California Schools VEBA

Surest PPO Out-Of-Area Dependents Only

PLAN DESIGN OVERVIEW

Plan Year: 01/01/26 — 12/31/26

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
GENERAL FEATURES	**Deductible**	$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	$1,500	$8,000
	OOP Limit Family	$3,000	$16,000
MEDICAL COVERAGE	**Office Visit**	$5 to $25	$75
	Virtual Health by a Designated Virtual Network Provider		
	Virtual Health (Primary and Urgent)	$0	Not Covered
	Virtual Health (Specialty)	$0 to $25	Not Covered
	Virtual Health (Behavioral Health)	$0	Not Covered
	Preventative/Diagnostic		
	Preventive Care	$0	$40
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	$0	$0
	Complex Imaging (MRI, CT, etc.)	$25 to $370	$480 to $1,125
	Emergency/Urgent Care		
	Emergency Room	$100	$100
	Ambulance	$45	$45
	Urgent Care	$10	$30
	Procedures (Inpatient and Outpatient)	$5 to $1,200	Up to $3,600
	Inpatient - Hospital Stay	$75 to $1,200	Up to $3,600
	Outpatient - Surgery	$5 to $1,200	Up to $3,600
	Bariatric Surgery*	Not Covered	Not Covered
	Gender Dysphoria Surgery & Reconstructive Services	Covered	Covered
	Behavioral Health (Mental Health / Substance Abuse Servies)		
	Mental Health Telehealth	$5	$40
	In an Office Setting	$5	$40
	In an Outpatient Setting	$30	$90
	In an Inpatient Setting	$500	$1,500
	Maternity		
	Prenatal and Postnatal Care	$0	$40
	Delivery	$100 to $625	$1,875
	Home Health Care	$10	$30
	Rehabilitative Therapies	$5 to $25	Up to $75
	Acupuncture	$10	$30
	Chiropractic	$5	$15
	Occupational, Physical, and Speech Therapy	$5 to $25	Up to $75
	Skilled Nursing Facility	$400	$1,200
	Durable Medical Equipment	$0 to $500	Up to $1,000

**Bariatric surgery is not covered by Surest. VEBA Surest PPO members receive bariatric surgery coverage through Carrum Health. For more information, please visit https://carrum.me/csveba/.*

This plan design overview is not intended or designed to replace or serve as the plan's Summary Plan Description. 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 benefit plan. If you have questions regarding this plan, please see your employer's benefits representative.

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
MEDICAL COVERAGE *(continued)*	**Hospice**		
	Home Hospice Visit Inpatient Hospice Care	$10 $500	$30 $1,500
	Advance Tests[1]	$5 to $290	Up to $870
	Medical Infusions	$5 to $875	Up to $2,625
	Chemotherapy	$5 to $360	Up to $1,080
	Therapeutic Treatments[2]	$15 to $600	Up to $1,800
	Fertility Treatment*	Not Covered	Not Covered

PHARMACY COVERAGE	****Express Advantage Network (EAN) Pharmacies (Up to a 30-day Supply)**		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$10 $25 50% ($40 Min/$175 Max)	Requires Member Claim Submission for Reimbursement***
	Smart90 Retail Pharmacies (Up to a 90-day Supply)		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$20 $50 50% ($80 Min/$350 Max)	Not Covered
	Home Delivery from Express Scripts Pharmacy (Up to a 90-day Supply)		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$20 $50 50% ($80 Min/$350 Max)	Not Covered

**Fertility Treatments are not covered by Surest. VEBA Surest PPO members receive fertility benefits through Kindbody. For more information, please visit https://kindbody.com/veba/.*

***At Non-EAN pharmacies, members will pay EAN copays plus an additional $5 per prescription.*

****Reimbursement will be at the rate the plan would have paid had the member used an in-network pharmacy less the member's copay.*

[1] Advanced Tests are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include EKG or a Facility Based Sleep Study.

[2] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.

VEBA members may receive $0 copays for applicable Specialty Drugs accessed through SaveOnSP after signing up.

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$10/$25/50%

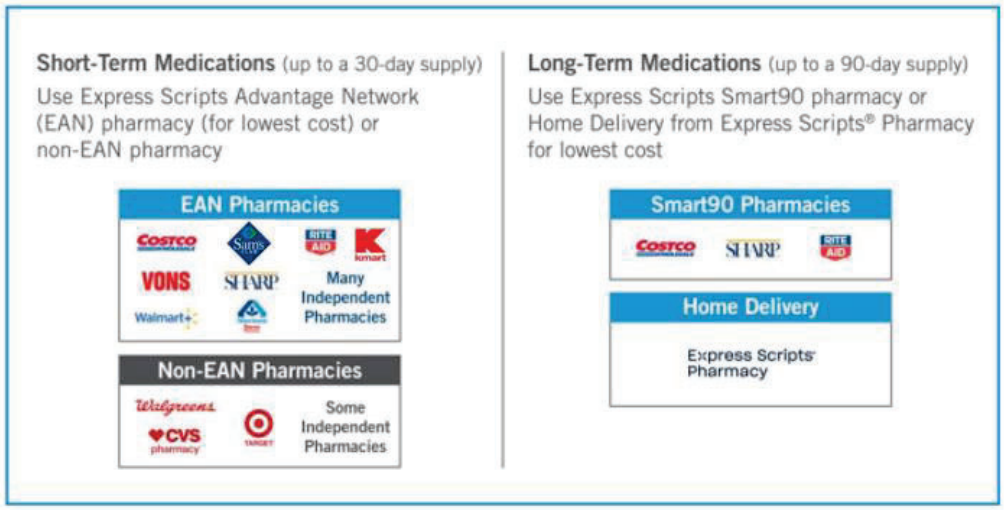
CALIFORNIA SCHOOLS VEBA | EXPRESS SCRIPTS®

Your prescription plan at a glance

Show this summary to your doctor to discuss ways to pay less for your medications. To learn more about your plan, visit **express-scripts.com**. First-time visitors, please take a moment to register using your member ID number.

