CALIFORNIA SCHOOLS

VEBA

YOUR HEALTH, OUR PURPOSE

MEMBER BENEFITS GUIDE

SAN YSIDRO SCHOOL DISTRICT: CERTIFICATED

2026 Plan Year

Welcome CALIFORNIA SCHOOLS VEBA (CalVEBA) MEMBERS!

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

At CalVEBA, our members are the purpose behind everything we do. We partner with your employer to provide affordable, top-quality benefits and resources.

Your Benefits Guide is designed to introduce you to the wide range of benefits, programs, and resources available through CalVEBA. We're here to help you get the most out of your benefits.

This guide will help you:

- Understand your health plan options
- Learn how to access care
- Discover wellness resources available to you

Who We Are

Founded in 1993, CalVEBA is a joint labor-management trust established by the County Office of Education, employee associations, and district management that innovates health care purchasing, manages rising costs, and improves care access for members and their families. **As the fourth largest health care purchaser in California**, we:

- **Provide benefits for nearly 160,000 members**
- **Partner with more than 70 public sector employers**

We are committed to continuous innovation of benefits and resources ***that support YOU***, our CalVEBA member community.

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WHAT IS OPEN ENROLLMENT?

Open Enrollment allows employees to:

- Elect/waive/change coverage
- Add/remove dependents from coverage

Open Enrollment is when you can sign up for an insurance plan for you and your family for the upcoming year. During this period, you can review and compare insurance plans, make changes to your current coverage, or enroll in a new plan.

When can I make changes?

Contact your Benefits Administrator for your employer's Open Enrollment dates and key deadlines.

Outside of Open Enrollment, *you must have a qualified life event/status change* to make changes to your benefits elections. See the Eligibility section for details.

Qualified Events/Status Changes Include:

- Marriage, divorce, legal separation, annulment, death of spouse
- Birth, adoption, spouse's open enrollment

Important Note: You have 31 days from the date of the qualified life event/status change to notify your Benefits Administrator.

CARRIER/BENEFITS QUICK REFERENCE GUIDE

Important Contact Information

If you would like to further research your benefit options, find a provider, or ask detailed questions about your benefit coverage, you may contact the insurance companies/service provider directly.

These are all the options available through California Schools VEBA. Your employer may not offer every option listed.

HEALTH PLANS (HMO & PPO)

Carrier/Benefit	How to Contact
Cigna Healthcare HMO Health care plan offering a local network of doctors and hospitals for you to choose from.	**Call: 800-244-6224** **Visit:** *Cigna.com/*
Journey HMO Health plan offering the lowest premiums of any plans offered through CalVEBA, with affordable routine care and a HealthInvest IRA to build up savings for current and future medical expenses.	**Call: 888-586-6365** **Visit:** *VEBAOnline.com/Journey-plan/* To find a provider, visit *WhyUHC.com/CsVEBA*
Kaiser Permanente HMO Besides predictable costs for care and no deductibles, enjoy integrated care where you can conveniently access your PCP, fill prescriptions, and receive other services.	**Call: 800-464-4000** **Visit:** *Select.KaiserPermanente.org/VEBA#/Welcome/welcome*
SIMNSA HMO Comprehensive, cross-border health plan provides quality care with three convenient locations located within walking distance from the US-Mexico border.	**Call: 800-424-4652** **Visit:** *Simnsa.com/*
Surest PPO Copay-only, digital-friendly plan has no deductibles or coinsurance and shows prices upfront, allowing members to choose from providers evaluated as higher value.	**Call: 866-683-6440** **Visit:** *Surest.com/Contact-us*
UMR PPO (UHC PPO Plan Administrator) Straightforward, personalized health care plans that offer worldwide emergency coverage, extensive prescriptions and preventive care benefits, and the flexibility to choose any doctor, with significant savings when using in-network providers.	**Call: 800-826-9781** **Visit:** *Umr.com/*
UnitedHealthcare (UHC) HMO Choose from a variety of plans to find quality care when and where you need it with one of the largest networks in the U.S.	**Call: 888-586-6365** To find a provider, visit *WhyUHC.com/CsVEBA*
VEBA Direct HMO This innovative, fully integrated health plan includes partnerships with local medical groups to bring the highest quality, affordable health care to its members.	**Call: 800-624-8822** **Visit:** *VEBAOnline.com/VEBA-Direct/*

DENTAL PLANS

Carrier/Benefit	How to Contact
Delta Dental HMO Comprehensive dental care with predictable costs, no maximums, and no waiting periods.	**Call: 800-422-4234** **Visit:** *www1.DeltaDentalIns.com/*
Delta Dental PPO Choose any dentist - save the most by choosing a dentist in the Delta Dental PPO network.	**Call: 866-499-3001** **Visit:** *www1.DeltaDentalIns.com/*
United Concordia Dental HMO One of the largest national networks, members have access to quality dentists near where they live, work, and go to school.	**Call: 866-357-3304** **Visit:** *UnitedConcordia.com/*
UnitedHealthcare (UHC) Dental PPO and ENDP Offers the freedom to choose any dentist in the UHC network, with no waiting periods, no maximums, and teledentistry virtual visits for $0 out-of-pocket.	**Call: 888-586-6365** **Visit:** *WhyUHC.com/CsVEBA*
Western Dental HMO Dental office network providing a full range of affordable dental services for the entire family, including general dentistry, orthodontia, and oral surgery.	**Call: 800-992-3366** **Visit:** *WesternDental.com/En-us*

