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.

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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.

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 overage 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.

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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
Legal Spouse	Marriage certificate or civil union certificate
Biological Child	One of the following: • Birth certificate of biological child • Documentation on hospital letterhead indicating the birth date of child(ren) under 6 months old.
Adopted Child	One of the following: • Official court/agency papers (initial stage) • Official Court Adoption Agreement (mid-stage) • Birth certificate (final stage)
Stepchild	• Child's birth certificate showing the child's parent is the employee's spouse • Marriage certificate showing legal marriage between the employee and the child's parent • Court document showing that your spouse has custody of the child or is required to cover child
Other Child	Court papers demonstrating legal guardianship, including the person named as legal guardian
Court-Ordered Medical Coverage	One of the following: • Qualified Medical Child Support Order (QMCSO) • National Medical Support Notice (NMSN)
Child Age 26 or older	• Certified Handicapped Child/Disabled Student Attending Physician Statement signed by the employee and the child's attending physician • DD-214 military documents showing honorable discharge from military branches • Coverage for dependents terminates at the end of the month in which they turn 26

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

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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.*

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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.

	Local Area: Sacramento & Surrounding Areas	
	Current 2026 Plan	Effective January 1, 2027
Provider Medical Groups (PMGs)	**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.

	Current 2026 Plan	Effective January 1, 2027
Benefit Summary	**Health Net Full HMO $15 / 100% What You Pay**	**UHC Alliance HMO $15/100% 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 (Office Visit only)	$20 copay	**$15 copay**
Emergency Room (Copay waived if admitted)	$75 copay	**$100 copay**
Short-Term Prescription Drugs*** *(up to 30-day supply)*	$10 G $20 PB $35 NPB	$10 G $20 PB $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 for a complete list of EAN pharmacies.

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

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

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Sacramento City Unified School District:
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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.

	Local Area: Sacramento & Surrounding Areas	
	Current 2026 Plan	**Effective January 1, 2027**
Provider Medical Groups (PMGs)	**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.

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

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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 $10 / 100%, Rx: $10 100day What You Pay	VEBA Kaiser HMO $10 / 100%, Rx: $10 / 100day 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) 30 visits	**$10 copay (Optum Chiro & Acu)** **Unlimited visits**
Urgent Care (Office Visit only)	$10 copay	$10 copay
Emergency Room (Copay waived if admitted)	$75 copay	**$100 copay**
Short-Term Prescription Drugs *(up to 30-day supply)*	$10 Generic $10 Brand $10 Specialty up to a 100-day supply	$10 Generic $10 Brand $10 Specialty 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 Acupunture care with unlimited annual visits.

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UHC Alliance HMO Benefit Comparison

	Current 2026 Plan	Effective January 1, 2027	
Benefit Summary	Health Net Full HMO$15 / 100% What You Pay	UHC Alliance HMO $15/100% What You Pay	
Medical Deductible (individual/family)	None	None	
Medical Out-of-Pocket Maximum (individual/family)	$1,000 / $2,500	**$1,500 / $3,000**	
PCP Office Visit	$15 copay	**$15 copay**	
Specialist Office Visit	$15 copay	**$15 copay**	
Preventive Care	No charge	No charge	
Inpatient Hospital Care	No charge	No charge	
Mental Health Services (outpatient/inpatient)	No charge	**$15 copay** / No charge	
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	
Complex Radiology (PET & MRI)	No charge	No charge	
Outpatient Surgery	No charge	No charge	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$5 copay	**$15 copay**	
Chiropractic and Acupuncture Services*	$10 copay (Chiro Only, 30 visits)	**$15 copay (unlimited visits)**	
Urgent Care (Office Visit only)	$20 copay	**$15 copay**	
Emergency Room (Copay waived if admitted)	$75 copay	**$100 copay**	
Hearing Aid (every 36 months)	Not covered	**$5,000 allowance**	
Rx Deductible (individual/family)	None	None	
Rx Out-of-Pocket Maximum (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*** (up to 30-day supply)	$10 G $20 PB $35 NPB	**$5 G** **$15 PB** **$30 NPB**	$10 G $20 PB $35 NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	$20 G $40 PB $70 NPB	**$10 Generic** **$30 PB** **$60 NPB**	$20 G $40 PB $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 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:
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Western Health Advantage HMO Benefit Comparison

