

CALIFORNIA SCHOOLS

VEBA

YOUR HEALTH, OUR PURPOSE

MEMBER BENEFITS GUIDE

SAN BERNARDINO CITY
UNIFIED SCHOOL DISTRICT

2026 - 2027 Plan Year

Welcome

CALIFORNIA SCHOOLS VEBA (CalVEBA) MEMBERS!



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

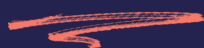
Who We Are

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.





WHAT'S INSIDE

What is Open Enrollment?

- Changes You Can Make

Carrier/Benefits Quick Reference Guide

- Provider Finder

Eligibility

- Dependent Enrollment Requirements
- Qualifying Life Events
- Medicare/Retirement

Benefits Overview

- What's New This Year?
- Health Insurance Plan Options
- Plan Type Introduction
- Digital IDs

Where to Go for Care

- Virtual Visits

Additional Benefits

- Chiropractic & Acupuncture Care
- Mental Health Resources
- Optum Emotional Well-Being Solutions (EWS)
- CalVEBA Member Benefits & Resources

Glossary: Common Health Care Terms

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.

Health Plans Carrier/Benefit	How to Contact
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



SUPPLEMENTAL BENEFITS

Carrier/Benefit	How to Contact
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
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/
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
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](https://www.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?



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](https://www.surest.com/How-It-Works).



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.

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ABOUT MEMBER SERVICES MYVEBA RESOURCES CLASSES AND EVENTS CONTACT

OPEN ENROLLMENT

WELCOME TO YOUR OPEN ENROLLMENT HUB

GAIN THE KNOWLEDGE YOU NEED TO MAKE INFORMED, CONFIDENT CHOICES ABOUT YOUR HEALTH COVERAGE.

This is your one-stop resource for everything you need to know about Open Enrollment. Whether you're new to the process or looking for a refresher, you'll find helpful tools, articles, and guidance to support your decision-making.

Please note: This page is for educational purposes only.

For key dates related to your employer's Open Enrollment, please contact your Benefits Administrator.

OPEN ENROLLMENT DOESN'T HAVE TO BE OVERWHELMING!

We'll help you break down everything you need to know. With the right resources and information, you can make informed decisions that best suit your needs. Taking a proactive approach upfront not only simplifies



San Bernardino City Unified School District

Effective Period: July 1, 2026 - June 30, 2027

No plan design changes for 2026

Benefit Summary	Kaiser HMO \$15, Rx: \$10 / \$20 30-day What You Pay	Kaiser Bronze HMO Plan, Rx: \$15 / \$40 30-day What You Pay
Medical Deductible (individual/family)	None	\$3,500 / \$7,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$6,250 / \$12,500
Health Account	None	None
PCP Office Visit	\$15 copay	\$30 copay (after deductible)
Specialist Office Visit	\$15 copay	\$30 copay (after deductible)
Preventive Care	No charge	No charge
Inpatient Hospital Care	No charge	30% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$15 copay / No charge	\$30 copay (after deductible) / 30% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$15 copay / No charge	\$30 copay (after deductible) / 30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	\$30 copay (after deductible)
Complex Radiology (PET & MRI)	No charge	30% coinsurance (after deductible)
Outpatient Surgery	\$15 copay	30% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$15 copay	\$30 copay (after deductible)
Chiropractic and Acupuncture Services*	\$15 copay	Not covered
Urgent Care (Office Visit only)	\$15 copay	\$30 copay (after deductible)
Emergency Room (Copay waived if admitted)	\$50 copay	30% coinsurance (after deductible)
Rx Deductible (individual/family)	None	N/A
Rx Out-of-Pocket Maximum (individual/family)	N/A	Combined with Medical OOP Max
Rx Formulary List	Kaiser	Kaiser
Rx Pharmacy Network	Kaiser	Kaiser
Short-Term Prescription Drugs*** (up to 30-day supply)	G: \$10 copay B: \$20 copay (up to a 30-day supply)	\$15 Generic (after plan deductible) \$40 Preferred Brand (after plan deductible) (up to a 30-day supply)
Long-Term Prescription Drugs*** (up to 90-day supply)	G: \$20 copay B: \$40 copay (up to a 100-day supply)	\$30 Generic (after plan deductible) \$80 Preferred Brand (after plan deductible) (up to a 100-day supply)

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

***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.

Health Maintenance Organization (HMO)

Learn more about HMO plans—a type of health insurance designed to offer lower out-of-pocket costs and comprehensive preventive care. HMO plans emphasize coordinated care through a Primary Care Physician (PCP) and require staying within a designated network.

Explore the key benefits and important considerations to help determine if an HMO is the right fit for your health care needs.

- Low 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



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 Permanente

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](https://kp.org) or the Kaiser Permanente app and answer a few questions about your symptoms.

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:

- ▶ **Kaiser:** Call Optum at the number below for your member ID number

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 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 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 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 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: • Kaiser 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.

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.