CALIFORNIA SCHOOLS VEBA

YOUR HEALTH, OUR PURPOSE

MEMBER BENEFITS *Guide*

2027 Plan Year



MAYA
MEMBER SINCE 2019

SWEETWATER UNION HIGH SCHOOL DISTRICT: SEA

TABLE OF CONTENTS

03 WELCOME
- 03 Who is CalVEBA
- 03 What is Open Enrollment

04 ELIGIBILITY & ENROLLMENT
- 04 Eligibility
- 05 Dependent Coverage

06 MEDICAL BENEFITS
- 06 Plan Options & Comparisons
- 12 Where To Go For Care
- 13 TeleHealth Services
- 15 Prescription Drug Coverage

16 MENTAL HEALTH BENEFITS
- 16 Mental Health Resources

17 HEALTHY EXTRAS/CALVEBA BENEFITS
- 17 Advocacy Support
- 17 Expert Medical Opinions
- 18 Specialty Programs
- 20 Wellness & Preventative

21 DENTAL & VISION
- 21 Dental Coverage
- 25 Vision Coverage

27 BENEFIT CONTACTS & RESOURCES
- 27 Health Plans
- 28 Dental And Vision Plans
- 29 Prescription Benefits
- 30 Benefits Beyond Core Coverage

31 TOOLS AND WEBSITES
- 31 Digital Tools
- 32 Online Education Hubs

33 TERMS & PLAN ACCESS
- 33 Common Health Care Terms
- 35 How to Access Plan Summaries

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.

BACK TO THE TOP

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.

BACK TO THE TOP

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.

BACK TO THE TOP

PLAN OPTIONS & COMPARISONS

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Sweetwater Union High School District: SEA

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

No plan design changes for 2027

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

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

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus $5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Costco and Sharp Rees-Stealy pharmacies).

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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

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

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BACK TO THE TOP

Plan Comparison

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Sweetwater Union High School District: SEA

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

No plan design changes for 2027

Benefit Summary	Kaiser HMO $10, Rx: $10 / $10 100-day What You Pay	Kaiser Bronze HMO Plan, Rx: $250D, $15 / $35 30-day What You Pay	SIMNSA HMO $5; Rx: $5 30-day What You Pay
Medical Deductible (individual/family)	None	$4,500 / $9,000	None
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$6,000 / $12,000	$6,350 / $12,700
Health Account	None	None	None
PCP Office Visit	$10 copay	$50 copay (after deductible)	$5 copay
Specialist Office Visit	$10 copay	$50 copay (after deductible)	$5 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	40% coinsurance (after deductible)	No charge
Mental Health Services (outpatient/inpatient)	$10 copay / No charge	$50 copay (after deductible) / 40% coinsurance (after deductible)	$5 copay / No charge
Substance Abuse Services (outpatient/inpatient)	$10 copay / No charge	$50 copay (after deductible) / 40% coinsurance (after deductible)	$5 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	40% coinsurance (after deductible)	No charge
Complex Radiology (PET & MRI)	No charge	40% coinsurance up to a max $150 per procedure (after deductible)	No charge
Outpatient Surgery	$10 copay	40% coinsurance (after deductible)	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$10 copay	$50 copay (after deductible)	$10 copay
Chiropractic and Acupuncture Services*	$10 copay	Not covered	Not covered
Urgent Care (Office Visit only)	$10 copay	$50 copay (after deductible)	$25 copay
Emergency Room (Copay waived if admitted)	$100 copay	$250 copay (after deductible)	$250 copay (U.S. or out of plan area)
Rx Deductible (individual/family)	None	$250 / $250 (Brand Rx Only)	None
Rx Out-of-Pocket Maximum (individual/family)	N/A	Combined with Medical OOP Max	N/A
Rx Formulary List	Kaiser	Kaiser	SIMNSA
Rx Pharmacy Network	Kaiser	Kaiser	SIMNSA
Short-Term Prescription Drugs* ***(up to 30-day supply)***	G / B: $10 copay (up to a 100-day supply)	$15 Generic (no deductible) / $35 Preferred Brand (after deductible)	$5 copay
Long-Term Prescription Drugs* ***(up to 90-day supply)***	G / B: $10 copay (up to a 100-day supply)	$30 Generic (no deductible) / $70 Preferred Brand (after deductible)	Not available

