

CALIFORNIA SCHOOLS

VEBA

YOUR HEALTH, OUR PURPOSE

# MEMBER BENEFITS *Guide*

2027 Plan Year

SACRAMENTO CITY UNIFIED  
SCHOOL DISTRICT:  
CERTIFICATED (SCTA)

MAYA

MEMBER SINCE 2019



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## 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, high-quality benefits and resources that support you and your family.

Your Benefits Guide introduces the benefits, programs, and resources available through CalVEBA, so you can better understand your options, access care, and get the most out of your benefits.

### Use this guide to:

Compare plan options, understand eligibility and enrollment, find care and support resources, and access carrier contact information.

### WHO IS CalVEBA

Founded in 1993, CalVEBA is a joint labor-management trust established by the County Office of Education, employee associations, and management. As the **fourth-largest health care purchaser in California**, CalVEBA works to improve access to quality, affordable care for members and their families.

Provide benefits for nearly  
**160,000 members**

Partner with more than 85  
**public sector employers**

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

### WHAT IS OPEN ENROLLMENT

Open Enrollment allows employees to elect or change coverage and add or remove eligible dependents.

Open Enrollment is your annual opportunity to review your benefits, compare available options, and make coverage changes for the upcoming plan year.

## ELIGIBILITY

### Who May Enroll

Eligible participants are all full-time employees, and some part-time employees as provided in the respective Collective Bargaining Agreement or Participating Employer Group's definition.

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### When You May Enroll

Outside of Open Enrollment, you may only change your benefits if you experience a qualifying life event or status change. You must notify your Benefits Administrator within 31 days of the event, and the requested change must be consistent with that event.

#### Qualifying events or status changes may include:

- ▶ Marriage, civil union, divorce, legal separation, annulment, or death of a spouse or dependent
  - ▶ Birth, adoption, placement for adoption, or ineligibility of a dependent
  - ▶ Loss of other coverage, a change in employment status, a significant coverage change, a court order, or entitlement to Medicare or Medicaid
- 

### Who Can Be Covered?

The plan offers coverage for participating CalVEBA employees' legal spouse or domestic partner and dependent children. Coverage is provided from birth until age 26, and up to age 30 for honorably discharged veterans. Active eligible employees, regardless of age, are eligible for benefits under CalVEBA's health plans.

## DEPENDENT COVERAGE

**Proof Documents for Dependent Coverage**

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

| DEPENDENT TYPE                        | DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Legal Spouse</b>                   | Marriage certificate or civil union certificate                                                                                                                                                                                                                                                                                                                               |
| <b>Biological Child</b>               | One of the following: <ul style="list-style-type: none"> <li>• Birth certificate of biological child</li> <li>• Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old.</li> </ul>                                                                                                                                                   |
| <b>Adopted Child</b>                  | One of the following: <ul style="list-style-type: none"> <li>• Official court/agency papers (initial stage)</li> <li>• Official Court Adoption Agreement (mid-stage)</li> <li>• Birth certificate (final stage)</li> </ul>                                                                                                                                                    |
| <b>Stepchild</b>                      | <ul style="list-style-type: none"> <li>• Child's birth certificate showing the child's parent is the employee's spouse</li> <li>• Marriage certificate showing legal marriage between the employee and the child's parent</li> <li>• Court document showing that your spouse has custody of the child or is required to cover child</li> </ul>                                |
| <b>Other Child</b>                    | Court papers demonstrating legal guardianship, including the person named as legal guardian                                                                                                                                                                                                                                                                                   |
| <b>Court-Ordered Medical Coverage</b> | One of the following: <ul style="list-style-type: none"> <li>• Qualified Medical Child Support Order (QMCSO)</li> <li>• National Medical Support Notice (NMSN)</li> </ul>                                                                                                                                                                                                     |
| <b>Child Age 26 or older</b>          | <ul style="list-style-type: none"> <li>• Certified Handicapped Child/Disabled Student Attending Physician Statement signed by the employee and the child's attending physician</li> <li>• DD-214 military documents showing honorable discharge from military branches</li> <li>• Coverage for dependents terminates at the end of the month in which they turn 26</li> </ul> |

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

#### SCTA Only

Only **Health Net Members** Must Choose a New Medical Plan for 2027

Active employees & early retirees currently enrolled in a **Health Net medical plan** must choose between Western Health Advantage (WHA) and United Healthcare (UHC) Alliance.

Sacramento City Unified School District:  
SCTA

UHC Alliance HMO Plan

HMO Network Comparison by Provider Medical Group

If you'd like to keep your current primary care physician (PCP), choose the plan that includes your PCP's medical group. Provider network availability is often the primary factor to consider when selecting between available plan options.

| Provider Medical Groups<br>(PMGs) | Local Area: Sacramento & Surrounding Areas |                           |
|-----------------------------------|--------------------------------------------|---------------------------|
|                                   | Current 2026 Plan                          | Effective January 1, 2027 |
|                                   | Health Net Full                            | UHC Alliance HMO          |
| Brown & Toland Medical Group      | Y                                          | Y                         |
| Palo Alto Medical Foundation      | Y                                          | Y                         |
| Sutter East Bay                   | Y                                          | Y                         |
| Sutter Gould Medical Foundation   | Y                                          | Y                         |
| Sutter Independent Physicians     | Y                                          | Y                         |
| Sutter Medical Group              | Y                                          | Y                         |
| UC Davis Medical Group            | Y                                          | Y                         |

UHC Alliance HMO Benefit Comparison

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

| Benefit Summary                                           | Current 2026 Plan                                  | Effective January 1, 2027                     |
|-----------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|
|                                                           | Health Net Full HMO<br>\$15 / 100%<br>What You Pay | UHC Alliance HMO<br>\$15/100%<br>What You Pay |
| PCP Office Visit                                          | \$15 copay                                         | \$15 copay                                    |
| Specialist Office Visit                                   | \$15 copay                                         | \$15 copay                                    |
| Inpatient Hospital Care                                   | No charge                                          | No charge                                     |
| Outpatient Surgery                                        | No charge                                          | No charge                                     |
| Urgent Care<br>(Office Visit only)                        | \$20 copay                                         | \$15 copay                                    |
| Emergency Room<br>(Copay waived if admitted)              | \$75 copay                                         | \$100 copay                                   |
| Short-Term Prescription Drugs***<br>(up to 30-day supply) | \$10 G                                             | \$10 G                                        |
|                                                           | \$20 PB                                            | \$20 PB                                       |
|                                                           | \$35 NPB                                           | \$35 NPB                                      |

\*\*Members can reduce their out-of-pocket prescription costs by \$5 per copay when filling prescriptions at an Express Scripts EAN Network provider pharmacy (EAN Pharmacies include Costco, Raley's, WinnDixie, Walmart, and many independent pharmacies). Visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN pharmacies.

