you can go to Find a Provider and you are able to search a variety of different ways. You can search by specialty, by city, if you have a specific provider that you want to see if they are in our network. So, it is really a very useful tool, and again you can also contact the member services team for assistance, and also if you want them to send you a printed version of the search information.

A slide titled "Plan Benefits (Office Visits)" with a blue background on the left and a light gray background on the right. The title is in white text. On the right, there are three colored boxes: a blue box for "Preventive Visits" with a bullet point for "\$0 copay", a green box for "PCP Office Visits" with a bullet point for "\$15 copay", and a teal box for "Specialist Office Visits" with a bullet point for "\$30 copay".

**Plan Benefits**  
(Office Visits)

- Preventive Visits**
  - \$0 copay
- PCP Office Visits**
  - \$15 copay
- Specialist Office Visits**
  - \$30 copay

The next several slides will provide you with benefit information on some of the more common services. You can go to our website for a more comprehensive list and our member services team is also available to answer any questions.

This slide shows the member copay information for office visits. There is no copay for preventive visits and that includes annual physicals, immunizations, and well-women visits.

For regular office visits with your primary care physician the copay is \$15. For specialist office visits the copay is \$30.

**Plan Benefits**  
(ER & Urgent Care)

**Emergency & Urgent Care**

- **Urgent Care: \$35 copay\***
  - \* Must use in-network when in Ventura County
- **ER: \$100 copay\***
  - \* Waived if admitted

This slide shows the copay for ER and Urgent Care visits. The urgent care copay is \$35. When you are in the service area, which is Ventura County, you do need to go to one of our contracted urgent care facilities. When you are outside of Ventura County, you can go to any urgent care facility, and if you have to pay out-of-pocket, you can submit your claim to us for reimbursement, minus the \$35.00 copay.

The ER copay is \$100, and that copay is waived if you are admitted. You can obtain services from any ER, but if you are then admitted to a non-contracted hospital, the plan may coordinate a transfer to a contracted facility once you are stable.

## Plan Benefits (Inpatient)

### Inpatient Services

Service	Copay
Inpatient Facility Fee	\$100 copay per day up to 5 days; per admit
Inpatient Physician/Surgeon Fee	\$0 copay

**Observation Stay:** Hospitals may provide observation care if you are not well enough to go home but not sick enough to be admitted as inpatient. These stays require a doctor's order and are considered outpatient services even though you may be in the hospital overnight. At Ventura County Medical Center, observation stays may be up to 2 midnights. At all other facilities, including tertiary, observation stays are up to 24 hours. After those time periods, if you are still in the hospital, you would be considered to be admitted as an inpatient.

This slide shows the coverage for inpatient hospitalization. The copay is \$100 per day, up to 5 days, per admission. This means the member's responsibility will cap at \$500 for hospital stays that exceed 5 days.

As we discuss the benefits for ER and inpatient hospitalization, it is important to understand how observation factors in. When you are in the ER and the doctor feels like you are not quite ready to be discharged, but not sick enough to be admitted as inpatient, the doctor may keep you for observation. In these situations, since you are not formally admitted as inpatient, the ER copay will apply.

## Plan Benefits (Outpatient)

### Outpatient Services

Service	In-Network
Outpatient Visits (Chemotherapy, outpatient radiation, outpatient infusion therapy)	\$20 copay
Outpatient Labs & Pathology	\$0 copay
Outpatient X-Ray & Diagnostic Imaging	\$15 copay
Imaging and/or other Diagnostic Services (including CT, PET Scans, MRIs)	\$100 copay
Genetic testing	10% of cost up to \$500
Outpatient Services - Other	10% of cost up to \$250

This slide shows some of the common outpatient services and corresponding copay amounts. There is no copay for outpatient labs at any contracted facility. For outpatient x-rays and diagnostic imaging, the copay is \$15. Imaging and other diagnostic services, including CT, PET Scans, and MRIs. For these services the copay is \$100. And as a reminder, services must be obtained at a contracted facility.

## Plan Benefits

(Prescriptions)

### Rx – Express Scripts

(at in-network pharmacies) \*\* National Network \*\*

Retail Prescriptions	
Contraceptive Drugs & Devices	\$0 copay
Tier 1 (Most Generics)	\$9 copay
Tier 2 (Preferred Brand)	\$30 copay
Tier 3 (Non-Preferred Brand)	\$45 copay
Tier 4 (Specialty Drugs)	Generic: 10% (up to \$100 max script) Brand: 10% (up to \$250 max script)

Mail Order or Smart 90 Pharmacy Prescriptions	
Contraceptive Drugs & Devices	\$0 copay
Tier 1 (Most Generics)	\$18 copay
Tier 2 (Preferred Brand)	\$60 copay
Tier 3 (Non-Preferred Brand)	\$90 copay
Infertility Medication	50% contracted rate

VCHCP contracts with Express Scripts to administer the pharmacy benefit for our members. As noted previously, ESI has a national network of contracted pharmacies. The VCHCP website will provide you with the contracted pharmacies within our service area and the Express Scripts website will provide you with the contracted pharmacies available across the county.