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

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

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BACK TO THE TOP

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Surest PPO $500 Plan Summary

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

No plan design changes for 2027

Benefit Summary	Surest PPO $500	
	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	None
Medical Out-of-Pocket Maximum (individual/family)	$2,000 / $4,000	$8,000 / $16,000
Health Account	None	
PCP Office Visit	$5 to $25 copay	$75 copay
Specialist Office Visit	$5 to $25 copay	$75 copay
Preventive Care	No charge	$40 copay
Inpatient Hospital Care	$500 copay	$1,500 copay
Mental Health Services (outpatient/inpatient)	$30 copay / $500 copay	$90 copay / $1,500 copay
Substance Abuse Services (outpatient/inpatient)	$30 copay / $500 copay	$90 copay / $1,500 copay
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office OR*	No charge	No charge
Hospital-based Lab or Radiology	No charge	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office OR*	$25 to $370 copay	Up to $1,125
Hospital-based Complex Radiology	$25 to $370 copay	
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	$30 to $210 copay	$630 copay
Outpatient Hospital-based Surgical Center	$30 to $210 copay	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$5 to $25 copay	Up to $75 copay
Chiropractic and Acupuncture Services*	$5 copay (Chiro) / $10 copay (Acu)	$15 copay (Chiro) / $30 copay (Acu)
Urgent Care (Office Visit only)	$10 copay	$30 copay
Emergency Room (Copay waived if admitted)	$100 copay	$100 copay
Rx Deductible (individual/family)	None	
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	
Rx Formulary List	National Preferred	
Rx Pharmacy Network	Express Advantage Network**	
Short-Term Prescription Drugs*** *(up to 30-day supply)*	$10 Generic $30 PB 50% $40 min $175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** *(up to 90-day supply)*	$20 Generic $60 PB 50% $80 min $350 max NPB	No coverage for non-network pharmacy

PPO medical and prescription drug plans exclude coverage for infertility services, but have access to Kindbody Fertility Solutions for applicable covered benefits.

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

*Chiropractic and acupuncture services each have a 60-visit limit per person per plan year and are combined for in-network and out-of-network. Must be medically necessary and may be subject to prior authorization from Surest.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus $5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Costco and Sharp Rees-Stealy pharmacies).

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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BACK TO THE TOP

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

UMR NexusACO PPO Plan Summary

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

Benefit Summary	UMR NexusACO PPO In Network Tier 1 What You Pay	 In Network Tier 2 What You Pay	 Out of Network Tier 3 What You Pay
Medical Deductible (individual/family)	$1,000 / $2,000	$2,000 / $4,000	$4,000 / $8,000
Medical Out-of-Pocket Maximum (individual/family)	$2,500 / $5,000	$5,000 / $10,000	$7,500 / $14,000
Health Account	None		
PCP Office Visit	$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Specialist Office Visit	$50 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office* *OR*	No charge	20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Hospital-based Lab or Radiology	20% coinsurance (deductible does not apply)	40% coinsurance (deductible does not apply)	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office* *OR* *Hospital-based Complex Radiology*	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
OR *Outpatient Hospital-based Surgical Center*	20% coinsurance (after deductible) and $100 copayment	40% coinsurance (after deductible) and $100 copayment	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	$30 copay	$30 copay	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	$50 copay	$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	$100 copay	$100 copay	$100 copay
Rx Deductible (individual/family)	None		
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical		
Rx Formulary List	National Preferred		
Rx Pharmacy Network	Express Advantage Network**		
Short-Term Prescription Drugs* *(up to 30-day supply)*	$10 Generic $30 PB 50% $40 min $175 max NPB		Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs* *(up to 90-day supply)*	$20 Generic $60 PB 50% $80 min $350 max NPB		No coverage for non-network pharmacy

PPO medical and prescription drug plans exclude coverage for infertility services, but have access to Kindbody Fertility Solutions for applicable covered benefits.

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**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Costco and Sharp Rees-Stealy pharmacies).

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BACK TO THE TOP

HMO NETWORK COMPARISON BY MEDICAL GROUP

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

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

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

BACK TO THE TOP

HMO vs PPO Plans

This comparison explains how each plan works, what's covered, and what to consider when choosing coverage that fits your health care needs and budget.

