



Sweetwater Union High School District:

SEA

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 \$10/100% What You Pay	UHC Harmony HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$10/100% 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	\$1,500 / \$3,000
Health Account	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$10 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$10 copay / No charge
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	No charge
Outpatient Surgery	No charge	No charge	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$10 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical	Combined with medical
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	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 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.

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

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.

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Benefit Summary	UMR NexusACO PPO		NEW! Surest PPO \$500	
	In Network What You Pay	Out of Network What You Pay	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000	None	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$4,000	\$5,000 / \$10,000
Health Account	None		None	
PCP Office Visit	Tier 1 Physician: \$30 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$5 to \$25 copay	50% coinsurance (after deductible)
Specialist Office Visit	Tier 1 Physician: \$50 copay Tier 2 Physician: 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$5 to \$25 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	\$500 copay	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$30 copay / \$500 copay	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$30 copay / \$500 copay	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	50% coinsurance (after deductible)	No charge	50% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	20% coinsurance (deductible does not apply)		No charge	
Complex Radiology (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	20% coinsurance (after deductible)	50% coinsurance (after deductible)	\$25 to \$180 copay	50% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>	20% coinsurance (after deductible)		\$25 to \$180 copay	
Outpatient Surgery <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)	\$30 to \$210 copay	50% coinsurance with Prior Authorization (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	20% coinsurance (after deductible) and \$100 copayment		\$30 to \$210 copay	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$30 copay	50% coinsurance (after deductible)	\$5 to \$25 copay	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$30 copay	50% coinsurance (after deductible)	\$5 copay (Chiro) / \$10 copay (Acu)	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	\$50 copay	50% coinsurance (after deductible)	\$10 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Rx Deductible (individual/family)	None		None	
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical		Combined with medical	
Rx Formulary List	National Preferred		National Preferred	
Rx Pharmacy Network	Express Advantage Network**		Express Advantage Network**	
Short-Term Prescription Drugs*** (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.	\$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.
Long-Term Prescription Drugs*** (up to 90-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Check umr.com to find Tier 1 physicians near you	All others	Visit surest.com/members to find an In Network provider	All others

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*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

**Chiropractic and acupuncture services each have a 60-visit limit per person per plan year and are combined for in-network and out-of-network. Must be medically necessary and may be subject to prior authorization from Surest.

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