For prescriptions obtained at a retail location, the copays for up to a 30-day supply are \$9 for tier 1, \$30 for tier 2, and \$45 for tier 3. Tier 4 are Specialty medications and generally require prior authorization. There are no copays for contraceptive drugs.

If you are on a monthly maintenance drug, you can save money by setting up through mail order or by getting it at a retail location that participates in our smart 90 program. This will allow you to get a 3-month supply for the price of 2.



**Plan Benefits**  
(Mental Health)

**Mental Health & Substance Use Disorder** **\*\* National Network \*\***

Administered by Optum

- Phone: (800) 851-7407
- Website: [www.liveandworkwell.com](http://www.liveandworkwell.com)
- Office Visit: \$15 copay
  - In-Person and Virtual Appointments Available
- ER: \$100 copay\*
  - \* waived if admitted
- Inpatient Facility Fee: \$100 per day up to 5 days; per admit

**AbleTo App**

- FREE as part of VCHCP’s behavioral health benefits
- On-demand help with stress, anxiety and depression

VCHCP contracts with Optum to administer the mental health and substance use disorder benefits for our members. As noted previously this is a national network and members can view Optum’s website to locate a contracted provider and get information specific to their needs. There is a \$15. Copay for office visits and appointments are available in-person or via telehealth.

VCHCP has partnered with Optum to provide free access to the AbleTo app to our members. This app provides a variety of tools to help with stress, anxiety and depression.

There’s also a full library of resources available on the Optum website to help our members on a variety of topics.

## Additional Benefits

### Nurse Advice Line

Available 24/7 – Staffed by skilled registered nurses to answer your health questions, assess symptoms, and provide care recommendations.

### Teladoc

24/7 access to a doctor anytime, anywhere. Teladoc provides another option for those times when you are not able to see your PCP. - \$15 copay

### Case & Disease Management

To ensure the effective management of complicated and costly or chronic cases, the case management and disease management staff collaborate with members and their health care team to ensure coordination of care. Referrals to case management and disease management may be made by VCHCP staff, providers, hospital staff, and members to facilitate the continuity and coordination of the member's care. The referral is made to a VCHCP case manager or disease manager who is a qualified licensed health professional and functions within the scope of his/her license to practice (e.g., RN).

This slide outlines a few additional benefits that are provided to our members, and with the exception of Teladoc, there is no cost to our members.

The Nurse Advice line is available 24 hours a day. It is staffed by skilled registered nurses who can answer your health-related questions and provide guidance.

Teladoc is also available 24 hours a day. If you need a doctor but are unable to see your PCP, you can make an appointment with a Teladoc provider. Since these are virtual visits, they are a great option for when you are away from home and/or outside the service area. The copay for a Teladoc appointment is \$15.

The plan also provides case management and disease management for those members with complicated or chronic conditions. The case manager will help to coordinate care and advocate on behalf of the member.

**Plan Contact Information**

**Contact Information**

**Ventura County Health Care Plan**  
2220 E. Gonzales Rd, Suite 210B  
Oxnard, CA 93036

Phone: (805) 981-5050  
Email: [VCHCP.Memberservices@ventura.org](mailto:VCHCP.Memberservices@ventura.org)  
Website: [www.vchealthcareplan.org](http://www.vchealthcareplan.org)  
Member Portal: <https://member.vchealthcareplan.org/>

**Behavioral Health & Substance Use Disorder (Optum)**  
Phone: (800) 851-7407  
Website: [www.liveandworkwell.com](http://www.liveandworkwell.com)

**Nurse Advice Line (Caret Health)**  
Phone: (800) 334-9023

**Pharmacy Benefits (Express Scripts)**  
Phone: (800) 811-0293  
Website: [www.express-scripts.com](http://www.express-scripts.com)

**Teladoc**  
Phone: (800) 835-2362

This slide provides the Plan’s contact information. Our office is located in Oxnard, and our regular business hours are 8:30am – 4:30pm Monday – Friday.

You can call or email the Member Services team if you have any questions or need to change your primary care provider.

I encourage you to also check out the VCHCP website. You can review the Find a Provider page to locate an in-network provider, and you can review the Members page for more detailed benefit information, forms, and other plan information.

Thank you for reviewing this presentation. If you have any questions, please feel free to reach out to us.

Thank you for your time.

We appreciate you viewing this presentation, and we look forward to serving your health insurance needs.

For more detailed plan information, please visit our website at [www.vhealthcareplan.org](http://www.vhealthcareplan.org) or you can contact our Member Services team at (805) 981-5050 or via email at [VCHCP.Memberservices@ventura.org](mailto:VCHCP.Memberservices@ventura.org)

8/14/2023 - CW