	Current 2026 Plan	Effective January 1, 2027	
Benefit Summary	Health Net Full HMO $15 / 100% What You Pay	Western Health Advantage HMO $10/100% What You Pay	
Medical Deductible (individual/family)	None	None	
Medical Out-of-Pocket Maximum (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 (outpatient/inpatient)	No charge	**$10 copay** / No charge	
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	
Complex Radiology (PET & MRI)	No charge	No charge	
Outpatient Surgery	No charge	No charge	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$5 copay	**$10 copay**	
Chiropractic and Acupuncture Services*	$10 copay (Chiro Only, 30 visits)	$10 copay **(unlimited visits)**	
Urgent Care (Office Visit only)	$20 copay	**$10 copay**	
Emergency Room (Copay waived if admitted)	$75 copay	**$100 copay**	
Hearing Aid (every 36 months)	Not covered	**$5,000 allowance**	
Rx Deductible (individual/family)	None	None	
Rx Out-of-Pocket Maximum (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*** (up to 30-day supply)	$10 G $20 PB $35 NPB	**$5 G** **$15 PB** **$30 NPB**	$10 G $20 PB $35 NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	$20 G $40 PB $70 NPB	**$10 G** **$30 PB** **$60 NPB**	$20 G $40 PB $70 NPB

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

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Sacramento City Unified School District:
SCTA
Kaiser HMO Benefit Comparison

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

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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

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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 Options†	Costs	Time to Schedule an Appointment	In-Office Wait Times	Best For
Virtual Visits Convenient Lower cost	**Low**	Same Day	10 minutes or less	• Allergies • Colds and flu • Nausea • Sinus infections • Asthma • Pink eye
Your Primary Care Provider Knows your medical history best	**Low**	Within 10 business days*	12-13 minutes †	• Fever, colds, and flu • Sore throat • Minor burns • Stomachache • Ear or sinus pain • Physicals • Shots • Minor allergic reactions
Retail Clinic Convenient care in stores & pharmacies	**Low**	Same day to one day	15-22 minutes‡	• Infections • Colds and flu • Minor injuries or pain • Shots • Flu shots • Sore and strep throat • Skin problems • Allergies
Urgent Care Clinic Immediate care for non-life-threatening issues	**Moderate**	Same day	15-30 minutes §	• Migraines or headaches • Cuts that need stitches • Abdominal pain • Sprains or strains • Urinary tract infection • Animal bites • Back pain
Hospital Emergency Room For serious or life-threatening issues	**High**	Immediate	2 hours, 54 minutes**	• Chest pain, stroke • Seizures • Head or neck injuries • Sudden or severe pain • Fainting, dizziness, weakness • Uncontrolled bleeding • Problems breathing • Broken bones

** 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*** or use the UnitedHealthcare app.

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

Kaiser Permanente Virtual Care

Kaiser Permanente offers connected in-person and virtual care through ***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*** 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.*

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PRESCRIPTION DRUG COVERAGE

Carrier/Benefit	Eligibility	How to Contact
Express Scripts 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.	**Call: 800-918-8011** **Visit:** *Express-scripts.com/*
EnReachRx & EnGuide Pharmacy 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.	**Call: 800-282-2881** **Visit:** *Express-scripts.com/EnguidePharmacy*
Express Scripts SaveOnSP Program 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.	**Visit:** *SaveOnSP.com/Plan-Participants*
$0 Copay Preventive Generics 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.	**Visit:** *Express-Scripts.com/ACA-Copay*
Kaiser Permanente Pharmacy Supports prescription refills, mail order, delivery options, and pharmacy questions for Kaiser Permanente members.	Kaiser Permanente members enrolled in a Kaiser Permanente medical plan.	**Call: 1-833-574-2273** (TTY 711), 24/7 **Visit:** *kp.org* or use the Kaiser Permanente app.

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MENTAL HEALTH BENEFITS

MENTAL HEALTH RESOURCES

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

Benefit	Eligibility & Availability	How to Contact
Headlight Health Talk therapy, psychiatry, and coordinated behavioral health services	Eligible UHC HMO members through their behavioral health benefits. Virtual or in-person	**Call: (858) 394-0153** **Visit:** *headlight.health/CalVEBA* **Email:** calveba@headlight.health
Kaiser Permanente Mental Health Resources Therapy, psychiatry, and emotional wellness support.	Eligible Kaiser members	**Northern CA:** **Call 1-888-937-5748 (1-888-WE-R-KP4U) (TTY 711),** Monday-Friday 8:30 am - 5:30 pm. *For crisis intervention or urgent mental health advice after hours, your call will be connected to our after-hours call center.*
Optum Child & Family Coaching 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. Virtual	**Call: 888-625-4809** **Visit:** *LiveAndWorkWell.com* **Access Code:** VEBA
Optum Emotional Well-Being Solutions (EWS) 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. Available 24/7 (by phone), 365 days/year	**Call: 888-625-4809** **Visit:** *LiveAndWorkWell.com* **Access Code:** VEBA
Optum Emotional Well-Being Solutions Dedicated Consultants 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+. Virtual	**Call: 888-625-4809** **Visit**: *LiveAndWorkWell.com* **Access Code:** VEBA
Therapy Through CalVEBA Connect with a licensed therapist for urgent support, crisis management, and resource connections.	Available to members enrolled in any CalVEBA medical plan. Virtual or in-person Monday – Friday, 1 pm – 7pm PT	**Book:** *Healow.com/apps/provider/-kalenariffenburg-2935757*