\*\*\*G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

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Sacramento City Unified School District:  
SCTA  
Western Health Advantage HMO Plan

HMO Network Comparison by Provider Medical Group

If you'd like to keep your current primary care physician (PCP), choose the plan that includes your PCP's medical group. Provider network availability is often the primary factor to consider when selecting between available plan options.

| Provider Medical Groups<br>(PMGs)    | Local Area: Sacramento & Surrounding Areas |                                |
|--------------------------------------|--------------------------------------------|--------------------------------|
|                                      | Current 2026 Plan                          | Effective January 1, 2027      |
|                                      | Health Net Full                            | Western Health Advantage (WHA) |
| Dignity Health - Mercy Medical Group | Y                                          | Y                              |
| Dignity Health - Woodland Clinic     | Y                                          | Y                              |
| Hill Physicians                      | Y                                          | Y                              |
| Providence Medical Network           | Y                                          | Y                              |

Western Health Advantage HMO Benefit Comparison

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

| Benefit Summary                                           | Current 2026 Plan                                  | Effective January 1, 2027                                 |
|-----------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|
|                                                           | Health Net Full HMO<br>\$15 / 100%<br>What You Pay | Western Health Advantage HMO<br>\$10/100%<br>What You Pay |
| PCP Office Visit                                          | \$15 copay                                         | <b>\$10 copay</b>                                         |
| Specialist Office Visit                                   | \$15 copay                                         | <b>\$10 copay</b>                                         |
| Inpatient Hospital Care                                   | No charge                                          | No charge                                                 |
| Outpatient Surgery                                        | No charge                                          | No charge                                                 |
| Urgent Care<br>(Office Visit only)                        | \$20 copay                                         | <b>\$10 copay</b>                                         |
| Emergency Room<br>(Copay waived if admitted)              | \$75 copay                                         | <b>\$100 copay</b>                                        |
| Short-Term Prescription Drugs***<br>(up to 30-day supply) | \$10 G                                             | \$10 G                                                    |
|                                                           | \$20 PB                                            | \$20 PB                                                   |
|                                                           | \$35 NPB                                           | \$35 NPB                                                  |

\*\*\*Members can reduce their out-of-pocket prescription costs by \$5 per copay when filling prescriptions at an Express Scripts EAN Network provider pharmacy (EAN Pharmacies include Costco, Raley's, WinnDixie, Walmart, and many independent pharmacies). Visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN pharmacies.

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## Sacramento City Unified School District: SCTA

### Kaiser HMO Plan

#### Kaiser HMO Benefit Comparison

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

|                                                        | Current 2026 Plan                                                      | Effective January 1, 2027                                              |
|--------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Benefit Summary                                        | Kaiser HMO<br>\$10 / 100%,<br>Rx: \$10 100day<br>What You Pay          | VEBA Kaiser HMO<br>\$10 / 100%,<br>Rx: \$10 / 100day<br>What You Pay   |
| PCP Office Visit                                       | \$10 copay                                                             | \$10 copay                                                             |
| Specialist Office Visit                                | \$10 copay                                                             | \$10 copay                                                             |
| Inpatient Hospital Care                                | No charge                                                              | No charge                                                              |
| Outpatient Surgery                                     | \$10 copay                                                             | \$10 copay                                                             |
| Chiropractic and Acupuncture Services                  | \$10 copay (ASH Chiro Only)<br>30 visits                               | <b>\$10 copay (Optum Chiro &amp; Acu)</b><br><b>Unlimited visits</b>   |
| Urgent Care<br>(Office Visit only)                     | \$10 copay                                                             | \$10 copay                                                             |
| Emergency Room<br>(Copay waived if admitted)           | \$75 copay                                                             | <b>\$100 copay</b>                                                     |
| Short-Term Prescription Drugs<br>(up to 30-day supply) | \$10 Generic<br>\$10 Brand<br>\$10 Specialty<br>up to a 100-day supply | \$10 Generic<br>\$10 Brand<br>\$10 Specialty<br>up to a 100-day supply |

**New for 2027: Chiropractic services previously available through ASH will now be available through Optum Health. This benefit will now include Chiropractic and Acupuncture care with unlimited annual visits.**

\*\*\*G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

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Sacramento City Unified School District:  
SCTA  
UHC Alliance HMO Benefit Comparison

| Benefit Summary                                                                    | Current 2026 Plan                                 | Effective January 1, 2027                     |                       |
|------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|-----------------------|
|                                                                                    | Health Net Full<br>HMO\$15 / 100%<br>What You Pay | UHC Alliance HMO<br>\$15/100%<br>What You Pay |                       |
| <b>Medical Deductible</b><br>(individual/family)                                   | None                                              | None                                          |                       |
| <b>Medical Out-of-Pocket Maximum</b><br>(individual/family)                        | \$1,000 / \$2,500                                 | <b>\$1,500 / \$3,000</b>                      |                       |
| <b>PCP Office Visit</b>                                                            | \$15 copay                                        | <b>\$15 copay</b>                             |                       |
| <b>Specialist Office Visit</b>                                                     | \$15 copay                                        | <b>\$15 copay</b>                             |                       |
| <b>Preventive Care</b>                                                             | No charge                                         | No charge                                     |                       |
| <b>Inpatient Hospital Care</b>                                                     | No charge                                         | No charge                                     |                       |
| <b>Mental Health Services</b><br>(outpatient/inpatient)                            | No charge                                         | <b>\$15 copay /</b><br>No charge              |                       |
| <b>Substance Abuse Services</b><br>(outpatient/inpatient)                          | No charge                                         | No charge                                     |                       |
| <b>Outpatient Diagnostic Laboratory<br/>and Radiology</b> (standard<br>procedures) | No charge                                         | No charge                                     |                       |
| <b>Complex Radiology</b><br>(PET & MRI)                                            | No charge                                         | No charge                                     |                       |
| <b>Outpatient Surgery</b>                                                          | No charge                                         | No charge                                     |                       |
| <b>Outpatient Physical/Rehabilitation<br/>Therapy</b> (Office Visit)               | \$5 copay                                         | <b>\$15 copay</b>                             |                       |
| <b>Chiropractic and Acupuncture<br/>Services*</b>                                  | \$10 copay (Chiro Only, 30 visits)                | <b>\$15 copay (unlimited visits)</b>          |                       |
| <b>Urgent Care</b><br>(Office Visit only)                                          | \$20 copay                                        | <b>\$15 copay</b>                             |                       |
| <b>Emergency Room</b><br>(Copay waived if admitted)                                | \$75 copay                                        | <b>\$100 copay</b>                            |                       |
| <b>Hearing Aid</b> (every 36 months)                                               | Not covered                                       | <b>\$5,000 allowance</b>                      |                       |
| <b>Rx Deductible</b><br>(individual/family)                                        | None                                              | None                                          |                       |
| <b>Rx Out-of-Pocket Maximum</b><br>(individual/family)                             | \$2,000 / \$4,000                                 | <b>Combined with medical</b>                  |                       |
| <b>Rx Formulary List</b>                                                           | Health Net Formulary                              | National Preferred                            | National Preferred    |
| <b>Rx Pharmacy Network</b>                                                         | Health Net                                        | Express Advantage Network (EAN)**             | National Plus Network |
| <b>Short-Term Prescription Drugs***</b><br>(up to 30-day supply)                   | \$10 G                                            | <b>\$5 G</b>                                  | \$10 G                |
|                                                                                    | \$20 PB                                           | <b>\$15 PB</b>                                | \$20 PB               |
|                                                                                    | \$35 NPB                                          | <b>\$30 NPB</b>                               | \$35 NPB              |
| <b>Long-Term Prescription Drugs***</b><br>(up to 90-day supply)                    | \$20 G                                            | <b>\$10 Generic</b>                           | \$20 G                |
|                                                                                    | \$40 PB                                           | <b>\$30 PB</b>                                | \$40 PB               |
|                                                                                    | \$70 NPB                                          | <b>\$60 NPB</b>                               | \$70 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, Raley's, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN 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 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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Sacramento City Unified School District:  
SCTA  
Western Health Advantage HMO Benefit Comparison

