



# Sweetwater Union High School District:

## NAGE

Effective Period: January 1, 2025 - December 31, 2025

Rx OOP is now combined with medical on ALL

non-Kaiser/Cigna/SIMNSA plans, no other plan design changes

Benefit Summary	VEBA Direct HMO \$20/\$250A What You Pay	UHC Harmony HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$10/100% 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	\$1,500 / \$3,000
<b>Health Account</b>	None	None	None
<b>PCP Office Visit</b>	\$20 copay	\$10 copay	\$10 copay
<b>Specialist Office Visit</b>	\$20 copay	\$10 copay	\$10 copay
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	\$250 admit copay	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$20 copay / \$250 admit copay	\$10 copay / No charge	\$10 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)	\$100 copay	No charge	No charge
<b>Outpatient Surgery</b>	No charge	No charge	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$20 copay	\$10 copay	\$10 copay
<b>Chiropractic and Acupuncture Services*</b>	\$20 copay	\$10 copay	\$10 copay
<b>Urgent Care</b> (Office Visit only)	\$20 copay	\$10 copay	\$10 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$150 copay	\$100 copay	\$100 copay
<b>Rx Deductible</b> (individual/family)	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	Combined with medical	Combined with medical	Combined with medical
<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)	\$10 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)	\$20 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>	Optum Care Network, Rady Children's Health Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group	Optum Care Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group & Affiliates	Mercy Physicians Medical Group, Optum Care Network, Rady Children's Health Network, Scripps, UC San Diego Medical Group

PPO and non-Kaiser HMO medical and prescription drug plans exclude coverage for infertility services, but have access to Kindbody Fertility Solutions for applicable covered benefits. Kaiser HMO plans (excluding Kaiser HMO Bronze plan) includes infertility services.

\*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

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

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Benefit Summary	Kaiser HMO \$10, Rx: \$10 / \$10 100-day What You Pay	SIMNSA HMO \$5; Rx: \$5 30-day What You Pay
<b>Medical Deductible</b> (individual/family)	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$6,350 / \$12,700
<b>Health Account</b>	None	None
<b>PCP Office Visit</b>	\$10 copay	\$5 copay
<b>Specialist Office Visit</b>	\$10 copay	\$5 copay
<b>Preventive Care</b>	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$5 copay / No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$5 copay / No charge
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge
<b>Outpatient Surgery</b>	\$10 copay	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	Not covered
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$25 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$250 copay (U.S. or out of plan area)
<b>Rx Deductible</b> (individual/family)	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	N/A	N/A
<b>Rx Formulary List</b>	Kaiser	SIMNSA
<b>Rx Pharmacy Network</b>	Kaiser	SIMNSA
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	G / B: \$10 copay (up to a 100-day supply)	\$5 copay
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	G / B: \$10 copay (up to a 100-day supply)	Not available
<b>Available Medical Groups</b>	Kaiser	SIMNSA

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Benefit Summary	UMR NexusACO PPO	
	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)	Combined with medical	
<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

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