



### San Diego County Office of Education

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	UHC Performance HMO \$10/100% What You Pay	UHC Harmony HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$20/\$30/\$500A What You Pay	UHC Harmony HMO Journey What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	None	\$2,000 / \$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,500 / \$7,000
<b>Health Account</b>	None	None	None	HealthInvest HRA \$1,000 / \$1,600 / \$2,200
<b>PCP Office Visit</b>	\$10 copay	\$10 copay	\$20 copay	\$25 copay
<b>Specialist Office Visit</b>	\$10 copay	\$10 copay	\$30 copay	\$40 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	\$500 admit copay	20% coinsurance (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$25 copay / 20% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	No charge	No charge	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)	No charge	No charge	\$200 copay	\$100 copay
<b>Outpatient Surgery</b>	No charge	No charge	\$250 copay	20% coinsurance (after deductible)
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$25 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	\$10 copay	\$20 copay	\$30 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$10 copay	\$20 copay	\$25 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	20% coinsurance (after deductible)
<b>Rx Deductible</b> (individual/family)	None	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	Combined with medical	Combined with medical	Combined with medical	Combined with medical
<b>Rx Formulary List</b>	National Preferred	National Preferred	National Preferred	National Preferred
<b>Rx Pharmacy Network</b>	Express Advantage Network**	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	\$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	\$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 & Affiliates	Optum Care Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group & Affiliates

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.

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	NEW! Surest PPO \$2,000	
	What You Pay	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$5,000 / \$10,000	\$10,000 / \$20,000
Health Account	None	None	
PCP Office Visit	\$10 copay	\$10 to \$65 copay	\$195 copay
Specialist Office Visit	\$10 copay	\$10 to \$65 copay	\$195 copay
Preventive Care	No charge	No charge	\$100 copay
Inpatient Hospital Care	No charge	\$2,000 copay	\$4,800 copay
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$75 copay / \$1,600 copay	\$225 copay / \$4,800 copay
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$75 copay / \$1,600 copay	\$225 copay / \$4,800 copay
Outpatient Diagnostic Laboratory and Radiology (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	No charge	No charge
<i>Hospital-based Lab or Radiology</i>	No charge	No charge	
Complex Radiology (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	No charge	\$60 to \$450 copay	Up to \$1,350
<i>Hospital-based Complex Radiology</i>	No charge	\$60 to \$450 copay	
Outpatient Surgery <i>Ambulatory Surgery Center or Physician's Office</i>	\$10 copay	\$125 to \$800 copay	\$1,575 copay
<i>Outpatient Hospital-based Surgical Center</i>	\$10 copay	\$125 to \$800 copay	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$5 to \$60 copay	Up to \$180 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$15 copay (Chiro) / \$30 copay (Acu)	\$45 copay (Chiro) / \$90 copay (Acu)
Urgent Care (Office Visit only)	\$10 copay	\$35 copay	\$105 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$350 copay	\$350 copay
Rx Deductible (individual/family)	None	None	
Rx Out-of-Pocket Maximum (individual/family)	N/A	Combined with medical	
Rx Formulary List	Kaiser	National Preferred	
Rx Pharmacy Network	Kaiser	Express Advantage Network**	
Short-Term Prescription Drugs*** (up to 30-day supply)	G / B: \$10 copay (up to a 100-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.
Long-Term Prescription Drugs*** (up to 90-day supply)	G / B: \$10 copay (up to a 100-day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Kaiser	Visit <a href="http://surest.com/members">surest.com/members</a> 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.

\*\*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.

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