|                                                                            | Current 2026 Plan                                  | Effective January 1, 2027                                 |                       |
|----------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------|-----------------------|
| Benefit Summary                                                            | Health Net Full HMO<br>\$15 / 100%<br>What You Pay | Western Health Advantage HMO<br>\$10/100%<br>What You Pay |                       |
| Medical Deductible<br>(individual/family)                                  | None                                               | None                                                      |                       |
| Medical Out-of-Pocket Maximum<br>(individual/family)                       | \$1,000 / \$2,500                                  | \$1,500 / \$3,000                                         |                       |
| PCP Office Visit                                                           | \$15 copay                                         | \$10 copay                                                |                       |
| Specialist Office Visit                                                    | \$15 copay                                         | \$10 copay                                                |                       |
| Preventive Care                                                            | No charge                                          | No charge                                                 |                       |
| Inpatient Hospital Care                                                    | No charge                                          | No charge                                                 |                       |
| Mental Health Services<br>(outpatient/inpatient)                           | No charge                                          | \$10 copay /<br>No charge                                 |                       |
| Substance Abuse Services<br>(outpatient/inpatient)                         | No charge                                          | No charge                                                 |                       |
| Outpatient Diagnostic Laboratory<br>and Radiology (standard<br>procedures) | No charge                                          | No charge                                                 |                       |
| Complex Radiology<br>(PET & MRI)                                           | No charge                                          | No charge                                                 |                       |
| Outpatient Surgery                                                         | No charge                                          | No charge                                                 |                       |
| Outpatient Physical/Rehabilitation<br>Therapy (Office Visit)               | \$5 copay                                          | \$10 copay                                                |                       |
| Chiropractic and Acupuncture<br>Services*                                  | \$10 copay (Chiro Only, 30 visits)                 | \$10 copay (unlimited visits)                             |                       |
| Urgent Care<br>(Office Visit only)                                         | \$20 copay                                         | \$10 copay                                                |                       |
| Emergency Room<br>(Copay waived if admitted)                               | \$75 copay                                         | \$100 copay                                               |                       |
| Hearing Aid (every 36 months)                                              | Not covered                                        | \$5,000 allowance                                         |                       |
|                                                                            |                                                    |                                                           |                       |
| Rx Deductible<br>(individual/family)                                       | None                                               | None                                                      |                       |
| Rx Out-of-Pocket Maximum<br>(individual/family)                            | \$2,000 / \$4,000                                  | Combined with medical                                     |                       |
| Rx Formulary List                                                          | Health Net Formulary                               | National Preferred                                        | National Preferred    |
| Rx Pharmacy Network                                                        | Health Net                                         | Express Advantage Network (EAN)**                         | National Plus Network |
| Short-Term Prescription Drugs***<br>(up to 30-day supply)                  | \$10 G                                             | \$5 G                                                     | \$10 G                |
|                                                                            | \$20 PB                                            | \$15 PB                                                   | \$20 PB               |
|                                                                            | \$35 NPB                                           | \$30 NPB                                                  | \$35 NPB              |
| Long-Term Prescription Drugs***<br>(up to 90-day supply)                   | \$20 G                                             | \$10 G                                                    | \$20 G                |
|                                                                            | \$40 PB                                            | \$30 PB                                                   | \$40 PB               |
|                                                                            | \$70 NPB                                           | \$60 NPB                                                  | \$70 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, Raley's, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN 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 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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Kaiser HMO Benefit Comparison

|                                                                                 | Current 2026 Plan                                                      | Effective January 1, 2027                                              |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Benefit Summary                                                                 | Kaiser HMO<br>\$10 / 100%, Rx: \$10 100day<br>What You Pay             | VEBA Kaiser HMO<br>\$10 / 100%, Rx: \$10 / 100day<br>What You Pay      |
| <b>Medical Deductible</b>                                                       | None                                                                   | None                                                                   |
| <b>Medical Out-of-Pocket Maximum</b><br>(individual/family)                     | \$1,500 / \$3000                                                       | \$1,500 / \$3000                                                       |
| <b>Health Account</b>                                                           | None                                                                   | None                                                                   |
| <b>PCP Office Visit</b>                                                         | \$10 copay                                                             | \$10 copay                                                             |
| <b>Specialist Office Visit</b>                                                  | \$10 copay                                                             | \$10 copay                                                             |
| <b>Preventive Care</b>                                                          | No charge                                                              | No charge                                                              |
| <b>Inpatient Hospital Care</b>                                                  | No charge                                                              | No charge                                                              |
| <b>Mental Health Services</b><br>(outpatient/inpatient)                         | \$10 copay /<br>No charge                                              | \$10 copay /<br>No charge                                              |
| <b>Substance Abuse Services</b><br>(outpatient/inpatient)                       | \$10 copay /<br>No charge                                              | \$10 copay /<br>No charge                                              |
| <b>Outpatient Diagnostic Laboratory and<br/>Radiology</b> (standard procedures) | No charge                                                              | No charge                                                              |
| <b>Complex Radiology</b><br>(PET & MRI)                                         | No charge                                                              | No charge                                                              |
| <b>Outpatient Surgery</b>                                                       | \$10 copay                                                             | \$10 copay                                                             |
| <b>Outpatient Physical/Rehabilitation<br/>Therapy</b> (Office Visit)            | \$10 copay                                                             | \$10 copay                                                             |
| <b>Chiropractic and Acupuncture<br/>Services*</b>                               | \$10 copay (ASH Chiro Only)<br>30 visits                               | <b>\$10 copay (Optum Chiro &amp; Acu)</b><br><b>Unlimited visits</b>   |
| <b>Urgent Care</b><br>(Office Visit only)                                       | \$10 copay                                                             | \$10 copay                                                             |
| <b>Emergency Room</b><br>(Copay waived if admitted)                             | \$75 copay                                                             | <b>\$100 copay</b>                                                     |
| <b>Hearing Aid</b> (every 36 months)                                            | Not covered                                                            | <b>\$5,000 allowance</b>                                               |
| <b>Rx Deductible</b><br>(individual/family)                                     | None                                                                   | None                                                                   |
| <b>Rx Out-of-Pocket Maximum</b><br>(individual/family)                          | Combined with Medical                                                  | Combined with Medical                                                  |
| <b>Rx Formulary List</b>                                                        | Kaiser                                                                 | Kaiser                                                                 |
| <b>Rx Pharmacy Network</b>                                                      | Kaiser                                                                 | Kaiser                                                                 |
| <b>Short-Term Prescription Drugs</b><br>(up to 30-day supply)                   | \$10 Generic<br>\$10 Brand<br>\$10 Specialty<br>up to a 100-day supply | \$10 Generic<br>\$10 Brand<br>\$10 Specialty<br>up to a 100-day supply |
| <b>Long-Term Prescription Drugs</b><br>(up to 90-day supply)                    | \$10 Generic<br>\$10 Brand<br>up to a 100-day supply                   | \$10 Generic<br>\$10 Brand<br>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.

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

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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.

## HMO Network Comparison

### Health Maintenance Organization (HMO)

HMO plans offer coordinated care, predictable costs, and comprehensive preventive care. Members choose a Primary Care Physician, stay within the plan's network, and typically need referrals for specialist care.

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, predictable copays
- Referrals required for specialists
- 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
- 90-day prescriptions at pharmacy
- National coverage is more limited