VISION PLANS

Carrier/Benefit	How to Contact
EyeMed Affordable vision coverage for eye exams, eyeglasses, and contact lenses through American's largest vision network.	**Call: 866-939-3633** **Visit:** *Eyemed.com/en-us*
United Healthcare (UHC) Vision Vision plan offering eye exams, eyewear, and discounts on lens options and laser correction, with access to a national network of ophthalmologists and optometrists in private and retail settings.	**Call: 888-586-6365** **Visit:** *WhyUHC.com/CsVEBA*
VSP Vision Care Exclusive member savings and a network of independently certified eye doctors, making it easy to choose the optometrist or ophthalmologist right for you.	**Call: 800-877-7195** **Visit:** *VSP.com/*

PRESCRIPTION BENEFITS

Carrier/Benefit	How to Contact
EnGuide Pharmacy The Express Scripts program now features EnGuide Pharmacy, a new home delivery pharmacy focused on only dispensing GLP-1 drugs. This new pharmacy is staffed by clinicians with specialized knowledge in GLP-1 drugs.	**Call: 800-282-2881** **Visit:** *Express-scripts.com/EnguidePharmacy*
EnReachRx Offered through Express Scripts, this high-touch patient solution facilitated through retail pharmacies ensures reliable access to GLP-1 medications while providing clinical support, dose optimization, and side effect management.	**Call: 800-282-2881** **Visit:** *Express-scripts.com/EnguidePharmacy*
Express Scripts This pharmacy benefits manager helps improve prescription care and manage health care costs for GLP-1 Diabetes & weight management medications.	**Call: 800-918-8011** **Visit:** *Express-scripts.com/*

SUPPLEMENTAL BENEFITS

Carrier/Benefit	How to Contact
Carrum Health for UMR and Surest PPO plans Medical and surgical benefit offering access to top-tier doctors at world-class hospitals for non-emergency surgical procedures, covering both surgery costs and travel expenses.	**Call: 888-855-7806** **Visit:** *Info.Carrumhealth.com/CSVEBA/*
Gallagher (formerly LIG Solutions) Support beyond CalVEBA membership. Gallagher offers free, expert health coverage guidance for employees and families—licensed nationwide, fast, and personalized.	**Call: 800-702-0376** **Visit:** *AHS-Partner-US.AJG.com/Veba*
HealthInvest HRA (for Journey HMO plans) This CalVEBA-funded health reimbursement arrangement provides tax-free growth and reimbursements, with funds that roll over year after year and remain fully portable, ensuring they are yours to keep even if you change jobs.	**Call: 844-342-5505** **Visit:** *HealthInvestHRA.com/*
Kindbody Get access to fertility services and more, including KindMan, KindDoula, fertility preservation, and menopause support.	**Call: 855-950-2053 - option 3** **Visit:** *Kindbody.com/VEBA/*
Omada This diabetes & weight management program partners with Express Scripts (ESI) benefits, offering personalized coaching, smart tools for easy monitoring, and guidance from specialists.	**Call: 800-918-8011** **Visit:** *Express-scripts.com/*

SUPPLEMENTAL BENEFITS (CONT.)

Carrier/Benefit	How to Contact
Optum Emotional Wellbeing Solutions This program offers virtual and onsite expert consultations and support for legal, financial, and work-related issues, relationships, and more.	**Call: 866-248-4096** **Visit:** *LiveAndWorkWell.com/en/Public*
Optum Health (Chiropractic/Acupuncture for UHC & Kaiser HMO) Members and dependents receive chiropractic and acupuncture benefits (from Optum providers) with unlimited visits, PCP-aligned copays, and X-rays included.	**Call: 800-428-6337** **Visit:** *MyOptumhealthPhysicalHealthofCa.com/*
Teladoc Members have access to over 50,000 world-renowned doctors who can provide a second opinion on a diagnosis or help review a treatment plan.	**Call: 800-835-2362** **Visit:** *TeladocHealth.com/MedicalExperts*

Refer to your plan documents for details.

NEED HELP NAVIGATING YOUR BENEFITS?

The California Schools VEBA Advocacy Team is here to help! Whether you're facing delays in scheduling appointments or have questions about your care options, our team works directly with you and your carrier to ensure you get the care you need when you need it.

Contact The Advocacy Team

- **By phone:** Call **888-276-0250 Monday - Friday** from **8 am - 5 pm**
- **Online:** Visit ***VEBAOnline.com/Contact/*** to submit a request.*

**For urgent requests, click the "Urgent" box located on the contact form. Inquiries typically receive a response within one business day of receipt.*

ELIGIBILITY OVERVIEW

Who Can Enroll?

Eligible employees are all full-time employees, and some part-time employees as provided in the respective collective bargaining agreements.

Who Can Be Covered?

The plan offers coverage for participating CalVEBA employees' legal spouses and children, including biological, adopted, step, or foster children. Coverage is provided from birth until age 26. Active eligible employees, regardless of age, are eligible for benefits under CalVEBA's health plans.

Required Proof Documents for Dependent Coverage

If you are enrolling dependents in the Health Care Plan, proof documents are required. Refer to the category that is applicable to you below.

DEPENDENT TYPE	REQUIRED DOCUMENTATION
Legal Spouse	Marriage certificate or civil union certificate
Biological Child	One of the following: • Birth certificate of biological child • Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old.
Adopted Child	One of the following: • Official court/agency papers (initial stage) • Official Court Adoption Agreement (mid-stage) • Birth certificate (final stage)
Stepchild	• Child's birth certificate showing the child's parent is the employee's spouse • Marriage certificate showing legal marriage between the employee and the child's parent • Court document showing that your spouse has custody of the child or is required to cover child
Other Child	Court papers demonstrating legal guardianship, including the person named as legal guardian
Court-Ordered Medical Coverage	One of the following: • Qualified Medical Child Support Order (QMCSO) • National Medical Support Notice (NMSN)
Child Age 26 or older	• Certified Handicapped Child/Disabled Student Attending Physician Statement signed by the employee and the child's attending physician • Coverage for dependents terminates at the end of the month in which they turn 26

Coordination of benefits rules apply if you have dependents enrolled with other Medical Insurance.

