



CALIFORNIA SCHOOLS  
**VEBA**

## Sweetwater Union High School District: Confidential

Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	<b>NEW!</b> VEBA Direct HMO \$10/100%	UHC Harmony HMO \$10/100%	UHC Performance HMO Network 3, \$20/\$30/\$500A
	What You Pay	What You Pay	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	\$30 copay
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	\$500 admit copay
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay
<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	\$200 copay
<b>Outpatient Surgery</b>	No charge	No charge	\$250 copay
<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	\$150 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	\$1,600 / \$3,200
<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>	Rady Children's Health Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group	Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center

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 and Acupuncture services 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 EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, 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 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

\*\*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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Acupuncture added to all plans for 2024, other changes in red

Benefit Summary	UHC CS VEBA Alliance HMO \$10/100% 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	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$6,350 / \$12,700	\$1,500 / \$3,000
<b>Health Account</b>	None	None	None
<b>PCP Office Visit</b>	\$10 copay	\$5 copay	\$10 copay
<b>Specialist Office Visit</b>	\$10 copay	\$5 copay	\$10 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	\$5 copay / No charge	\$10 copay / No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	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
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge	No charge
<b>Outpatient Surgery</b>	No charge	No charge	\$10 copay
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay	\$10 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	Not covered	\$10 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$25 copay	\$10 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$250 copay (U.S. or out of plan area)	<b>\$100 copay</b>
<b>Rx Deductible</b> (individual/family)	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600 / \$3,200	N/A	N/A
<b>Rx Formulary List</b>	National Preferred	SIMNSA	Kaiser
<b>Rx Pharmacy Network</b>	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	\$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	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	SIMNSA	Kaiser

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\*\*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).

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Benefit Summary	UMR NexusACO PPO - No HRA	
	In Network What You Pay	Out of Network What You Pay
<b>Medical Deductible</b> (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>Health Account</b>	None	
<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> (up to 30-day supply)	\$10 Generic \$30 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> (up to 90-day supply)	\$20 Generic \$60 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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