## WHERE TO GO FOR CARE

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

**For medical emergencies, call 911 or go to the nearest emergency room.**

| Care Option†                                                                | Costs           | Time to Schedule an Appointment | In-Office Wait Times  | Best For                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------|-----------------|---------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Virtual Visits</b><br>Convenient<br>Lower cost                           | <b>Low</b>      | Same Day                        | 10 minutes or less    | <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Colds and flu</li> <li>• Nausea</li> <li>• Sinus infections</li> <li>• Asthma</li> <li>• Pink eye</li> </ul>                                                                                                                   |
| <b>Your Primary Care Provider</b><br>Knows your medical history best        | <b>Low</b>      | Within 10 business days*        | 12-13 minutes †       | <ul style="list-style-type: none"> <li>• Fever, colds, and flu</li> <li>• Sore throat</li> <li>• Minor burns</li> <li>• Stomachache</li> <li>• Ear or sinus pain</li> <li>• Physicals</li> <li>• Shots</li> <li>• Minor allergic reactions</li> </ul>                                        |
| <b>Retail Clinic</b><br>Convenient care in stores & pharmacies              | <b>Low</b>      | Same day to one day             | 15-22 minutes‡        | <ul style="list-style-type: none"> <li>• Infections</li> <li>• Colds and flu</li> <li>• Minor injuries or pain</li> <li>• Shots</li> <li>• Flu shots</li> <li>• Sore and strep throat</li> <li>• Skin problems</li> <li>• Allergies</li> </ul>                                               |
| <b>Urgent Care Clinic</b><br>Immediate care for non-life-threatening issues | <b>Moderate</b> | Same day                        | 15-30 minutes §       | <ul style="list-style-type: none"> <li>• Migraines or headaches</li> <li>• Cuts that need stitches</li> <li>• Abdominal pain</li> <li>• Sprains or strains</li> <li>• Urinary tract infection</li> <li>• Animal bites</li> <li>• Back pain</li> </ul>                                        |
| <b>Hospital Emergency Room</b><br>For serious or life-threatening issues    | <b>High</b>     | Immediate                       | 2 hours, 54 minutes** | <ul style="list-style-type: none"> <li>• Chest pain, stroke</li> <li>• Seizures</li> <li>• Head or neck injuries</li> <li>• Sudden or severe pain</li> <li>• Fainting, dizziness, weakness</li> <li>• Uncontrolled bleeding</li> <li>• Problems breathing</li> <li>• Broken bones</li> </ul> |

\* California Department of Managed Health Care (DMHC), Timely Access to Care. California health plans must provide routine non-urgent primary care appointments within 10 business days of the request

† PatientPoint, What's the Average Wait Time for Patients? (2025).

‡ CVS MinuteClinic, Walk-In Clinic Wait Time, and retail clinic industry data (2026)

§ Solv Health, How Long Do I Have to Wait at an Urgent Care? (updated June 2026).

\*\*Centers for Medicare & Medicaid Services (CMS), Timely and Effective Care - State Data. California emergency departments reported a median visit time of 174 minutes (2 hours, 54 minutes) for the 12-month period ending September 30, 2025

## 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

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 TELEHEALTH SERVICES

Telehealth and virtual care options make it easier to connect with care for many common, non-emergency needs. Availability, cost, and covered services vary by plan, carrier, provider, and location. Review your plan materials or contact your carrier before receiving care.

**For medical emergencies, call 911 or go to the nearest emergency room.**

### UnitedHealthcare (UHC) Virtual Visits

UHC Virtual Visits provide 24/7 care by video or phone for many common, non-emergency medical conditions. Members can use Virtual Visits for issues such as allergies, eye infections, rashes, bronchitis, and more.

**Cost:** \$0 copay on all UHC plans when a UHC Virtual Visit provider is used. For other virtual visit providers, the cost matches the in-network PCP copay.

**How to access:** Sign in at [myUHC.com](https://myUHC.com) or use the UnitedHealthcare app.

**Please note:** Use virtual visits for common, non-emergency needs.

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### Kaiser Permanente Virtual Care

Kaiser Permanente offers connected in-person and virtual care through [kp.org](https://kp.org) and the Kaiser Permanente app. Members can get 24/7 virtual care, email their care team with nonurgent questions, view most lab results and doctor's notes, refill prescriptions, schedule appointments, and manage care online.

**Good for:** 24/7 care advice, phone or video visits when appropriate, prescription refills, appointment scheduling, and ongoing care management.

**How to access:** Sign in at [kp.org](https://kp.org) or use the Kaiser Permanente app.

**Please note:** Most telehealth services are covered at no additional cost, but high-deductible health plans may require a copay or coinsurance for phone and video visits. Phone or video visits may not be available in select states due to licensing laws.

## PRESCRIPTION DRUG COVERAGE

| Carrier/Benefit                                                                                                                                                                                                                                                  | Eligibility                                                                                                                  | How to Contact                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Express Scripts</b><br>This pharmacy benefits manager helps improve prescription care and manage health care costs for GLP-1 Diabetes & weight management medications.                                                                                        | Members enrolled in a CalVEBA medical plan that includes Express Scripts prescription benefits.                              | <b>Call: 800-918-8011</b><br><b>Visit: <a href="https://www.express-scripts.com/">Express-scripts.com/</a></b>                               |
| <b>EnReachRx &amp; EnGuide Pharmacy</b><br>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. | Members enrolled with Express Scripts. Available for eligible GLP-1 medications.                                             | <b>Call: 800-282-2881</b><br><b>Visit: <a href="https://www.express-scripts.com/EnguidePharmacy">Express-scripts.com/EnguidePharmacy</a></b> |
| <b>Express Scripts SaveOnSP Program</b><br>Helps eligible members reduce out-of-pocket costs by waiving copays on 400+ select specialty medications.                                                                                                             | UHC and Western Health Advantage HMO members enrolled with Express Scripts. Not available when Medicare is primary coverage. | <b>Visit: <a href="https://www.saveonsp.com/Plan-Participants">SaveOnSP.com/Plan-Participants</a></b>                                        |
| <b>\$0 Copay Preventive Generics</b><br>Provides \$0 copays on select preventive generic medications used for common chronic conditions.                                                                                                                         | Members enrolled with Express Scripts. Available on eligible UHC and Western Health Advantage plans.                         | <b>Visit: <a href="https://www.express-scripts.com/ACA-Copay">Express-Scripts.com/ACA-Copay</a></b>                                          |
| <b>Kaiser Permanente Pharmacy</b><br>Supports prescription refills, mail order, delivery options, and pharmacy questions for Kaiser Permanente members.                                                                                                          | Kaiser Permanente members enrolled in a Kaiser Permanente medical plan.                                                      | <b>Call: 1-833-574-2273</b><br>(TTY 711), 24/7<br><b>Visit: <a href="https://www.kp.org">kp.org</a></b> or use the Kaiser Permanente app.    |

# MENTAL HEALTH BENEFITS

## MENTAL HEALTH RESOURCES

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

| Benefit                                                                                                                                                                                                 | Eligibility & Availability                                                                                                  | How to Contact                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Headlight Health</b><br>Talk therapy, psychiatry, and coordinated behavioral health services                                                                                                         | Eligible UHC HMO members through their behavioral health benefits.<br><br>Virtual or in-person                              | <b>Call:</b> (858) 394-0153<br><b>Visit:</b> <a href="https://headlight.health/CalVEBA">headlight.health/CalVEBA</a><br><b>Email:</b> <a href="mailto:calveba@headlight.health">calveba@headlight.health</a>                                                 |
| <b>Kaiser Permanente Mental Health Resources</b><br>Therapy, psychiatry, and emotional wellness support.                                                                                                | Eligible Kaiser members                                                                                                     | <b>Northern CA:</b><br><b>Call 1-888-937-5748 (1-888-WE-R-KP4U) (TTY 711),</b><br>Monday-Friday 8:30 am - 5:30 pm.<br><i>For crisis intervention or urgent mental health advice after hours, your call will be connected to our after-hours call center.</i> |
| <b>Optum Child &amp; Family Coaching</b><br>Virtual coaching for children and caregivers to help manage stress, sleep concerns, anxiety, ADHD, parenting challenges, and other behavioral health needs. | Eligible UHC HMO members through their behavioral health benefits.<br><br>Virtual                                           | <b>Call:</b> 888-625-4809<br><b>Visit:</b> <a href="https://LiveAndWorkWell.com">LiveAndWorkWell.com</a><br><b>Access Code:</b> VEBA                                                                                                                         |
| <b>Optum Emotional Well-Being Solutions (EWS)</b><br>Confidential support for life's challenges, including stress, work-life balance, relationship concerns, legal issues, and emotional well-being.    | Available to members enrolled in any CalVEBA medical plan.<br><br>Available 24/7 (by phone), 365 days/year                  | <b>Call:</b> 888-625-4809<br><b>Visit:</b> <a href="https://LiveAndWorkWell.com">LiveAndWorkWell.com</a><br><b>Access Code:</b> VEBA                                                                                                                         |
| <b>Optum Emotional Well-Being Solutions Dedicated Consultants</b><br>One-on-one support for issues like stress, relationship conflicts, work-life balance, communication strategies, and more.          | Available to CalVEBA members and dependents age 18+.<br><br>Virtual                                                         | <b>Call:</b> 888-625-4809<br><b>Visit:</b> <a href="https://LiveAndWorkWell.com">LiveAndWorkWell.com</a><br><b>Access Code:</b> VEBA                                                                                                                         |
| <b>Therapy Through CalVEBA</b><br>Connect with a licensed therapist for urgent support, crisis management, and resource connections.                                                                    | Available to members enrolled in any CalVEBA medical plan.<br><br>Virtual or in-person<br>Monday – Friday,<br>1 pm – 7pm PT | <b>Book:</b> <a href="https://Healow.com/apps/provider/-kalenariffenburg-2935757">Healow.com/apps/provider/-kalenariffenburg-2935757</a>                                                                                                                     |