Qualifying Life Events

Changing Your Benefits During the Year
You may only make changes during the year if you have a qualified life event according to the IRS regulations listed below. Changes to your benefits can be made if preceded by a documented qualified life event, and they are made within 31 days of the event. ***Your change must be consistent with your life events/status changes.***

The following events qualify for a change in coverage:

- Marriage
- Civil Union
- Divorce or legal separation
- Birth or placement for adoption of a child
- Death of a dependent
- Ineligibility of a dependent
- Loss of other coverage
- Change in your employment status or that of your spouse
- Significant change in health coverage attributable to your employment or that of your spouse
- A court order
- Entitlement to Medicare or Medicaid

If you experience one of these events and want to change your benefits, *you must make the change within 31 days after the event occurs.* Contact your Benefits Administrator for details to ensure the change is made correctly.

If you miss the window for making a change, you will need to wait until the next Open Enrollment period to make a change.

Medicare/Retirement

Medicare & Group Health Plan Coverage

When you reach age 65 and retire, you have several important decisions to make. These may include whether to enroll in Medicare Part B, join a Medicare Prescription Drug Plan, buy a Medigap policy, and/or keep employer or retiree coverage.

Understanding your choices may help you avoid paying more than you need to for Medicare Part B and other insurance to get the coverage that's best for you. You can visit ***Medicare.gov*** and select "Compare Medicare Prescription Drug Plans" and "Compare Health Plans and Medigap Policies in Your Area." You can also call your State Health Insurance Assistance Program. To get their telephone number, call **800-MEDICARE (800-633-4227).** TTY users should call **877-486-2048.**

Medicare Part B benefits are optional and are available to all beneficiaries when they become entitled to Medicare Part A. Medicare Part B may be purchased by most persons age 65 and over. Although participation in Medicare Part B is optional, your employer's health plan will pay as if Medicare Part B has been elected when Medicare is primary. See chart below to determine when Medicare is primary. Failure to purchase Medicare Part B when Medicare is primary will drastically affect an individual's ability to recover any costs incurred for physician services and other Medicare Part B covered items.

Medicare Part D (Prescriptions)
Those eligible for Medicare are provided a letter of creditable coverage by their employer. The letter states that the prescription drug program currently provided by your employer's Healthcare Plan meets or exceeds Medicare Part D. Medicare participants are advised that they may select their employer's prescription drug plan instead of Medicare Part D. The purpose of the letter is to allow Medicare eligible persons to join Medicare Part D at a later date, if they choose, without paying a late entrant "penalty." This letter will be provided annually each fall.

WHO PAYS FIRST?

If You	Situation	Pays First	Pays Second
Are 65 or older and covered by a group health plan because you or your spouse is still working	Entitled to Medicare ——————— The employer has 20 or more employees	Group Health Plan	Medicare
Have an employer group health plan after you retire and are 65 or older	Entitled to Medicare	Medicare	Retiree Coverage

BENEFITS OVERVIEW

What's New This Year?

New

Fertility Coverage

CA Mandate SB 729

California law now requires fertility benefits to be included in your medical plan if you're enrolled in a CalVEBA HMO.

If you're enrolled in a CalVEBA HMO plan, fertility services like IVF and IUI will now be part of your core medical coverage. You no longer need to access these services separately through Kindbody. Visit ***Kindbody.com/VEBA*** or contact your health plan for details.

What this means for members enrolled in HMOs

Current		2026 Changes		
Carrier	**Current**	**Core Fertility Services**	**Additional Kindbody Services**	**Transition Support**
UHC, SIMNSA, and VEBA Direct	Covered under Kindbody	Covered under core medical benefits (not through Kindbody)	Holistic Health Sessions Menopause – Virtual care & support NEW! KindMan – Male diagnostic & fertility services NEW! KindDoula – Virtual care with doula specialists NEW! Fertility Preservation If you are a self-pay member, you can receive up to a 20% discount towards your services, only at Kindbody Signature clinics	Continuity of care for members in the middle of treatment with Kindbody will be available through Q1 2026

Kaiser	**No changes to coverage between 2025 & 2026 plan year.** Covered under core medical benefits (not through Kindbody) If you are a self-pay member, you can receive up to a 20% discount towards your services,only at Kindbody Signature clinics. No access to additional Kindbody services.			N/A

What this means for members enrolled in PPOs

Carrier	Fertility Services	Additional Kindbody Services
Surest	Not covered under core medical benefits. Members receive full access to fertility services through Kindbody: Fertility services (IUI, IVF) - Now up to three KindCycles Fertility Rx	Holistic Health Sessions Menopause – Virtual care & support NEW! KindMan – Make diagnostic & fertility services NEW! KindDoula – Virtual care with doula specialists. NEW! Fertility Preservation

How to Access Fertility Benefits

PPO Members: Maintain current Kindbody access with enhancements
Who do you contact? Kindbody

HMO Members:
Continuity of care for those in treatment.
Support for transition from Kindbody to embedded benefits (HMO).
Who do you contact? Your health plan carrier

