

Sweetwater Union High School District: Management

Effective Period: January 1, 2024 - December 31, 2024 Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	NEW! 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
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Health Account	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$30 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	\$500 admit copay
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$200 copay
Outpatient Surgery	No charge	No charge	\$250 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$20 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay	\$20 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Formulary List	National Preferred	National Preferred	National Preferred
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**
Short-Term Prescription Drugs*** (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
Long-Term Prescription Drugs*** (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
Available Medical Groups	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.

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.

^{*}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 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 Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.





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

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Benefit Summary	UHC CS VEBA Alliance HMO \$20/\$30/\$500A	SIMNSA HMO \$5; Rx: \$5 30-day	Kaiser HMO \$10, Rx: \$10 / \$10 100-day
	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$6,350 / \$12,700	\$1,500 / \$3,000
Health Account	None	None	None
PCP Office Visit	\$20 copay	\$5 copay	\$10 copay
Specialist Office Visit	\$30 copay	\$5 copay	\$10 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	\$500 admit copay	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$20 copay / \$500 admit copay	\$5 copay / No charge	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	\$5 copay / No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	\$200 copay	No charge	No charge
Outpatient Surgery	\$250 copay	No charge	\$10 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$20 copay	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$20 copay	Not covered	\$10 copay
Urgent Care (Office Visit only)	\$20 copay	\$25 copay	\$10 copay
Emergency Room (Copay waived if admitted)	\$150 copay	\$250 copay (U.S. or out of plan area)	\$100 copay
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	N/A	N/A
Rx Formulary List	National Preferred	SIMNSA	Kaiser
Rx Pharmacy Network	Express Advantage Network**	SIMNSA	Kaiser
Short-Term Prescription Drugs*** (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)
Long-Term Prescription Drugs*** (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)
Available Medical Groups	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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Benefit Summary In Network What You Pay Medical Deductible (Individual/Tamity) Medical Deductible (Individual/Tamity) Medical Out-of-Pocket Maximum (Individual/Tamity) S2,000 / \$4,000 Medical Out-of-Pocket Maximum (Individual/Tamity) S5,000 / \$10,000 Medical Out-of-Pocket Maximum (Individual/Tamity) None PCP Office Visit Tier 1 Physician: \$30 copay PCP Office Visit Tier 2 Physician: 20% coinsurance (after deductible) Tier 1 Physician: \$50 copay Specialist Office Visit Tier 2 Physician: 20% coinsurance (after deductible) No coverage for No charge No charge No charge No coverage for Non-network services Inpatient Hospital Care (after deductible) Mental Health Services (outpatient/Inpatient) Substance Abuse Services (outpatient/Inpatient) Authorized Authorization (after deductible) Mental Health Services (outpatient/Inpatient) Substance Abuse Services (outpatient/Inpatient) (after deductible) Substance Abuse Services (outpatient/Inpatient) Authorized Authorization (after deductible) Outpatient Diagnostic Laboratory and Radiology (standard procedures) Researchanding Foelily or Physician Office OR Hospital-based Labor Radiology (deductible does not apply) Complex Radiology (ET & MRI) Freestanding Foelily or Physician Office OR Ambulatory Surgery Center or Physician's Office (after deductible) Outpatient Hospital-based Surgical Center (after deductible) Substance (after deductible) Outpatient Hospital-based Surgical Center (after deductible) Outpatient Hospital-based Surgical Center (after deductible) Subcoinsurance (after deductible) Authorization (after deductible) Outpatient Hospital-based Surgical Center (after deductible) Outpatient Physical/Rehabilitation Therapy (Office Visit) Outpatient Physical/Rehabilitation Therapy (Office Visit) Outpatient Physical/Rehabilitation Therapy (Outpatient Applical Applical Physical Applical Center Subcoinsurance (after deductible) Outpatient Physical Application Application Application Application Application Defice Only Ambu			
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Chiropractic and Acupuncture Services* S30 copay			
Figure Care			
(Office Visit only) \$50 copay (after deductible)			
Emergency Room \$100 copay \$100 copay			
(Copay waived if admitted)			
Rx Deductible (individual/family) None			
Rx Out-of-Pocket Maximum \$1,600 / \$3,200	\$1,600 / \$3,200		
(individual/family)			
Rx Formulary List National Preferred Rx Pharmacy Network Express Advantage Network**			
Short-Term Prescription Drugs*** \$10 Generic Retail: with submission of a paper claim, member will be			
(up to 20-day supply)			
50% \$40 Milli \$1/5 Midx NPB Hetwork pharmacy less the member 3 copay			
\$20 Generic Long-Term Prescription Drugs*** \$ co.p.p. No coverage for			
(up to 90-day supply)			
50% \$80 min \$350 max NPB			
Available Medical Groups Check umr.com to find Tier 1 physicians near you All others			

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