

HEALTH INSURANCE PLAN OPTIONS



San Diego County Office of Education
 Effective Period: January 1, 2026 - December 31, 2026
 No plan design changes for 2026

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
Medical Deductible (individual/family)	None	None	None	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,500 / \$7,000
Health Account	None	None	None	HealthInvest HRA \$1,000 / \$1,600 / \$2,200
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$30 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	\$500 admit copay	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$25 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$200 copay	\$100 copay
Outpatient Surgery	No charge	No charge	\$250 copay	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$25 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay	\$30 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay	\$20 copay	\$25 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	20% coinsurance (after deductible)
Rx Deductible (individual/family)	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical	Combined with medical	Combined with medical
Rx Formulary List	National Preferred	National Preferred	National Preferred	National Preferred
Rx Pharmacy Network	Express Advantage 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	\$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	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB
Available Medical Groups	Optum Care Network, Rady Children's Health Network, Sharp-Palomar Health Medical Group, 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-Scripps Care Affiliate, Scripps, Rady Children's Health Network, UC San Diego Medical Group	Optum Care Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group & Affiliates

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

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Benefit Summary	Surest PPO \$2,000	
	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Health Account	None	
PCP Office Visit	\$10 to \$65 copay	\$195 copay
Specialist Office Visit	\$10 to \$65 copay	\$195 copay
Preventive Care	No charge	\$100 copay
Inpatient Hospital Care	\$2,000 copay	\$4,800 copay
Mental Health Services (outpatient/inpatient)	\$75 copay / \$2,000 copay	\$225 copay / \$4,800 copay
Substance Abuse Services (outpatient/inpatient)	\$75 copay / \$2,000 copay	\$225 copay / \$4,800 copay
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	No charge No charge	No charge
Complex Radiology (PET & MRI) Freestanding Facility or Physician Office OR Hospital-based Complex Radiology	\$60 to \$450 copay \$60 to \$450 copay	Up to \$1,350
Outpatient Surgery Ambulatory Surgery Center or Physician's Office OR Outpatient Hospital-based Surgical Center	\$125 to \$800 copay \$125 to \$800 copay	\$1,575 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$5 to \$60 copay	Up to \$180 copay
Chiropractic and Acupuncture Services*	\$15 copay (Chiro) / \$30 copay (Acu)	\$45 copay (Chiro) / \$90 copay (Acu)
Urgent Care (Office Visit only)	\$35 copay	\$105 copay
Emergency Room (Copay waived if admitted)	\$350 copay	\$350 copay
Rx Deductible (individual/family)	None	
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	
Rx Formulary List	National Preferred	
Rx Pharmacy 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.
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
Available Medical Groups	Visit surest.com/members to find an In Network provider	All others

PPO medical and prescription drug plans exclude coverage for infertility services, but have access to Kindbody Fertility Solutions for applicable covered benefits.

*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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