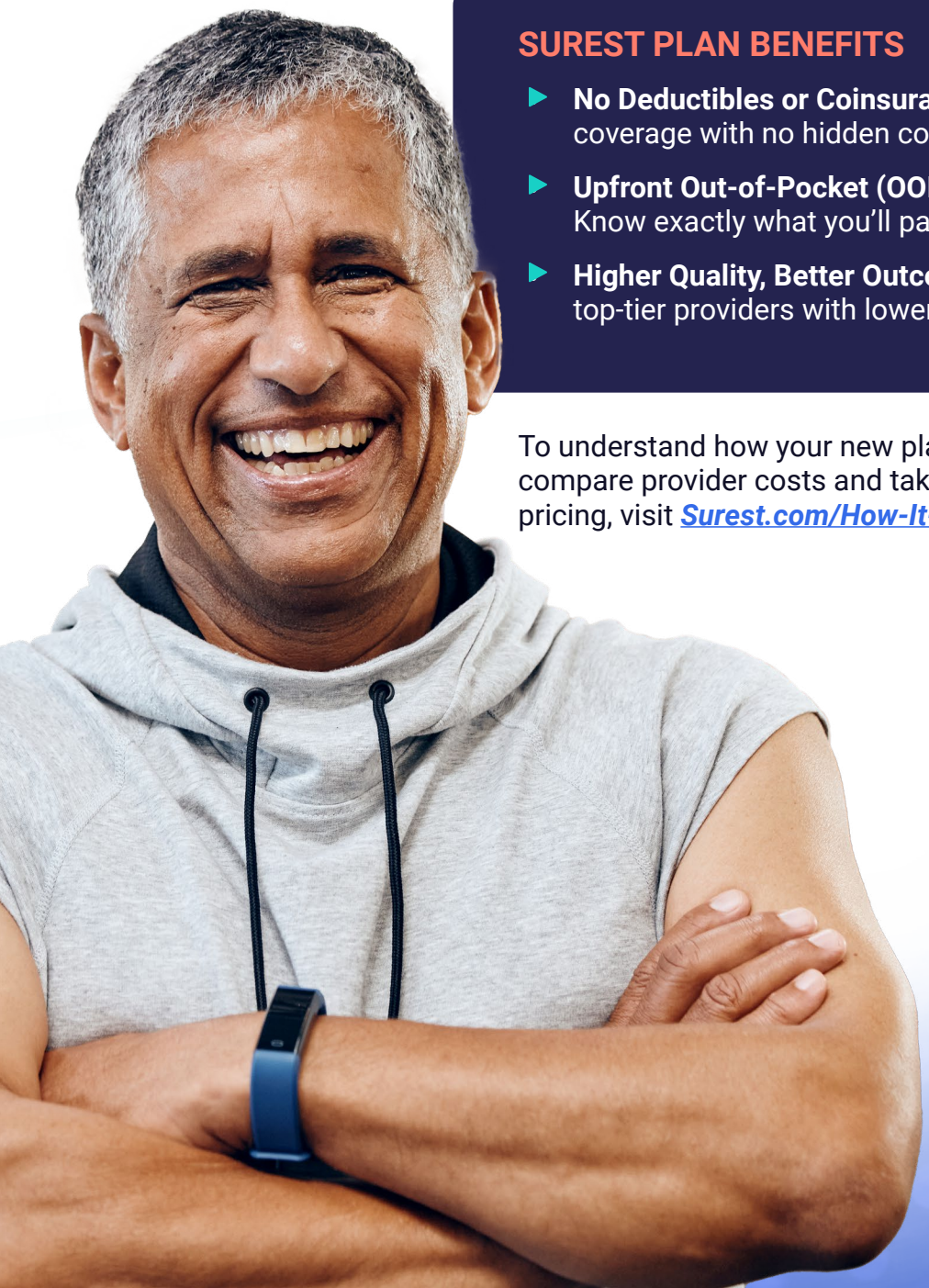
NEW FOR 2026

Evolving Plan Options

UMR Choice Plus Out-of-Area (OOA) PPO → Surest OOA PPO

Effective January 1, 2026, all members enrolled in the UMR Choice Plus Out-of-Area (OOA) PPO will move to the Surest OOA PPO Plan.

Notices to impacted members will be sent mid-September. If you did not receive a notice or have questions, contact the California Schools VEBA Advocacy Team.



SUREST PLAN BENEFITS

- **No Deductibles or Coinsurance:** Get simplified coverage with no hidden costs.
- **Upfront Out-of-Pocket (OOP) Cost Transparency:** Know exactly what you'll pay before receiving care.
- **Higher Quality, Better Outcomes:** Get access to top-tier providers with lower copays.

To understand how your new plan works, including how to compare provider costs and take advantage of co-pay based pricing, visit ***Surest.com/How-It-Works***.

NEW FOR 2026

Expanding Access: Chula Vista Resource Center

Coming 2026

To better serve South Bay and border communities, CalVEBA is launching a new Resource Center focused on:

- Expanding access to underserved areas
- Supporting chronic condition management
- Driving long-term health care savings
- Promoting early intervention & preventive care
- Enhancing virtual services for remote members

Stay Tuned for More Information!

NEW FOR 2026

New

Acupuncture Programs

Introducing Metabolic Reset and Rhythm & Restore

These holistic eight-week programs are led by a licensed acupuncturist and are held at our Resource Centers, with virtual options for additional program components.

- **Metabolic Reset:** Focused on improving caloric processing and supporting homeostatic well-being. Program includes weekly acupuncture sessions at our Kearny Mesa Resource Center along with movement and nutrition education to enhance energy and improve digestive health.

- **Rhythm & Restore:** Aimed at improving circulation and rebalancing energy. Program includes weekly full-body acupuncture sessions at our Carlsbad Resource Center along with movement, nutrition education, and sound healing to improve hormone regulation and promote calm.

For more information, visit ***VEBAResourceCenter.com/Acupuncture/***.

