



## Sweetwater Union High School District: SCGA

Effective Period: January 1, 2023 - December 31, 2023

Plan design changes highlighted in red

Benefit Summary	UHC Harmony HMO \$10/100% What You Pay	UHC Performance HMO A, Network 1, \$10/100% What You Pay	UHC Performance HMO A, Network 2, \$20/100% What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Health Account</b>	None	None	None
<b>PCP Office Visit</b>	\$10 copay	\$10 copay	\$20 copay
<b>Specialist Office Visit</b>	\$10 copay	\$10 copay	\$20 copay
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge	No charge
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge	No charge
<b>Outpatient Surgery</b>	No charge	No charge	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay	\$20 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	\$10 copay	\$20 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$10 copay	\$20 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
<b>Rx Deductible</b> (individual/family)	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Rx Formulary List</b>	National Preferred	National Preferred	National Preferred
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB
<b>Available Medical Groups</b>	Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Sharp Community Medical Group, SCMG - Arch Health Partners, Sharp Rees-Stealy Medical Group	Greater Tri-Cities IPA, Mercy Physicians Medical Group, Rady Children's Health Network, Scripps Physician Medical Group

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

\*Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralpins, Kmart, Vons, Haggen, 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).

\*\*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 Smart90.

\*\*Copays waived for preferred generic hypertension, hypoglycemic, and **cholesterol medications** purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

\*\*\*G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

**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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Benefit Summary	UHC Alliance HMO \$20/\$30/\$500A What You Pay	UHC Alliance HMO \$1,200 HRA What You Pay	SIMNSA HMO \$5; Rx: \$5 30-day What You Pay	Kaiser HMO \$10, Rx: \$10 / \$10 100-day What You Pay
<b>Medical Deductible</b> (individual/family)	None	\$2,000 / \$2,000	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,350 / \$12,700	\$1,500 / \$3,000
<b>Health Account</b>	None	OptumBank HRA \$1,200	None	None
<b>PCP Office Visit</b>	\$20 copay	\$35 copay	\$5 copay	\$10 copay
<b>Specialist Office Visit</b>	\$30 copay	\$50 copay	\$5 copay	\$10 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	\$500 admit copay	20% coinsurance (after deductible)	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$20 copay / \$500 admit copay	\$40 copay / 20% coinsurance (after deductible)	\$5 copay / No charge	\$10 copay / No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge	\$5 copay / No charge	\$10 copay / No charge
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	\$200 copay	20% coinsurance (after deductible)	No charge	No charge
<b>Outpatient Surgery</b>	\$250 copay	20% coinsurance (after deductible)	No charge	\$10 copay
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$20 copay	\$35 copay	\$10 copay	\$10 copay
<b>Chiropractic and Acupuncture Services*</b>	\$20 copay	\$30 copay	Not covered	\$10 copay
<b>Urgent Care</b> (Office Visit only)	\$20 copay	\$35 copay	\$25 copay	\$10 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$150 copay	\$300 copay (after deductible)	\$250 copay (U.S. or out of plan area)	\$50 copay
<b>Rx Deductible</b> (individual/family)	None	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600 / \$3,200	\$1,600 / \$3,200	N/A	N/A
<b>Rx Formulary List</b>	National Preferred	National Preferred	SIMNSA	Kaiser
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	SIMNSA	Kaiser
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$5 copay	G / B: \$10 copay (up to a 100-day supply)
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	Not available	G / B: \$10 copay (up to a 100-day supply)
<b>Available Medical Groups</b>	Mercy Physicians, Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician MG, UC San Diego Medical Group	Mercy Physicians, Optum Care (Formerly Primary Care Associates), Rady Children's Health Network, Scripps Clinic, Scripps Coastal, Scripps Physician MG, UC San Diego Medical Group	SIMNSA	Kaiser

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

\*Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, 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).

\*\*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 Smart90.

\*\*Copays waived for preferred generic hypertension, hypoglycemic, and **cholesterol medications** purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

\*\*\*G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

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Benefit Summary	UMR NexusACO PPO - With HRA	
	In Network What You Pay	Out of Network What You Pay
<b>Medical Deductible</b> (individual/family)	\$2,500 / \$2,500	\$2,500 / \$2,500
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$5,000 / \$5,000	\$5,000 / \$5,000
<b>Health Account</b>	OptumBank HRA \$500	
<b>PCP Office Visit</b>	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Specialist Office Visit</b>	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No coverage for non-network services
<b>Inpatient Hospital Care</b>	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	50% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	20% coinsurance (deductible does not apply)	
<b>Complex Radiology</b> (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	20% coinsurance (after deductible)	50% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>	20% coinsurance (after deductible)	
<b>Outpatient Surgery</b> <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	20% coinsurance (after deductible) and \$100 copayment	
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$30 copay	50% coinsurance (after deductible)
<b>Chiropractic and Acupuncture Services*</b>	\$30 copay	50% coinsurance (after deductible)
<b>Urgent Care</b> (Office Visit only)	\$50 copay	50% coinsurance (after deductible)
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay
<b>Rx Deductible</b> (individual/family)	None	
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600 / \$3,200	
<b>Rx Formulary List</b>	National Preferred	
<b>Rx Pharmacy Network</b>	Express Advantage Network**	
<b>Short-Term Prescription Drugs***</b> <i>(up to 30-day supply)</i>	\$15 Generic \$35 PB 50% \$40 min \$175 max NPB	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.
<b>Long-Term Prescription Drugs***</b> <i>(up to 90-day supply)</i>	\$30 Generic \$70 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
<b>Available Medical Groups</b>	Check <a href="http://umr.com">umr.com</a> to find Tier 1 physicians near you	All others

Infertility services are excluded/not covered under PPO plans, please see your policy for details.

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