# PLAN OPTIONS & COMPARISONS

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

## Sweetwater Union High School District: SCGA

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

No plan design changes for 2027

| Benefit Summary | VEBA Direct HMO $10/100% What You Pay | UHC Harmony HMO $15/100% What You Pay | UHC CS VEBA Alliance HMO $10/100% What You Pay |
|---|---|---|---|
| **Medical Deductible** (individual/family) | None | None | None |
| **Medical Out-of-Pocket Maximum** (individual/family) | $1,500 / $3,000 | $1,500 / $3,000 | $1,500 / $3,000 |
| **Health Account** | None | None | None |
| **PCP Office Visit** | $10 copay | $15 copay | $10 copay |
| **Specialist Office Visit** | $10 copay | $15 copay | $10 copay |
| **Preventive Care** | No charge | No charge | No charge |
| **Inpatient Hospital Care** | No charge | No charge | No charge |
| **Mental Health Services** (outpatient/inpatient) | $10 copay / No charge | $15 copay / No charge | $10 copay / No charge |
| **Substance Abuse Services** (outpatient/inpatient) | No charge | No charge | No charge |
| **Outpatient Diagnostic Laboratory and Radiology** (standard procedures) | No charge | No charge | No charge |
| **Complex Radiology** (PET & MRI) | No charge | No charge | No charge |
| **Outpatient Surgery** | No charge | No charge | No charge |
| **Outpatient Physical/Rehabilitation Therapy** (Office Visit) | $10 copay | $15 copay | $10 copay |
| **Chiropractic and Acupuncture Services*** | $10 copay | $15 copay | $10 copay |
| **Urgent Care** (Office Visit only) | $10 copay | $15 copay | $10 copay |
| **Emergency Room** (Copay waived if admitted) | $100 copay | $100 copay | $100 copay |
| **Rx Deductible** (individual/family) | None | None | None |
| **Rx Out-of-Pocket Maximum** (individual/family) | Combined with medical | Combined with medical | Combined with medical |
| **Rx Formulary List** | National Preferred | National Preferred | National Preferred |
| **Rx Pharmacy Network** | Express Advantage Network** | Express Advantage Network** | Express Advantage Network** |
| **Short-Term Prescription Drugs*** ***(up to 30-day supply)*** | $5 Generic<br>$25 PB<br>50% $40 min $175 max NPB | $5 Generic<br>$25 PB<br>50% $40 min $175 max NPB | $10 Generic<br>$30 PB<br>50% $40 min $175 max NPB |
| **Long-Term Prescription Drugs*** ***(up to 90-day supply)*** | $10 Generic<br>$50 PB<br>50% $80 min $350 max NPB | $10 Generic<br>$50 PB<br>50% $80 min $350 max NPB | $20 Generic<br>$60 PB<br>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

**Disclaimer:** Prepared by RPA San Diego on behalf of CS VEBA.

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# Plan Comparison

CALIFORNIA SCHOOLS VEBA
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## Sweetwater Union High School District: SCGA

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

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| Benefit Summary | Kaiser HMO $10, Rx: $10 / $10 100-day<br>What You Pay | NEW!<br>Kaiser Journey HMO $2,000 Rx $10 / $30 30-day<br>What You Pay | SIMNSA HMO $5; Rx: $5 30-day<br>What You Pay |
|---|---|---|---|
| **Medical Deductible** (individual/family) | None | $2,000 / $4,000 | None |
| **Medical Out-of-Pocket Maximum** (individual/family) | $1,500 / $3,000 | $3,500 / $7,000 | $6,350 / $12,700 |
| **Health Account** | None | HealthInvest HRA<br>$1,000 / $1,600 / $2,200 | None |
| **PCP Office Visit** | $10 copay | $25 copay | $5 copay |
| **Specialist Office Visit** | $10 copay | $40 copay | $5 copay |
| **Preventive Care** | No charge | No charge | No charge |
| **Inpatient Hospital Care** | No charge | 20% coinsurance<br>(after deductible) | No charge |
| **Mental Health Services** (outpatient/inpatient) | $10 copay /<br>No charge | $25 copay /<br>20% coinsurance<br>(after deductible) | $5 copay /<br>No charge |
| **Substance Abuse Services** (outpatient/inpatient) | $10 copay /<br>No charge | No charge | $5 copay /<br>No charge |
| **Outpatient Diagnostic Laboratory and Radiology** (standard procedures) | No charge | No charge | No charge |
| **Complex Radiology** (PET & MRI) | No charge | $100 copay | No charge |
| **Outpatient Surgery** | $10 copay | 20% coinsurance<br>(after deductible) | No charge |
| **Outpatient Physical/Rehabilitation Therapy** (Office Visit) | $10 copay | $25 copay | $10 copay |
| **Chiropractic and Acupuncture Services*** | $10 copay | $30 copay | Not covered |
| **Urgent Care** (Office Visit only) | $10 copay | $25 copay | $25 copay |
| **Emergency Room** (Copay waived if admitted) | $100 copay | 20% coinsurance<br>(after deductible) | $250 copay<br>(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<br>(up to a 100-day supply) | G: $10 copay<br>B: $30 copay<br>(up to a 30-day supply) | $5 copay |
| **Long-Term Prescription Drugs*** ***(up to 90-day supply)*** | G / B: $10 copay<br>(up to a 100-day supply) | G: $20 copay<br>B: $60 copay<br>(up to a 100-day supply) | Not available |

*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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## UMR NexusACO PPO Plan Summary

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

| Benefit Summary | UMR NexusACO PPO<br>In Network Tier 1<br>What You Pay | <br>In Network Tier 2<br>What You Pay | <br>Out of Network Tier 3<br>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<br>$30 PB<br>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<br>$60 PB<br>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.

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**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.

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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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