Members can also find a variety of class offerings (virtual, on-demand, and on site) by exploring our Class Calendar: ***VEBAResourceCenter.com/Calendar/***

NEW FOR 2026

New Resource:

Open Enrollment Member Hub Webpage

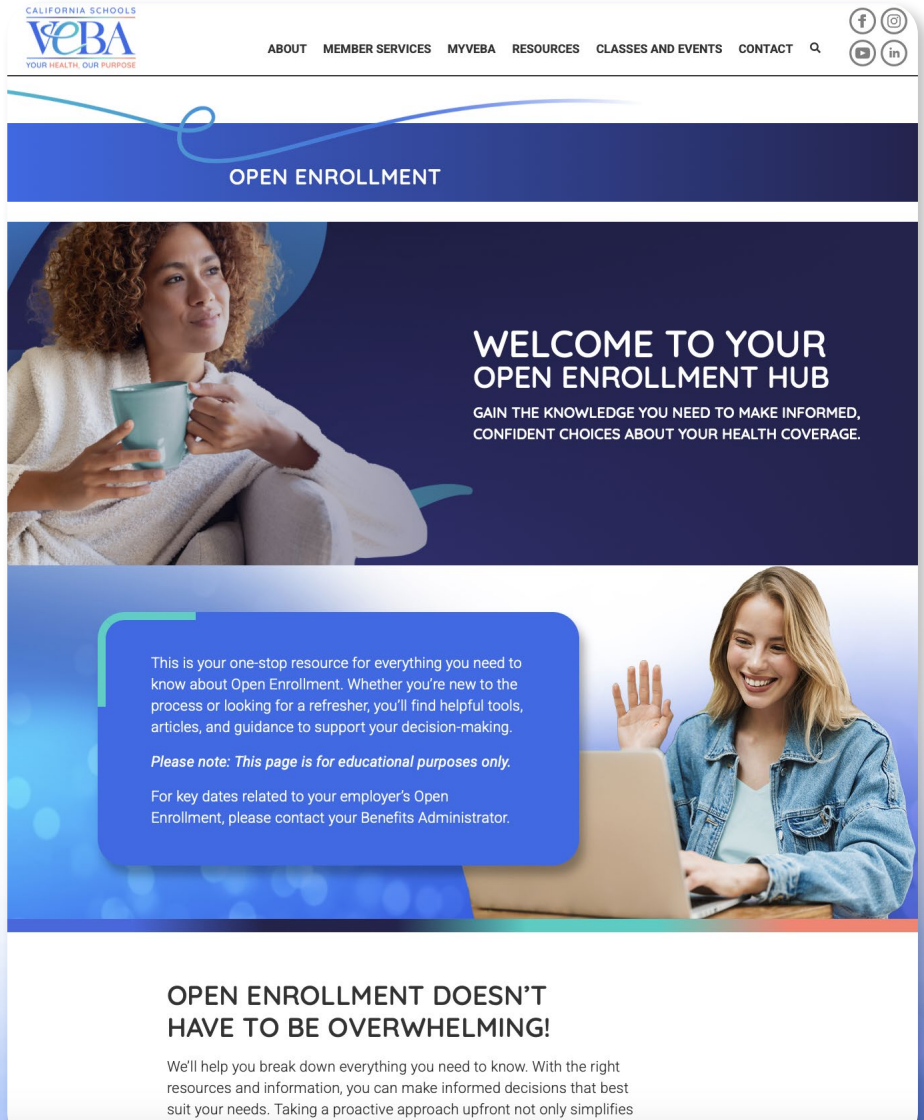
Making Open Enrollment Easier

This comprehensive educational resource assists members in making informed decisions to ensure members have the right coverage. It provides key information about Open Enrollment, guiding you through the necessary steps and considerations for optimal benefit selection.

What's Included:

- Clear explanations of health insurance terms
- Answers to common questions/concerns
- Tips to feel more prepared during the process
- Blogs on plan documents, coverage options, and your health budget

Visit ***VEBAResourceCenter.com/Open-Enrollment*** to learn more.



HEALTH INSURANCE PLAN OPTIONS

San Ysidro School District: Certificated

Effective Period: January 1, 2026 - December 31, 2026

No plan design changes for 2026

Benefit Summary	VEBA Direct 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	Rady Children's Health Network, Sharp Community Medical Group, Sharp Rees-Stealy Medical Group, UC San Diego Medical Group, UC San Diego Health Network	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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San Ysidro School District: Certificated

Effective Period: January 1, 2026 - December 31, 2026

No plan design changes for 2026

Benefit Summary	Kaiser HMO $10, Rx: $10 / $20 30-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: $10 copay B: $20 copay (up to a 30-day supply)	$5 copay
Long-Term Prescription Drugs* ** *(up to 90-day supply)*	G: $20 copay B: $40 copay (up to a 100-day supply)	Not available
Available Medical Groups	Kaiser	SIMNSA

*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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YOUR HEALTH, OUR PURPOSE

Surest PPO $500 Plan Summary

Effective Period: January 1, 2026 - December 31, 2026

No plan design changes for 2026

Benefit Summary	Surest PPO $500 In Network What You Pay	Surest PPO $500 Out of Network What You Pay
Medical Deductible (individual/family)	None	None
Medical Out-of-Pocket Maximum (individual/family)	$2,000 / $4,000	$8,000 / $16,000
Health Account	None	
PCP Office Visit	$5 to $25 copay	$75 copay
Specialist Office Visit	$5 to $25 copay	$75 copay
Preventive Care	No charge	$40 copay
Inpatient Hospital Care	$500 copay	$1,500 copay
Mental Health Services (outpatient/inpatient)	$30 copay / $500 copay	$90 copay / $1,500 copay
Substance Abuse Services (outpatient/inpatient)	$30 copay / $500 copay	$90 copay / $1,500 copay
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office OR*	No charge	No charge
Hospital-based Lab or Radiology	No charge	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office OR*	$25 to $180 copay	Up to $540
Hospital-based Complex Radiology	$25 to $180 copay	
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	$30 to $210 copay	$630 copay
Outpatient Hospital-based Surgical Center	$30 to $210 copay	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$5 to $25 copay	Up to $75 copay
Chiropractic and Acupuncture Services*	$5 copay (Chiro) / $10 copay (Acu)	$15 copay (Chiro) / $30 copay (Acu)
Urgent Care (Office Visit only)	$10 copay	$30 copay
Emergency Room (Copay waived if admitted)	$100 copay	$100 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.