### ADVOCACY SUPPORT

#### NEED HELP NAVIGATING YOUR BENEFITS?

**The CalVEBA 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 PT

 **Online:** Visit [CalVEBA.org/Contact](https://CalVEBA.org/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.*

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 health care 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

### EXPERT MEDICAL OPINIONS

#### Teladoc Medical Experts

Access to more than 50,000 world-renowned doctors who can provide a second opinion on a diagnosis or treatment plan.

**Eligibility:** Available to members enrolled in a CalVEBA medical plan

**Visit:** [TeladocHealth.com/MedicalExperts](https://TeladocHealth.com/MedicalExperts)

## SPECIALTY PROGRAMS

### Metabolic Reset

This program blends acupuncture, movement, and nutrition awareness to help you achieve holistic well-being and feel your best.

**Eligibility:** Available to members enrolled in a CalVEBA medical plan

**Visit:** [CalVEBA.org/Programs/Metabolic-Reset-Program/](https://CalVEBA.org/Programs/Metabolic-Reset-Program/).

Members can also find a variety of class offerings (virtual, on-demand, and on site) by exploring our Class Calendar: [CalVEBA.org/Classes-Events](https://CalVEBA.org/Classes-Events).

### Kindbody

Access support across fertility, family-building, reproductive health, and life-stage needs, including:

**Call:** 855-950-2053 (option 3)

**Visit:** [Kindbody.com/VEBA](https://Kindbody.com/VEBA)

## HMO PLANS

| Eligibility                                                      | Core Fertility Services                                    | Additional Kindbody Services                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UHC<br><br>Kaiser Permanente HMO<br><br>Western Health Advantage | Covered under core medical benefits (not through Kindbody) | KindMan – Male diagnostic & fertility services<br><br>KindDoula – Virtual care with doula specialists<br><br>Fertility Preservation<br><br>Holistic Health<br><br>Menopause – Virtual care & support<br><br>Up to a 20% self-pay discount at Kindbody Signature clinics.<br><i>Refer to plan documents for details.</i> |

## SPECIALTY PROGRAMS CONT.

## Omada

A diabetes and weight management program that partners with Express Scripts benefits, offering personalized coaching, smart tools for easy monitoring, and guidance from specialists.

**Eligibility:** Available to eligible members with Express Scripts benefits.

**Call:** 800-918-8011

**Visit:** [Express-Scripts.com](https://www.express-scripts.com)

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## 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.

**Eligibility:** All CalVEBA members

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](https://insiderx.com/pets)

## WELLNESS & PREVENTATIVE

### 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*

**Eligibility:** Available to all CalVEBA members

**Visit:** [CalVEBA.org/CareNavigation](https://CalVEBA.org/CareNavigation) to schedule an appointment.

### Whole Health Coaching

Partner with a Whole Health Coach to identify your health goals, strengths, and values, and work toward building the life you wish to live. Coaches provide personalized support, accountability, and practical strategies to help you make meaningful progress in areas such as:

- Stress management
- Sleep
- Healthy eating
- Life transitions
- Managing chronic conditions

**Eligibility:** Available to members enrolled in a CalVEBA medical plan

**Visit:** [CalVEBA.org/programs/Whole-Health-Coaching](https://CalVEBA.org/programs/Whole-Health-Coaching) to learn more

Schedule a consultation with a Care Navigator,  
a holistic registered nurse, to get started.

### UHC Rewards

This program rewards healthy habits and everyday health actions through the UnitedHealthcare app and [MyUHC.com](https://MyUHC.com).

- ▶ Rewards preventive care, healthy habits, and simple digital actions
- ▶ Activities may include checkups, biometric screenings, flu shots, step, and sleep tracking, going paperless, and health surveys
- ▶ Managed through the UnitedHealthcare app or [MyUHC.com](https://MyUHC.com)

**Eligibility:** Available to members enrolled in a UHC HMO medical plan

# DENTAL & VISION

## DENTAL COVERAGE

Review your dental plan options to understand covered services, network access, and potential out-of-pocket costs. Understanding your dental insurance coverage is essential for making informed decisions about your oral health care. Regular preventative care is crucial for maintaining good oral health and preventing more serious dental issues.

### Delta Dental PPO \$1,700

|                                                                                 |                                                                                                                                                      |                                    |                      |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------|
| Eligibility                                                                     | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your Benefits Administrator, plan sponsor, or employer). |                                    |                      |
| Deductibles                                                                     | None                                                                                                                                                 |                                    |                      |
| Maximums<br>D & P counts toward maximum?                                        | \$1,700 per person each calendar year (PPO Provider),<br>\$1,500 per person each calendar year (Premier Provider)<br>Yes                             |                                    |                      |
| Waiting Periods                                                                 | Basic Services: None                                                                                                                                 | Major Services: None               | Prosthodontics: None |
| Benefits and Covered Services*                                                  | Delta Dental<br>PPO dentists**                                                                                                                       | Non-Delta Dental<br>PPO dentists** |                      |
| Diagnostic & Preventive Services<br>(D & P)<br>Exams, (2) cleanings, and x-rays | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Basic Services<br>Fillings and sealants                                         | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Endodontics (root canals)<br>Covered Under Basic Services                       | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Periodontics (gum treatment)<br>Covered Under Basic Services                    | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Oral Surgery<br>Covered Under Basic Services                                    | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Major Services<br>Crowns, onlays, and cast restorations                         | 70% - 100%                                                                                                                                           | 70% - 100%                         |                      |
| Prosthodontics<br>Bridges & dentures                                            | 50 %                                                                                                                                                 | 50 %                               |                      |
| Orthodontic Services<br>Adult & Child Ortho<br>Orthodontic Maximum              | 50%<br>\$1,100 Lifetime Maximum                                                                                                                      | 50%<br>\$1,100 Lifetime Maximum    |                      |
| Dental Accident Benefits                                                        | 100 %<br>(Separate \$1,000 maximum per person each calendar year)                                                                                    |                                    |                      |

| <b>Copays:</b><br><b>Delta Dental PPO dentists</b> | <b>Member Pays</b> | <b>Dental Insurance Pays</b> |
|----------------------------------------------------|--------------------|------------------------------|
| <b>Preventative Services</b>                       | <b>30% - 0%</b>    | <b>70% - 100%</b>            |
| <b>Basic Services</b>                              | <b>30% - 0%</b>    | <b>70% - 100%</b>            |
| <b>Major Services</b>                              | <b>30% - 0%</b>    | <b>70% - 100%</b>            |