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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*** 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*

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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/*.**

Members can also find a variety of class offerings (virtual, on-demand, and on site) by exploring our Class Calendar: ***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***

HMO PLANS

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

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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***

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***

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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* 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* 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*.

- 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*

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

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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 D & P counts toward maximum?	$1,700 per person each calendar year (PPO Provider), $1,500 per person each calendar year (Premier Provider)		
	Yes		
Waiting Periods	Basic Services: None	Major Services: None	Prosthodontics: None
Benefits and Covered Services*	**Delta Dental PPO dentists****	**Non-Delta Dental PPO dentists****	
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings, and x-rays	70% - 100%	70% - 100%	
Basic Services Fillings and sealants	70% - 100%	70% - 100%	
Endodontics (root canals) Covered Under Basic Services	70% - 100%	70% - 100%	
Periodontics (gum treatment) Covered Under Basic Services	70% - 100%	70% - 100%	
Oral Surgery Covered Under Basic Services	70% - 100%	70% - 100%	
Major Services Crowns, onlays, and cast restorations	70% - 100%	70% - 100%	
Prosthodontics Bridges & dentures	50 %	50 %	
Orthodontic Services Adult & Child Ortho Orthodontic Maximum	50% $1,100 Lifetime Maximum	50% $1,100 Lifetime Maximum	
Dental Accident Benefits	100 % (Separate $1,000 maximum per person each calendar year)		

Copays: Delta Dental PPO dentists	Member Pays	Dental Insurance Pays
Preventative Services	**30% - 0%**	**70% - 100%**
Basic Services	**30% - 0%**	**70% - 100%**
Major Services	**30% - 0%**	**70% - 100%**

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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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.

PREMIER ACCESS DENTAL PPO $3,000

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 D & P counts toward maximum?	$3,000 per person each calendar year (In-Network), $3,000 per person each calendar year (Out-of-Network)		
	Yes		
Waiting Periods	Basic Services: None	Major Services: None	Prosthodontics: None

Benefits and Covered Services	In-Network	Out-of-Network
Diagnostic & Preventive Services (D & P) Exams, (2) cleanings, and x-rays	100 %	100%*
Basic Services Fillings and sealants	100 %	100%*
Endodontics (root canals) Covered Under Basic Services	100 %	100%*
Periodontics (gum treatment) Covered Under Basic Services	100 %	100%*
Oral Surgery Covered Under Basic Services	100 %	100%*
Major Services Crowns, onlays, and cast restorations	70 %	60%*
Prosthodontics Bridges & dentures	70 %	60%*
Orthodontic Services Adult & Child Ortho Orthodontic Maximum	50% $2,500 Lifetime Maximum	50% $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

Copays: Premier Access In-Network	Member Pays	Dental Insurance Pays
Preventative Services	**0%**	**0%**
Basic Services	**0%**	**0%**
Major Services	**30%**	**40%**

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, per quadrant	D4341	$0
Major Services		
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 (SCTA) Employee Only	Certificated (SCTA) Family Plan
Frequency		
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
	In-Network	**In-Network**
	Copay	**Copay**
Well Vision Exam	$0	$15
Fitting for Contacts	$50	$0
Routine retinal screening	up to $39	up to $39
Essential Medical EyeCare		
Retinal imaging for members with diabetes	$0 per screening	$0 per screening
Additional exams for immediate issues*	$5 per exam	$5 per exam
Prescription Lenses		
Single	$0	Combined with Exam
Lined Bifocal	$0	Combined with Exam
Lined Trifocal	$0	Combined with Exam
Frames	**Plan Allowance**	**Plan Allowance**
	Up to $105	Up to $105
Contacts *(in lieu of lenses and frames)*	**Plan Allowance**	**Plan Allowance**
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.