**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.

PPO vs. HMO Plans

Trying to decide between a PPO or HMO plan? This quick comparison highlights the key differences between these two popular plan types—so you can choose the coverage that best fits your healthcare needs and budget.

Review the details below to understand how each plan works, what's covered, and what to consider when making your decision.

HMO

Lowest out-of-pocket cost with fixed copays

Referrals required for specialists

Typically no deductible or coinsurance. Fixed copays for all services

Preventative care covered at 100%

Care is Primary Care Physician (PCP) driven – you must select a medical group and PCP

You must stay in the HMO network: no out-of-network coverage except for emergencies

PPO

Out-of-pocket costs vary based on deductible and coinsurance

No referrals required

Copays apply to in-network office visits and pharmacy

Preventative care covered at 100% in-network

Other services subject to deductible and coinsurance (you pay a percentage)

Coverage both in and out-of-network – at different levels

Full PPO network with coverage around the U.S.

Which plan is right for me? Things to consider:

- **Costs:** What is going to come out of your paycheck? What about the whole year?
- **Benefit payments:** How much will you have to pay out of your pocket for your medical expenses?
- **Medical services:** Consider your health status and the services you expect to use during the year. What has your experience been in the past?
- **Provider availability:** Will you be able to go to the doctors, hospitals, and other facilities you prefer?

HMO

You like having a primary care physician and other providers who are in the HMO network.

You want to build a relationship with a primary care doctor.

You prefer the simplicity of seeing only providers within a specific medical group.

You don't see many specialists and don't need referrals often.

Cost is more important to you than flexibility

PPO

You value flexibility and do not mind the higher out-of-pocket costs for services.

You do not want to get referrals for specialists.

You prefer a plan with the same doctors and hospitals you are currently seeing.

Flexibility is more important to you than lower premium and out-of-pocket costs.

UHC HMO Network Comparison

If you're considering an HMO plan, it's important to understand the differences between the available network options. UnitedHealthcare (UHC) offers several HMO plans through CalVEBA, each with unique features and provider access. Here's a comparison to help you evaluate which network might best support your care preferences:

UHC HMO Plans	SignatureValue	Alliance	Harmony	Performance
Network Type	Full Network	Narrow Network	Narrow Network	CalVEBA-Specific Narrow Network
Network Options	ADOC Fountain Valley & Los Alamitos, Edinger Medical Group, Greater Newport Physicians – Memorial Care, Greater Newport Physicians – Newport Beach, Optum Care Network, MemorialCare Medical Group, Regal Medical Group, Optum Care Network – Monarch HealthCare, Tri-Valley Medical Group ** Broadest access to providers across CA*	Mercy Physicians Medical Group, Rady Children's Health Network, Scripps, UC San Diego Medical Group	Optum Care Network, Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, UC San Diego Medical Group	Optum Care Network, Sharp-Palomar Health Medical Group, Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, Rady Children's Health Network ** CalVEBA members in San Diego seeking cost-effective care*
Highlight	Broadest access to providers across CA	Targeted network focused on specific medical groups	Targeted network focused on specific medical groups	CalVEBA members in San Diego seeking cost-effective care

Please note: The above is only an example of select medical groups and does not represent all groups included. Please check your specific plan document for more information.

Digital IDs

All CalVEBA carriers have transitioned to digital ID cards. Physical member ID cards will no longer be automatically mailed to you. Instead, quickly download a digital ID card.

Digital ID Card Benefits:

- Physical plastic ID cards are wasteful and slow in mail delivery.
- Stay connected to membership details with just a few taps.
- An updated card is available within 48 hours if a PCP or plan is changed.

Digital ID card instructions by carrier can be accessed in ***MyVEBA***.

- Log in with your last name, date of birth, and the last four digits of your Social Security Number
- Click "VEBA Health Benefit Plans"
- Click the" Access Your Carrier ID Card" tile
- Locate your plan carrier and follow the instructions

Still prefer a physical ID card?

No problem! You can still request a physical ID card directly from your carrier. Contact information for each CalVEBA carrier can be found ***here***.

Virtual Visits

Kaiser Permanante

Your health at your fingertips

GET 24/7 VIRTUAL CARE

- No appointment needed
- Available by mobile device or computer
- $0 covered at no extra cost with most plans

To get started, sign into **KP.org** or the Kaiser Permanente app and answer a few questions about your symptoms.

Virtual Visits

UnitedHealthcare (UHC)

See a Doctor, Wherever, Whenever

Get 24/7 care by video or phone

- $0 Copay on all UHC plans if a UHC Virtual Visit Provider is used
- For all others, matches In Network PCP Copay
- Use for common medical conditions (allergies, eye infections, rashes, bronchitis, and more).

To get started, sign into
Member.UHC.com/MyUHC

COMPARE YOUR CARE CHOICES

Save time and money by selecting the most appropriate provider for your needs..