#### Important Definitions:

- ▶ **Preventative:** routine check-ups, cleanings, and X-rays
- ▶ **Basic:** fillings, extractions, and other minor dental procedures
- ▶ **Major:** more complex procedures such as crowns, bridges, and dentures

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## PREMIER ACCESS DENTAL PPO \$3,000

### ACTIVE EMPLOYEES ONLY

|                                                                                             |                                                                                                                                                      |                                 |                      |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------|
| <b>Eligibility</b>                                                                          | For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your Benefits Administrator, plan sponsor, or employer). |                                 |                      |
| <b>Deductibles</b>                                                                          | None                                                                                                                                                 |                                 |                      |
| <b>Maximums</b><br>D & P counts toward maximum?                                             | \$3,000 per person each calendar year (In-Network),<br>\$3,000 per person each calendar year (Out-of-Network)<br>Yes                                 |                                 |                      |
| <b>Waiting Periods</b>                                                                      | Basic Services: None                                                                                                                                 | Major Services: None            | Prosthodontics: None |
| <b>Benefits and Covered Services</b>                                                        | <b>In-Network</b>                                                                                                                                    | <b>Out-of-Network</b>           |                      |
| <b>Diagnostic &amp; Preventive Services (D &amp; P)</b><br>Exams, (2) cleanings, and x-rays | 100 %                                                                                                                                                | 100%*                           |                      |
| <b>Basic Services</b><br>Fillings and sealants                                              | 100 %                                                                                                                                                | 100%*                           |                      |
| <b>Endodontics</b> (root canals)<br>Covered Under Basic Services                            | 100 %                                                                                                                                                | 100%*                           |                      |
| <b>Periodontics</b> (gum treatment)<br>Covered Under Basic Services                         | 100 %                                                                                                                                                | 100%*                           |                      |
| <b>Oral Surgery</b><br>Covered Under Basic Services                                         | 100 %                                                                                                                                                | 100%*                           |                      |
| <b>Major Services</b><br>Crowns, onlays, and cast restorations                              | 70 %                                                                                                                                                 | 60%*                            |                      |
| <b>Prosthodontics</b><br>Bridges & dentures                                                 | 70 %                                                                                                                                                 | 60%*                            |                      |
| <b>Orthodontic Services</b><br>Adult & Child Ortho<br>Orthodontic Maximum                   | 50%<br>\$2,500 Lifetime Maximum                                                                                                                      | 50%<br>\$2,500 Lifetime Maximum |                      |

\* Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO Provider. You may be subject to a deductible or coinsurance for an out of network specialist

| <b>Copays:<br/>Premier Access<br/>In-Network</b> | <b>Member<br/>Pays</b> | <b>Dental<br/>Insurance<br/>Pays</b> |
|--------------------------------------------------|------------------------|--------------------------------------|
| <b>Preventative Services</b>                     | <b>0%</b>              | <b>0%</b>                            |
| <b>Basic Services</b>                            | <b>0%</b>              | <b>0%</b>                            |
| <b>Major Services</b>                            | <b>30%</b>             | <b>40%</b>                           |

### Important Definitions:

- ▶ **Preventative:** routine check-ups, cleanings, and X-rays
- ▶ **Basic:** fillings, extractions, and other minor dental procedures
- ▶ **Major:** more complex procedures such as crowns, bridges, and dentures

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## PREMIER ACCESS DENTAL HMO

## Early Retirees and Medicare Retirees Only

| Benefits and Covered Services*          | ADA Code   | DHMO 903 Copay |
|-----------------------------------------|------------|----------------|
| Periodic Oral Exam                      | D0120      | \$0            |
| Comprehensive Exam                      | D0150      | \$0            |
| Full Mouth Series (FMX)                 | D0210      | \$0            |
| Panoramic                               | D0330      | \$0            |
| Periapical X-rays                       | D0220      | \$0            |
| Bitewings - four films                  | D0274      | \$0            |
| Adult Cleanings                         | D1110      | \$0            |
| Child Cleanings                         | D1120      | \$0            |
|                                         | D1203/1204 | \$0            |
| Sealants 1st and 2nd Molars             | D1351      | \$0            |
| Space Maintainers                       | D1515      | \$0            |
| Restorations - Amalgam Fillings         | D2140      | \$0            |
| Extractions - Erupted tooth             | D7140      | \$0            |
| Surgical Removal - Erupted tooth        | D7210      | \$0            |
| Root Canal Therapy - Anterior           | D3310      | \$10           |
| Root Canal Therapy - Bicuspid           | D3320      | \$10           |
| Root Canal Therapy - Molar              | D3330      | \$15           |
| Scaling & Root Planing,<br>per quadrant | D4341      | \$0            |
| <b>Major Services</b>                   |            |                |
| Crowns                                  | D2750      | \$5            |
| Bridges - per unit                      | D6210      | \$5            |
| Complete Denture - per arch             | D5110      | \$195          |
| Partial Denture - per arch              | D5211      | \$5            |

\* Premier Access does not guarantee all services can be rendered by a contracted PCN or PPO Provider. You may be subject to a deductible or coinsurance for an out of network specialist

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## VISION COVERAGE

Vision insurance is designed to help you maintain optimal eye health and manage the costs associated with eye care. Certain services may require pre-authorization or have specific limitations. Review your plan details to understand these limits and plan your vision care accordingly.

## VSP Vision Plans

|                                                   | Certificated<br>(SCTA)<br><br>Employee Only        | Certificated<br>(SCTA)<br><br>Family Plan |
|---------------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <b>Frequency</b>                                  |                                                    |                                           |
| Eye Exam                                          | Once every 12 months                               | Once every 12 months                      |
| Lenses/Contacts                                   | Once every 12 months                               | Once every 24 months                      |
| Frames                                            | Once every 12 months                               | Once every 24 months                      |
|                                                   | <b>In-Network</b>                                  | <b>In-Network</b>                         |
|                                                   | <b>Copay</b>                                       | <b>Copay</b>                              |
| Well Vision Exam                                  | \$0                                                | \$15                                      |
| Fitting for Contacts                              | \$50                                               | \$0                                       |
| Routine retinal screening                         | up to \$39                                         | up to \$39                                |
| <b>Essential Medical EyeCare</b>                  |                                                    |                                           |
| Retinal imaging for members with diabetes         | \$0 per screening                                  | \$0 per screening                         |
| Additional exams for immediate issues*            | \$5 per exam                                       | \$5 per exam                              |
| <b>Prescription Lenses</b>                        |                                                    |                                           |
| Single                                            | \$0                                                | Combined with Exam                        |
| Lined Bifocal                                     | \$0                                                | Combined with Exam                        |
| Lined Trifocal                                    | \$0                                                | Combined with Exam                        |
| <b>Frames</b>                                     | <b>Plan Allowance</b>                              | <b>Plan Allowance</b>                     |
|                                                   | Up to \$105                                        | Up to \$105                               |
| <b>Contacts</b><br>(in lieu of lenses and frames) | <b>Plan Allowance</b>                              | <b>Plan Allowance</b>                     |
| Medically Necessary                               | 100%                                               | 100%                                      |
| Elective                                          | Annual Supply of Contacts (in addition to glasses) | Up to \$105                               |

\*Coordination with your medical coverage may apply. Ask your VSP network doctor for details.

\*Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.

\*Frequency as needed

## Important Definitions:

- ▶ **Routine Eye Exams:** Essential for detecting vision problems and eye diseases early. Insurance typically covers one comprehensive eye exam per year.
- ▶ **Prescription Glasses:** Vision insurance often provides coverage for prescription glasses, including lenses and frames. Copay and coverage percentage can vary, so it's important to review your plan details to understand your benefits.
- ▶ **Contact Lenses:** If you prefer contact lenses, this benefit helps reduce the cost of maintaining your preferred vision correction method.
- ▶ **Additional Services:** Some vision insurance plans offer additional benefits, such as discounts on LASIK surgery or other corrective procedures. Check your plan for details.