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

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DENTAL AND VISION PLANS

DENTAL PLANS

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

VISION PLAN

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

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PRESCRIPTION BENEFITS

Carrier/Benefit	How to Contact
Express Scripts This pharmacy benefits manager helps improve prescription care and manage health care costs for GLP-1 Diabetes & weight management medications. **Eligibility:** HMO Plans: UnitedHealthcare (UHC), Western Health Advantage **Availability:** Members enrolled with ExpressScripts	**Call: 800-918-8011** **Visit:** *Express-scripts.com/*
EnGuide Pharmacy 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.	**Call: 800-282-2881** **Visit:** *Express-scripts.com/EnguidePharmacy*
EnReachRx 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.	
SaveOnSP Program Helps you reduce out-of-pocket cost by waiving copays on 400+ select specialty medications. **Eligibility:** HMO Plans: UHC, Western Health Advantage **Availability:** Members enrolled with Express Scripts	**Visit:** *Express-Scripts.com/aca-copay*
Kaiser Permanente Pharmacy Supports prescription refills, mail order, delivery options, and pharmacy questions for Kaiser Permanente members.	**Call: 1-833-574-2273** (TTY 711), 24/7 **Visit:** *kp.org* or use the Kaiser Permanente app.



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BENEFITS BEYOND CORE COVERAGE

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

Refer to your plan documents for details.

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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 The Standard including:

- Disability Insurance
- Life 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

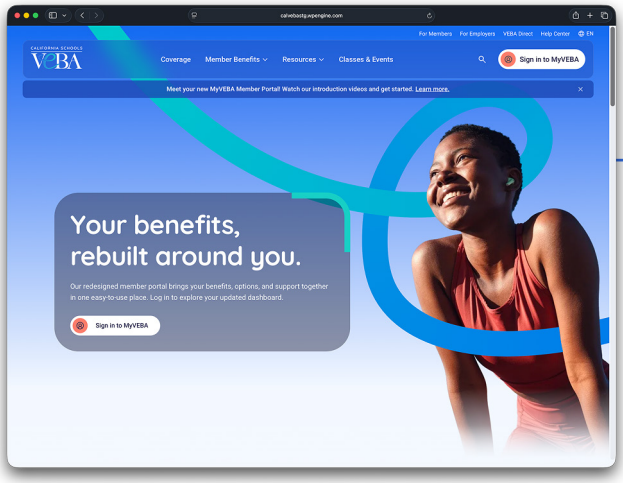
916-643-9432

benefits@scusd.edu

**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.*

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DIGITAL TOOLS



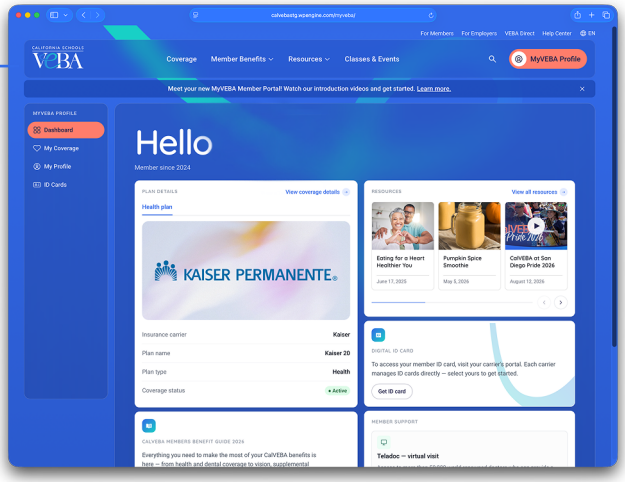
New CalVEBA Website

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 information you need more quickly and easily.

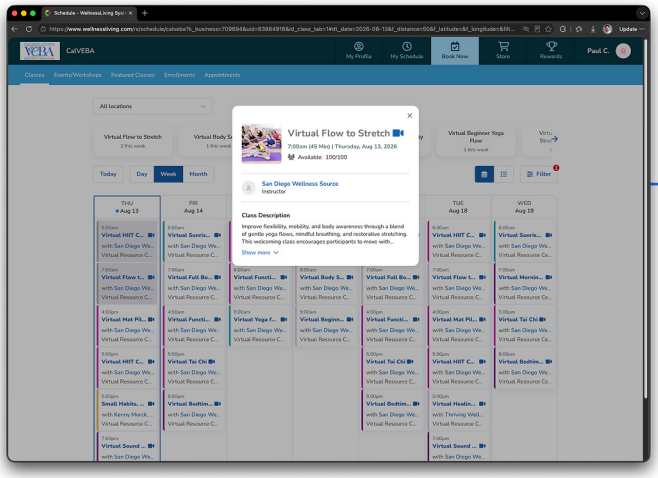
MyVEBA Member Portal*

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.