Care Options†	Costs	Wait Times	Best For
Virtual Visits Convenient Lower cost	**Low**	10 minutes or less	• Allergies • Colds and flu • Nausea • Sinus infections • Asthma • Pink eye
Your Primary Care Provider Knows your medical history best	**Low**	24 minutes*	• Fever, colds, and flu • Sore throat • Minor burns • Stomach ache • Ear or sinus pain • Physicals • Shots • Minor allergic reactions
Retail Clinic Convenient care in stores & pharmacies	**Low**	15 minutes	• Infections • Colds and flu • Minor injuries or pain • Shots • Flu shots • Sore and strep throat • Skin problems • Allergies
Urgent Care Clinic Immediate care for non-life-threatening issues	**Moderate**	11-20 minutes**	• Migraines or headaches • Cuts that need stitches • Abdominal pain • Sprains or strains • Urinary tract infection • Animal bites • Back pain
Hospital Emergency Room For serious or life-threatening issues	**High**	4 hours, 7 minutes***	• Chest pain, stroke • Seizures • Head or neck injuries • Sudden or severe pain • Fainting, dizziness, weakness • Uncontrolled bleeding • Problem breathing • Broken bones

† Costs are for independently contracted network providers. Costs for out-of-network providers may be higher.
** Medical Practice Pulse Report 2009, Press Ganey Associates.*
*** Urgent Care Benchmarking Study Results. Journal of Urgent Care Medicine. January 2012.*
**** Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.*

Making the Most of Your Medical Plan

Choosing the right provider will save you money!

Sinus Infection → Virtual Visit
Colonoscopy → Primary Care Provider
Ankle Sprain → Primary Care Provider or Urgent Care
Heart Pains → Emergency Room

Chiropractic & Acupuncture Care

Benefit Overview:

- Provided by Optum Health – over 2,700 California providers:
- Unlimited visits (subject to medical necessity)
- X-rays as authorized
- 100% coverage for durable medical equipment (up to $50)
- Copays align with your PCP office visit copay (see chart for details)

PCP Copay	Chiropractic/Acupuncture Copay
$0, $5, or $10	$10
$15	$15
$20	$20
$25, $30, $35, or $40	$30

Applies to plans:

- **UHC:** Use your digital UHC member ID card
- **Kaiser:** Call Optum at the number below for your member ID number
- **SIMNSA:** SIMNSA also offers chiropractic and acupuncture under their massage therapy (non-Optum) $10 co-pay

To Access this Benefit (UHC and Kaiser plans)

- Visit ***MyOptumHealthPhysicalHealthofca.com***
  - Select "Provider Locator."
  - Choose California Schools VEBA" from the dropdown menu for Plan/Product
- Call Optum Member Services Monday-Friday from 5 am - 5 pm: **800-428-6337**
- Call a desired provider directly. Verify they are a participating OptumHealth Physical Health of California (Optum) providers.

As part of CalVEBA, all UHC and Kaiser members receive chiropractic benefits as long as they get care from participating OptumHealth Physical Health of California (Optum) providers. Must get care from participating Optum Health Physical Health of California (Optum) providers.

Mental Health Resources

Access to mental well-being resources when & how you need them.

Benefit & What it Offers	Availability & How to Access
Optum Emotional Well-Being Solutions Dedicated Consultants Get mental health support for stress, anxiety, depression, work-life balance issues, and more.	Virtual or in-person (Kearny Mesa Resource Center) Call **888-625-4809** Visit ***Eap-member.optum.com/Register***
Therapy Connect with a licensed therapist for urgent support, bridging the gap between your care needs and the services provided by your medical group.	Virtual or in-person options Adults, couples, family, or youth therapy **Monday-Friday, 1 pm – 7 pm** Book ***Healow.com/apps/provider/-kalenariffenburg-2935757***
Navigating Life Transitions Led by a licensed therapist, this supportive, confidential group helps members navigate life's changes (preparing for marriage, adjusting to parenthood) with resilience.	Virtual or in-person options Multi-week program Register/Learn More ***VEBAResourceCenter.com/Navigating-life-transitions/***
Optum Emotional Well-Being Solutions (EWS) Get support for life's challenges or more serious problems, from improving relationships to work/life balance.	Available to CalVEBA members and members of their household Access 24/7 (by phone), 365 days/year No cost, in network Five consulting visits per incident Call **888-625-4809** Visit ***LiveAndWorkWell.com/*** Access code: VEBA

CalVEBA Members Benefits & Resources

Our goal is to make health care better for you and your family. By continually evaluating needs, we are committed to providing accessible, diverse resources to ensure our members can take an active role in their health and wellness journey.

Benefit & What it Offers	Availability & How to Access
Advocacy Team Health care can be confusing. That's why we have a dedicated team of experts at hand ready to assist. Think of us as your healthcare concierge. We are here to help you with: • Benefits questions • Finding a doctor/choosing a doctor • Connecting with your carrier • Helping you understand your bill • Helping you navigate the system	Benefits questions? Support is just a call or click away. Monday-Friday, 8 am – 5 pm Call **888-276-0250** Visit ***VEBAOnline.com/Contact*** to submit a request
Care Navigation Partner with a Care Navigator, a holistic nurse, for support, guidance, and resources to create a customized plan for your overall health and well-being goals. The program also includes a health and well-being assessment and follow-up appointments.	Free, confidential service For CalVEBA members Visit ***VEBAResourceCenter.com/Care-Navigation*** to schedule an appointment
Teladoc Medical Experts When facing significant medical decisions, having expert medical advice can make all the difference. Get access to 50,000+ world-renowned doctors for a second opinion on a diagnosis or treatment plan.	Free service For you and your eligible dependents Visit ***Teladochealth.com/MedicalExperts***
Whole Health Coaching Based on the Eight Dimensions of Wellness, this program offers multiple sessions with a coach to guide goal setting and develop a personalized wellness plan that is practical, flexible, and sustainable. Receive guidance and support for attainable health goals like: • Stress management • Enhancing sleep quality • Healthy eating/weight control • Coping with aging, life transitions, and chronic conditions	Free program for CalVEBA members Schedule a consultation with a Care Navigator, a holistic Registered Nurse to get started Visit ***VEBAResourceCenter.com/Whole-Health-Coaching*** to learn more