**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.

## BENEFIT CONTACTS & RESOURCES

### Carrier Contact Info

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

| Carrier/Benefit                                                                                                                                                                                          | How to Contact                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Kaiser Permanente HMO</b><br>Besides predictable costs for care and no deductibles, enjoy integrated care where you can conveniently access your PCP, fill prescriptions, and receive other services. | <b>Call: 800-464-4000</b><br><b>Visit:</b> <a href="https://select.kaiserpermanente.org/VEBA#/Welcome/welcome">Select.KaiserPermanente.org/VEBA#/Welcome/welcome</a> |
| <b>Sutter Health HMO</b><br>Access quality care through a coordinated network of doctors, specialists, hospitals, and health care services focused on your overall well-being.                           | <b>Call: 855-315-5800</b><br><b>Visit:</b> <a href="https://sutterhealthplan.org">sutterhealthplan.org</a>                                                           |
| <b>UnitedHealthcare (UHC) HMO</b><br>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.                                         | <b>Call: 888-586-6365</b><br>To find a provider, visit <a href="https://WhyUHC.com/CsVEBA">WhyUHC.com/CsVEBA</a>                                                     |
| <b>Western Health Advantage HMO</b><br>A provider network including major hospitals and medical centers, and thousands of local, trusted doctors and specialists from leading medical groups.            | <b>Call: 888-563-2250</b><br><b>Visit:</b> <a href="https://WesternHealth.com">WesternHealth.com</a>                                                                 |

## DENTAL AND VISION PLANS

 DENTAL PLANS

| Carrier/Benefit                                                                                                                                                                       | How to Contact                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Delta Dental PPO</b><br>Choose any dentist - save the most by choosing a dentist in the Delta Dental PPO network.                                                                  | <b>Call: 866-499-3001</b><br><b>Visit: <a href="http://www1.DeltaDentalIns.com/">www1.DeltaDentalIns.com/</a></b> |
| <b>Premier Access Dental HMO</b><br>Choose from a broad network of dentists and specialists to receive preventive, basic, and major dental services when and where you need them.     | <b>Call: 888-715-0760</b><br><b>Visit: <a href="http://premierlife.com">premierlife.com</a></b>                   |
| <b>Premier Access Dental PPO</b><br>Receive preventive, basic, and major dental services through a coordinated network of participating dentists with predictable out-of-pocket costs | <b>Call: 888-715-0760</b><br><b>Visit: <a href="http://premierlife.com">premierlife.com</a></b>                   |

 VISION PLAN

| Carrier/Benefit                                                                                                                                                                     | How to Contact                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>VSP Vision Care</b><br>Exclusive member savings and a network of independently certified eye doctors, making it easy to choose the optometrist or ophthalmologist right for you. | <b>Call: 800-877-7195</b><br><b>Visit: <a href="http://VSP.com/">VSP.com/</a></b> |



## PRESCRIPTION BENEFITS

| Carrier/Benefit                                                                                                                                                                                                                                                                                                           | How to Contact                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Express Scripts</b><br>This pharmacy benefits manager helps improve prescription care and manage health care costs for GLP-1 Diabetes & weight management medications.<br><b>Eligibility:</b> HMO Plans: UnitedHealthcare (UHC), Western Health Advantage<br><b>Availability:</b> Members enrolled with ExpressScripts | <b>Call: 800-918-8011</b><br><b>Visit: <a href="https://www.express-scripts.com/">Express-scripts.com/</a></b>                               |
| <b>EnGuide Pharmacy</b><br>The Express Scripts program now features EnGuide Pharmacy, a home delivery pharmacy focused on only dispensing GLP-1 drugs. This pharmacy is staffed by clinicians with specialized knowledge in GLP-1 drugs.                                                                                  | <b>Call: 800-282-2881</b><br><b>Visit: <a href="https://www.express-scripts.com/EnguidePharmacy">Express-scripts.com/EnguidePharmacy</a></b> |
| <b>EnReachRx</b><br>Offered through Express Scripts, this high-touch patient solution facilitated through select retail pharmacies ensures reliable access to GLP-1 medications while providing clinical support, dose optimization, and side effect management.                                                          |                                                                                                                                              |
| <b>SaveOnSP Program</b><br>Helps you reduce out-of-pocket cost by waiving copays on 400+ select specialty medications.<br><b>Eligibility:</b> HMO Plans: UHC, Western Health Advantage<br><b>Availability:</b> Members enrolled with Express Scripts                                                                      | <b>Visit: <a href="https://www.express-scripts.com/aca-copay">Express-Scripts.com/aca-copay</a></b>                                          |
| <b>Kaiser Permanente Pharmacy</b><br>Supports prescription refills, mail order, delivery options, and pharmacy questions for Kaiser Permanente members.                                                                                                                                                                   | <b>Call: 1-833-574-2273</b><br>(TTY 711), 24/7<br><b>Visit: <a href="https://www.kp.org">kp.org</a></b> or use the Kaiser Permanente app.    |



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 BENEFITS BEYOND CORE COVERAGE

| Carrier/Benefit                                                                                                                                                                                                                                                                                                                                    | How to Contact                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gallagher Alternative Health Solutions</b><br>Support beyond CalVEBA membership. Gallagher offers free, expert health coverage guidance for employees and families—licensed nationwide, fast, and personalized.<br><b>Eligibility:</b> Available to all CalVEBA Members   <b>Availability:</b> Virtual                                          | <b>Call:</b> 800-702-0376<br><b>Visit:</b> <a href="https://AHS-Partner-US.AJG.com/Veba">AHS-Partner-US.AJG.com/Veba</a>                                                             |
| <b>Kindbody</b><br>Get access to end-to-end fertility services and more, including KindMan, KindDoula, fertility preservation, and menopause support.<br><b>Eligibility:</b> HMO Plans: program availability and copay depend on plan type<br><b>Availability:</b> Virtual, In-person                                                              | <b>Call:</b> 855-950-2053 - option 3<br><b>Visit:</b> <a href="https://Kindbody.com/VEBA/">Kindbody.com/VEBA/</a>                                                                    |
| <b>Omada</b><br>This diabetes & weight management program partners with Express Scripts (ESI) benefits, offering personalized coaching, smart tools for easy monitoring, and guidance from specialists.<br><b>Eligibility:</b> Members enrolled with Express Scripts   <b>Availability:</b> Virtual                                                | <b>Call:</b> 800-918-8011<br><b>Visit:</b> <a href="https://Express-scripts.com/">Express-scripts.com/</a>                                                                           |
| <b>Optum Emotional Wellbeing Solutions</b><br>This program offers virtual and onsite expert consultations and support for legal, financial, and work-related issues, relationships, and more.<br><b>Eligibility:</b> Available to members enrolled in a CalVEBA medical plan<br><b>Availability:</b> Virtual, In-person                            | <b>Call:</b> 866-248-4096<br><b>Visit:</b> <a href="https://LiveAndWorkWell.com/en/Public">LiveAndWorkWell.com/en/Public</a>                                                         |
| <b>Optum Health (Chiropractic/Acupuncture)</b><br>Members and dependents receive chiropractic and acupuncture benefits ( <i>from Optum providers</i> ) with unlimited visits, PCP-aligned copays, and X-rays included.<br><b>Eligibility:</b> HMO Plans: Kaiser Permanente, UHC, <b>Western Health Advantage</b><br><b>Availability:</b> In-person | <b>Call:</b> 800-428-6337<br><b>Visit:</b> <a href="https://MyOptumhealthPhysicalHealthofCa.com/">MyOptumhealthPhysicalHealthofCa.com/</a>                                           |
| <b>RetireeFirst</b><br>Personalized Medicare support from licensed specialists who can help with coverage options, provider participation, plan changes, and Medicare-related questions.<br><b>Eligibility:</b> Available to CalVEBA retirees enrolled in a Medicare plan.<br><b>Availability:</b> Virtual                                         | <b>Call:</b> 856-780-6218<br><b>Email:</b> <a href="mailto:info@RetireeFirst.com">info@RetireeFirst.com</a><br><b>Visit:</b> <a href="https://RetireeFirst.com">RetireeFirst.com</a> |
| <b>Teladoc Medical Experts (formerly Best Doctors)</b><br>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.<br><b>Eligibility:</b> Available to members enrolled in a CalVEBA medical plan<br><b>Availability:</b> Virtual                                | <b>Call:</b> 800-835-2362<br><b>Visit:</b> <a href="https://TeladocHealth.com/MedicalExperts">TeladocHealth.com/MedicalExperts</a>                                                   |

Refer to your plan documents for details.