	Express Advantage Network® (EAN) pharmacies* (up to a 30-day supply)	Smart90® retail pharmacies (up to a 90-day supply)	Home delivery from Express Scripts® Pharmacy (up to a 90-day supply)
Generic medications	$10	$20	$20
Preferred brand-name medications	$25	$50	$50
Nonpreferred brand-name medications	50% ($40 min/$175 max)	50% ($80 min/$350 max)	50% ($80 min/$350 max)

**If you use a non-EAN pharmacy, you'll pay an extra $5 per short-term prescription.*



Out-of-pocket maximum. The annual out-of-pocket maximums for this plan are combined with those for your medical plan. See your medical plan documents for your applicable annual out-of-pocket limits.

Note: If your doctor requests a brand-name medication when a generic equivalent is available, you'll pay the generic copayment, **plus** the difference in cost between the brand and the generic. (This extra cost applies even if your doctor writes "Dispense as Written" ("DAW") on the prescription.)

For short-term prescriptions, such as antibiotics, use an EAN pharmacy (for lower copays) or a non-EAN pharmacy (where you pay $5 extra for each short-term prescription). Your Express Scripts Advantage Network has more than 34,000 pharmacies consisting of approximately 50% independent pharmacies in addition to grocers and other stores.

To find a participating pharmacy near you, log in anytime at **express-scripts.com** and select **Find a Pharmacy** from the menu under **Prescriptions**. You can also get pharmacy information by calling Member Services at 800.918.8011. The pharmacy network is designed to provide you with lower prescription costs at nearby participating pharmacies. Please be aware that you'll pay a higher amount if you choose to use non-EAN pharmacy.

For long-term medications, such as those used to treat high blood pressure or high cholesterol, use a **Smart90 (Costco, Rite Aid or Sharp Rees-Stealy) pharmacy or home delivery from Express Scripts® Pharmacy.**

Important Note: ***You'll pay a higher cost*** for a long-term medication if you fill it at a retail pharmacy other than a Smart90 pharmacy **after the third purchase.** The medications affected by this plan limit may change.

KEEP THIS INFORMATION
For more information about your plan, log in at **express-scripts.com**
or call Member Services toll free at 800.918.8011.

Drug conversion programs. If you're prescribed a medication that isn't on your health plan's preferred list, yet an alternative plan- preferred medication exists, we may contact your doctor to ask whether that medication would be appropriate for you. If your doctor agrees to use a plan-preferred medication, you'll usually pay less.

Use generics and preferred medications. If you're taking a medication that's not on the preferred list, ask your doctor to consider prescribing a lower-cost generic or preferred brand-name medication. To find out whether your medication is preferred, just log in at **express-scripts.com** and choose **Price a Medication** from the menu under **Prescriptions**. Enter your medication name and view cost and coverage information on the results page. You can also get pricing information from Member Services at 800.918.8011.

Prior authorization: When is a coverage review necessary? Some medications aren't covered unless you first receive approval through a coverage review (prior authorization). This review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses), unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information than what's on the prescription before the medication may be covered under your plan. To find out whether a medication requires a coverage review, log in at **express-scripts.com** and select **Price a Medication** from the menu under **Prescriptions**. Enter your medication name and view coverage information on the results page.

Specialty medications: Get individualized service through Accredo, an Express Scripts specialty pharmacy. Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, and hepatitis C. Accredo is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- Most supplies, such as needles and syringes, provided with your specialty medications
- Safety checks to help prevent potential drug interactions
- Refill reminders

Automatic refills: A convenient service to help you avoid running out of your long-term medications. Most prescriptions you order from Express Scripts® Pharmacy can be enrolled in automatic refills. Then, when it's time to refill or renew your prescription, your order will automatically ship to you. We'll also notify you seven days before we begin processing your next refill. You have the option to change the next processing date or cancel the prescription from the service before processing begins.

There are three easy ways to enroll in automatic refills:

- Log in at **express-scripts.com** and choose **Automatic Refills** from the menu under **Prescriptions**.
- When refilling a prescription, we ask if you want to enroll it in automatic refills. If you answer "yes," we'll begin automatically refilling your prescription on all future refills.
- Call Member Services at 800.918.8011 and tell the patient care advocate you want to enroll.

Extended payment program: Stretch your home delivery payments. Instead of paying in full up front, you can spread your costs over three monthly credit or debit card installments. There's no waiting—your medication will be shipped from Express Scripts® Pharmacy after the very first payment. When you enroll, the program applies to every home delivery prescription for you and your covered family members. To learn more or to enroll, log in at **express-scripts.com**, choose **Payment Methods** from the menu under **Account**. Then click **Edit Information** and **Extended Payment Program**.

Express Scripts manages your prescription plan for California Schools VEBA.

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