Benefit & What it Offers	Availability & How to Access
Kindbody: Fertility and Menopause Support If you are looking to grow your family or need assistance in your post-reproductive years, there is support. Through dedicated Kindbody care navigation, Kindbody provides: • Fertility services • Menopause support • NEW: KindMan • NEW: Kind Doula • NEW: Fertility preservation	**Applies to Plans:** • Surest PPO • UHC, VEBA Direct, Kaiser, and SIMNSA plans: Employees and spouses/partners enrolled in these plans will have access to CalVEBA discounted rates at Kindbody Signature clinics. • Visit ***Kindbody.com/VEBA***
InsideRx Pets By leveraging pooled purchasing power, we reduce costs for your pet expenses. • Save on human medications often prescribed for pets. • Members save an average of 75% for generics and 15% for brands	Free and simple to use Use the card or mobile app Offers access to affordable brand and generic medications at 60,000 retail pharmacies across the U.S. Visit ***Insiderx.com/Pets***
My VEBA App & Portal This online portal is full of great resources for members. • Log in during Open Enrollment to view your current plan, explore your plan options, search for a provider, and more. • You can also explore fitness, cooking, or mindfulness classes, healthy recipes, on-demand content, and upcoming events.	Free for members Available via app or on desktop Visit ***MyVEBA.org*** to get started

Expanded Resource Access

Wellness, Wherever You Are

Flexible Access: Virtual, On-Demand, and In-Person

- **On-Demand Workout/Wellness Videos:** ***VEBAResourceCenter.com/Video-library***
- **Cooking & Nutrition Classes:** ***VEBAResourceCenter.com/Cooking-nutrition***
- **Stress Management:** Acupuncture and acupressure, meditation, yoga, and group counseling. Sign up at ***VEBAResourceCenter.com/Calendar***
- **Movement:** Take classes such as strength training, dance fitness, HIIT cardio, and more. Sign up at ***VEBAResourceCenter.com/Calendar***

ONLINE EDUCATION HUBS

Get the guidance, information, and resources you need to navigate your health and well-being journey. These hubs offer downloadable toolkits and practical insights to support your unique goals.

OPEN ENROLLMENT HUB:

Visit *VEBAResourceCenter.com/Open-enrollment/*

Make informed decisions to ensure you have the right coverage. This one-stop resource has everything you need to know about Open Enrollment and your CalVEBA benefits.

MENTAL WELL-BEING HUB:

Visit *VEBAResourceCenter.com/Mental-wellbeing/*

Get tools, resources, and advice to manage daily stress, including Daily Affirmations, a Home/Office Declutter Guide, and Calendar with five-minute activities to alleviate anxiety.

COOKING & NUTRITION HUB:

Visit *VEBAResourceCenter.com/Cooking-nutrition/*

Improve your diet and learn practical cooking skills with a Gut Health Toolkit, Better Breakfast Guide, Kid-Approved/Family-Friendly Recipes, classes, articles, and more.

HEALTHY LIFE HUB:

Visit *VEBAResourceCenter.com/Healthy-life/*

Discover how CalVEBA services, wellness toolkits (including Appointment Ready: Your Doctor's Visit Prep Guide) and programs can help you achieve a happier, healthier you.

CALIFORNIA SCHOOLS VEBA YOUR HEALTH OUR PURPOSE

GLOSSARY: Common Health Care Terms

Health care and health insurance can be confusing — especially when commonly used words and terms are unfamiliar. We've put together this guide to commonly used phrases to help make engaging with your benefits and care a little easier.

Benefit: Any service or item covered by a health plan.

Coinsurance: The percentage of costs for care you are responsible for paying.

Copayment/Copay: The fixed amount you pay for medical services, such as office visits or prescription medicines.

Cost Share: The share of the costs for care that you are responsible for, including deductibles, copays, coinsurance, and other costs not covered by your health plan.

Coverage: The costs of your medical services and prescription drugs that your health plan pays.

Deductible: What you pay each year before your health insurance begins to make any payments for claims. Not all health plans require a deductible.

Health Insurance: A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Health Maintenance Organization (HMO) Plan: In an HMO plan, you must see your Primary Care Physician (PCP) first for most medical issues. Your PCP will refer you to any specialists you may need to see.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

In-Network: Health plans contract with providers and health facilities. They are considered "in-network." When you get care from an in-network provider or use an in-network facility, you save money.

Network: A collection of providers and health care facilities who contract with a health plan to provide services to members at a rate that is less than their usual fees.

Non-Preferred Provider: A provider without a contract with your health insurer, resulting in higher service costs. Review your policy to determine if you can visit all contracted providers or if a "tiered" network requires extra payment for certain providers.

Out-of-Network: Providers and health care facilities who do not contract with your health plan. For most plans, if you go out-of-network, you will likely pay more.

Out-of-Pocket (OOP) Maximum: The most money you will spend in a plan year out of pocket for your medical or prescription drug coverage. After this point, the plan pays 100% of eligible expenses. The OOP may be separate for medical and prescription drugs.

Over-the-Counter (OTC): Medicines you can buy without a prescription.

Plan: A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization/Precertification: A decision by your health insurer or plan that a health care service, treatment, prescription drug, or equipment is medically necessary. It may be required before receiving certain services (except in an emergency), but it doesn't guarantee coverage.

Preferred Provider Organization (PPO) Plan: In a PPO, the plan offers both in-network and out-of-network coverage. You can see any doctor but will pay less when you use an in-network provider.

Premium: The payment made for an insurance policy, usually monthly.

Prescription Drugs: Drugs and medications that by law require a prescription.

Primary Care Physician (PCP): A physician who acts as a primary source of health services for a member either directly or through coordination of services.

Rehabilitation Services: Health care services intended to help individuals regain or improve daily living skills lost due to illness, injury, or disability. This includes physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation.

Specialist: A provider who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care: Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.