## Additional District Benefits

In addition to the medical, dental, vision, and other benefits described in this presentation, Sacramento City Unified School District offers additional benefit programs

**Life Insurance\*** options through Sun Life Assurance Company:

- Basic Life & AD&D Insurance
- Dependent Life Insurance (Classes 1, 2, and 3)
- Supplemental/Optional/Voluntary Life Insurance

**Flexible Spending Accounts (FSA)** through Navia Benefit Solutions\*

**Voluntary Benefits\*** through Colonial Life including:

- Accident Insurance
- Disability Insurance
- Life Insurance
- Cancer Insurance
- Hospital Confinement Insurance
- Critical Illness Insurance

Please contact the **Employee Benefits Department** for additional information regarding eligibility, coverage details, enrollment, and plan provisions.

**Sacramento City Unified School District Employee Benefits Department**

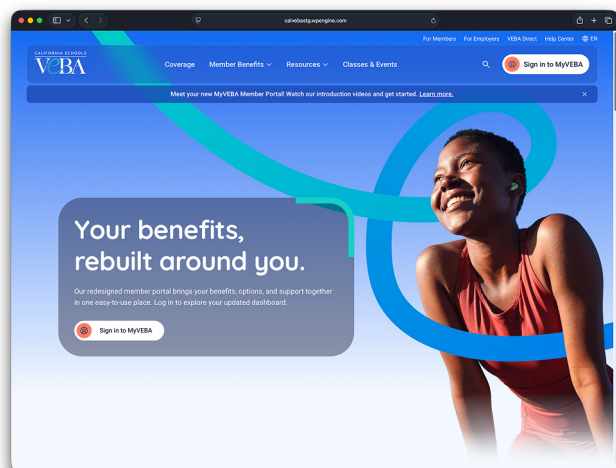
 **916-643-9432**

 **[benefits@scusd.edu](mailto:benefits@scusd.edu)**

*\*These benefits are offered and administered by the District and/or its designated benefit providers and are not administered by CalVEBA. Benefit provisions, eligibility requirements, enrollment rules, and claims administration may vary. Please contact the Employee Benefits Department for additional information.*

# TOOLS AND WEBSITES

## DIGITAL TOOLS



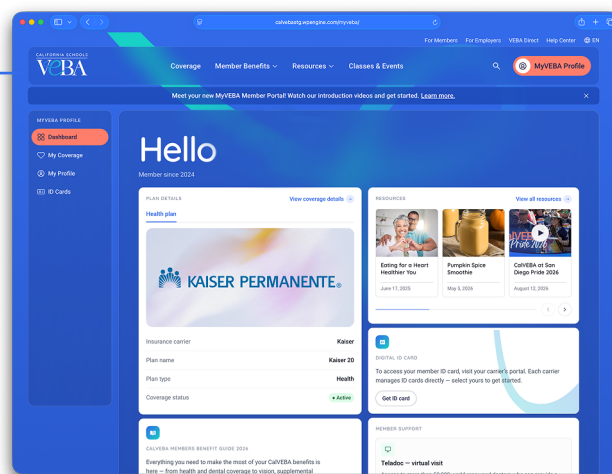
### New CalVEBA Website

The new CalVEBA website makes it easier to access benefits information, resources, and support. Updated navigation, improved search functionality, and streamlined content help you find the new information you need more quickly and easily.

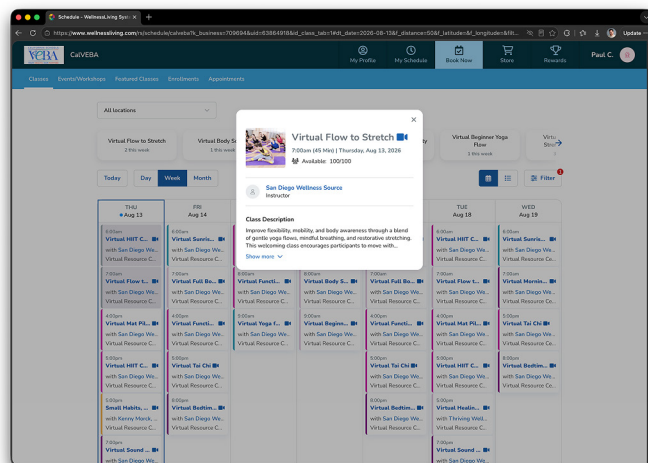
## MyVEBA Member Portal\*

The MyVEBA Member Portal gives you personalized access to benefit information, plan documents, provider search tools, carrier contacts, and digital ID card links. Complete your one-time registration to view personalized benefits, programs, and resource recommendations.

These tools are designed to help you access CalVEBA benefits, resources, programs, and support more easily.



*\*Portal access is available after effective coverage date*



## WellnessLiving Scheduling Tool

WellnessLiving is CalVEBA's new scheduling tool, available through the MyVEBA Member Portal, where you can browse offerings, register, and manage appointments in one place.

## ONLINE EDUCATION HUBS

Explore practical tools, educational content, and resources designed to support your health and well-being.

**OPEN ENROLLMENT HUB:**

Visit [CalVEBA.org/Open-enrollment/](https://CalVEBA.org/Open-enrollment/)

Make informed decisions and learn more about your benefit options during Open Enrollment.

**MENTAL WELL-BEING HUB:**

Visit [CalVEBA.org/Member-Benefits/Mental-Well-Being-Hub](https://CalVEBA.org/Member-Benefits/Mental-Well-Being-Hub)

Access tools, resources, and guidance to support emotional well-being and manage everyday stress.

**COOKING & NUTRITION HUB:**

Visit [CalVEBA.org/Member-Benefits/Cooking-Nutrition-Hub](https://CalVEBA.org/Member-Benefits/Cooking-Nutrition-Hub)

Explore recipes, nutrition resources, practical tips, and educational content to support healthy eating habits.

**HEALTHY LIFE HUB:**

Visit [CalVEBA.org/Member-Benefits/Healthy-Life-Hub](https://CalVEBA.org/Member-Benefits/Healthy-Life-Hub)

Discover wellness resources, toolkits, and programs designed to support your overall health and well-being.

### 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.

**Health Reimbursement Arrangement (HRA):** An employer-funded account that helps pay eligible health care expenses using tax-free funds.

**High-Deductible Health Plan (HDHP):** A health plan with a higher deductible that typically has lower monthly premiums. Members pay more out of pocket before plan coverage begins.

**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.

**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.

## HOW TO ACCESS PLAN SUMMARIES

### MyVEBA Member Portal

*Portal access is available after effective coverage date*

Refer to the MyVEBA Member Portal to get personalized access to your CalVEBA benefits — ***all in one place***. You'll find:

- Current enrollments and coverage details
- Plan documents and resources
- Provider contact information
- Access to programs and services

Visit [CalVEBA.org/MyVEBA-Portal](https://CalVEBA.org/MyVEBA-Portal) to register or sign in.