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CALIFORNIA SCHOOLS VEBA YOUR HEALTH OUR PURPOSE

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/*

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*

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*

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*

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

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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.

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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.

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HOW TO ACCESS PLAN SUMMARIES

MyVEBA Member Portal

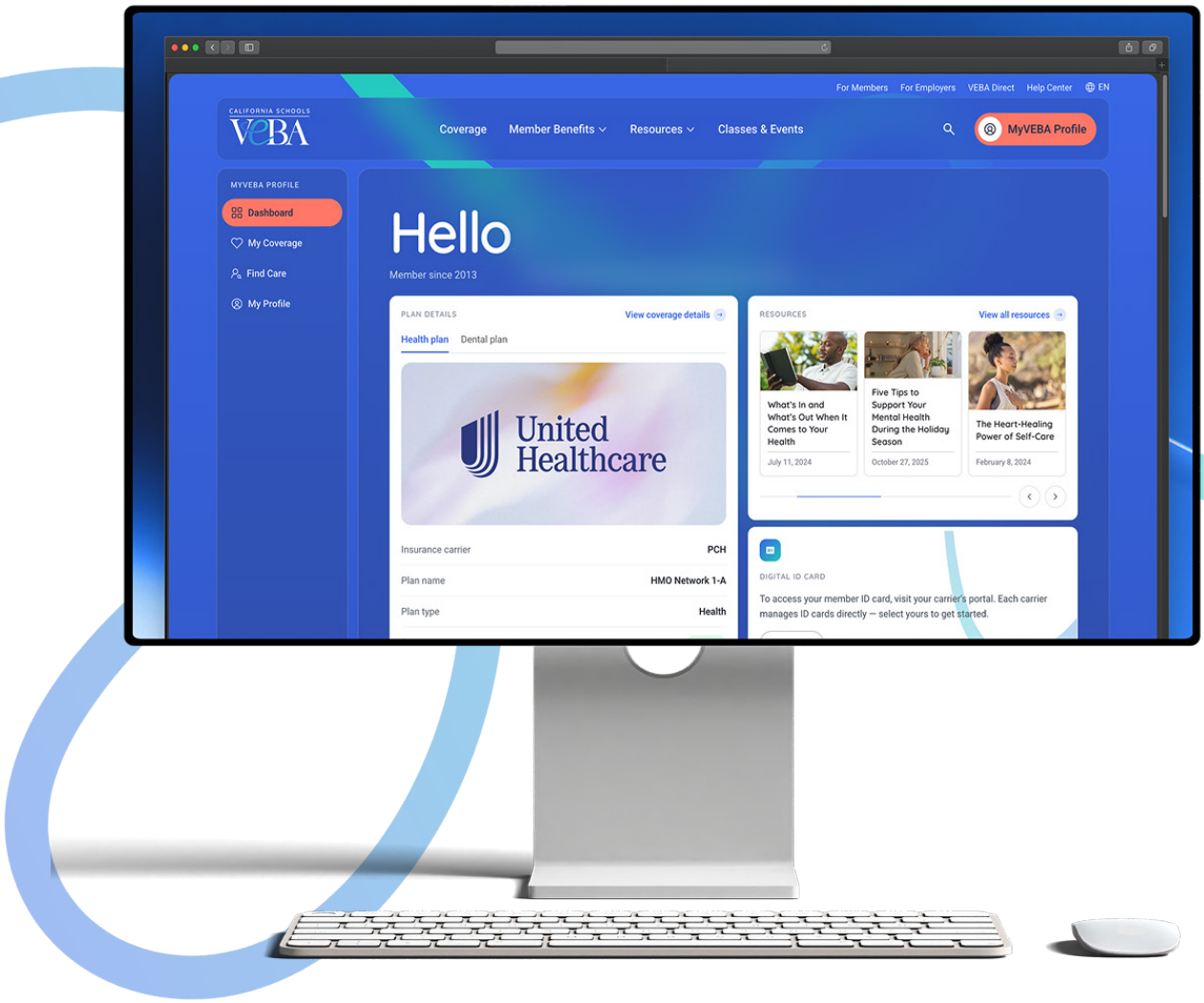
Portal access is available after effective coverage date

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*** to register or sign in.

MyVEBA



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