PLAN OPTIONS & COMPARISONS

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Sweetwater Union High School District: Management

Effective Period: January 1, 2027 - December 31, 2027

No plan design changes for 2027

Benefit Summary	VEBA Direct HMO $10/100% What You Pay	NEW! VEBA Direct HMO Journey, $500 What You Pay	UHC Harmony HMO $10/100% What You Pay	UHC CS VEBA Alliance HMO $20/$30/$500A What You Pay
Medical Deductible (individual/family)	None	$500 / $1,000	None	None
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$2,500 / $5,000	$1,500 / $3,000	$3,000 / $6,000
Health Account	None	HealthInvest HRA $500 / $800 / $1,100	None	None
PCP Office Visit	$10 copay	$10 copay	$10 copay	$20 copay
Specialist Office Visit	$10 copay	$20 copay	$10 copay	$30 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	No charge	$500 admit copay
Mental Health Services (outpatient/inpatient)	$10 copay / No charge	$10 copay / 20% coinsurance (after deductible)	$10 copay / No charge	$20 copay / $500 admit copay
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	$50 copay	No charge	$200 copay
Outpatient Surgery	No charge	20% coinsurance (after deductible)	No charge	$250 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$10 copay	$10 copay	$10 copay	$20 copay
Chiropractic and Acupuncture Services*	$10 copay	$10 copay	$10 copay	$20 copay
Urgent Care (Office Visit only)	$10 copay	$10 copay	$10 copay	$20 copay
Emergency Room (Copay waived if admitted)	$100 copay	20% coinsurance (after deductible)	$100 copay	$150 copay
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	$10 Generic $30 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
Long-Term Prescription Drugs*** *(up to 90-day supply)*	$10 Generic $50 PB 50% $80 min $350 max NPB	$20 Generic $60 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

*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 Costco, 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 (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

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Plan Comparison

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Sweetwater Union High School District: Management

Effective Period: January 1, 2027 - December 31, 2027

No plan design changes for 2027

Benefit Summary	Kaiser HMO $10, Rx: $10 / $10 100-day What You Pay	NEW! Kaiser Journey HMO $500 Rx $10 / $30 30-day What You Pay	SIMNSA HMO $5; Rx: $5 30-day What You Pay
Medical Deductible (individual/family)	None	$500 / $1,000	None
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$2,500 / $5,000	$6,350 / $12,700
Health Account	None	HealthInvest HRA $500 / $800 / $1,100	None
PCP Office Visit	$10 copay	$10 copay	$5 copay
Specialist Office Visit	$10 copay	$20 copay	$5 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	No charge
Mental Health Services (outpatient/inpatient)	$10 copay / No charge	$10 copay / 20% coinsurance (after deductible)	$5 copay / No charge
Substance Abuse Services (outpatient/inpatient)	$10 copay / No charge	No charge	$5 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	$50 copay	No charge
Outpatient Surgery	$10 copay	20% coinsurance (after deductible)	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$10 copay	$10 copay	$10 copay
Chiropractic and Acupuncture Services*	$10 copay	$10 copay	Not covered
Urgent Care (Office Visit only)	$10 copay	$10 copay	$25 copay
Emergency Room (Copay waived if admitted)	$100 copay	20% coinsurance (after deductible)	$250 copay (U.S. or out of plan area)
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	N/A
Rx Formulary List	Kaiser	Kaiser	SIMNSA
Rx Pharmacy Network	Kaiser	Kaiser	SIMNSA
Short-Term Prescription Drugs* ***(up to 30-day supply)***	G / B: $10 copay (up to a 100-day supply)	G: $10 copay B: $30 copay (up to a 30-day supply)	$5 copay
Long-Term Prescription Drugs* ***(up to 90-day supply)***	G / B: $10 copay (up to a 100-day supply)	G: $20 copay B: $60 copay (up to a 100-day supply)	Not available

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CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Surest PPO $500 Plan Summary

Effective Period: January 1, 2027 - December 31, 2027

No plan design changes for 2027

Benefit Summary	Surest PPO $500	
	In Network What You Pay	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 $370 copay	Up to $1,125
Hospital-based Complex Radiology	$25 to $370 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

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 have no annual visit maximums, must be medically necessary and may be subject to prior authorization from UMR.

*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 Costco, 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 (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.

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CALIFORNIA SCHOOLS VEBA
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UMR NexusACO PPO Plan Summary

Effective Period: January 1, 2027 - December 31, 2027
No plan design changes for 2027

Benefit Summary	UMR NexusACO PPO In Network Tier 1 What You Pay	 In Network Tier 2 What You Pay	 Out of Network Tier 3 What You Pay
Medical Deductible (individual/family)	$1,000 / $2,000	$2,000 / $4,000	$4,000 / $8,000
Medical Out-of-Pocket Maximum (individual/family)	$2,500 / $5,000	$5,000 / $10,000	$7,500 / $14,000
Health Account	None		
PCP Office Visit	$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Specialist Office Visit	$50 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office OR*	No charge	20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Hospital-based Lab or Radiology	20% coinsurance (deductible does not apply)	40% coinsurance (deductible does not apply)	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office OR Hospital-based Complex Radiology*	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
OR Outpatient Hospital-based Surgical Center	20% coinsurance (after deductible) and $100 copayment	40% coinsurance (after deductible) and $100 copayment	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	$30 copay	$30 copay	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	$50 copay	$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	$100 copay	$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

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HMO NETWORK COMPARISON BY MEDICAL GROUP

San Diego County — provider medical group availability by network, including VEBA Direct (effective 1/1/2027)

Provider Medical Group	UHC Harmony	UHC CS VEBA Alliance	VEBA Direct
Greater Tri Cities IPA		✓	✓
Mercy Physicians Medical Group / Scripps Care		✓	
Optum Care Network - North County	✓	✓	
Optum Care Network - SD Physicians (fmr. Scripps)		✓	
Rady Children's Spec of San Diego		✓	✓
Scripps Clinic		✓	
Scripps Coastal Medical Center (SCMC)		✓	
Sharp Community Medical Group	✓		✓
Sharp Community Medical Group - Chula Vista	✓		✓
Sharp Community Medical Group - Coronado	✓		✓
Sharp Community Medical Group - Graybill N. Coastal	✓		
Sharp Community Medical Group - Grossmont	✓		✓
Sharp Community Medical Group - Inland North	✓		
Sharp Community Medical Group - Palomar Health	✓		
Sharp Rees Stealy (SRS)	✓		✓
UCSD Medical Group		✓	✓
UCSD Affiliates		✓	✓

Note: Not all medical groups are shown. Please check your plan documents for details. Network availability varies by district and is subject to contracting and renewal.

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