HMO

Lowest 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

PPO

Highest employee contributions

Out-of-pocket costs vary based on deductible and coinsurance

No referrals required

Copays apply to in-network office visits and pharmacy

Preventive care covered at 100% in-network

Other services subject to deductible and coinsurance (you pay a percentage)

Coverage both in and out-of-network – at different levels

Full PPO network with coverage around the U.S.

Which plan is right for me? Things to consider:

- **Costs:** What is going to come out of your paycheck? What about the whole year?
- **Out-of-pocket costs payments:** How much will you have to pay out of your pocket for your medical expenses?
- **Medical services:** Consider your health status and the services you expect to use during the year. What has your experience been in the past?
- **Provider availability:** Will you be able to go to the doctors, hospitals, and other facilities you prefer?

BACK TO THE TOP

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

BACK TO THE TOP

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.*

BACK TO THE TOP

Surest Virtual Care

Surest integrates virtual care into the app and website search experience.

Members can search by symptom, condition, provider, treatment, or location, see upfront prices and what is included in a visit, and compare virtual and in-person care options before making an appointment.

Good for: Virtual primary care, urgent and acute care, mental and behavioral health, substance use support, exercise therapy, gastroenterology, speech therapy, migraine care, and other available virtual programs.

How to access: Use the Surest app or visit ***Benefits.Surest.com*** after becoming a member.

Please note: *Virtual care may be low or no cost depending on the option selected. The app or website can also show virtual alternatives when members search for in-person medical office visits.*

BACK TO THE TOP

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 HMO, VEBA Direct, Surest and UMR PPO 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, VEBA Direct, UMR, and Surest 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.

BACK TO THE TOP

MENTAL HEALTH BENEFITS

MENTAL HEALTH RESOURCES

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

Benefit	Eligibility & Availability	How to Contact
NEW FOR 2027 **Headlight Health** Talk therapy, psychiatry, and coordinated behavioral health services	Eligible UHC HMO and VEBA Direct 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	**Southern CA:** **Call: 1-833-KP-WITH-U** or **1-833-579-4848 (TTY711)** Monday-Friday, 8 am- 5 pm. For 24/7 crisis intervention and urgent mental health advice, call **1-800-900-3277 (TTY 711)**
NEW FOR 2027 **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 and VEBA Direct 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*

BACK TO THE TOP

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*

BACK TO THE TOP

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 SIMNSA	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.*

PPO PLANS / VEBA DIRECT

Eligibility	Core Fertility Services	Additional Kindbody Services
UMR PPO Surest PPO VEBA Direct	Covered through Kindbody	KindMan – Male diagnostic & fertility services KindDoula – Virtual care with doula specialists Fertility Preservation Holistic Health Menopause – Virtual care & support

BACK TO THE TOP

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***

BACK TO THE TOP

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.

NEW FOR 2027

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

BACK TO THE TOP

DENTAL COVERAGE

Understanding your dental insurance coverage is essential for making informed decisions about your oral health care. Review your dental plan options to understand covered services, network access, and potential out-of-pocket costs. Regular preventive care can help maintain oral health and prevent more serious dental issues.

UHC Dental PPO: Enhanced Plan

Disclaimer: These benefits reflect high-level benefit categories for an individual with in-network coverage. Please refer to plan document for details.

ENHANCED	IN-NETWORK	OUT-OF NETWORK
Diagnostic Service		
Periodic Oral Evaluation, Radiographs, Labs and Other Diagnostic Tests	100%	100%
Preventive Services		
Dental Prophylaxis (up to 2 Cleanings), Fluoride Treatment, Sealants, Space Maintainers	100%	100%
Basic Services		
Restorations (Amalgams or Composite)*, Emergency Treatment/General Services, Simple Extractions, Oral Surgery (incl. surgical extractions), Periodontics, Endodontics	100%	100%
Posterior Composites	Included	Included
Major Services		
Inlays/Onlays/Crowns, Dentures and Removable Prosthetics, Fixed Partial Dentures (Bridges), and Implants	60%	60%
Orthodontic Services		
Orthodontia	50%	50%
Orthodontia Eligibility	Adult & Child	
Deductible (Individual/Family)	$0	$0
Deductible applies to Prev. & Diag.	Yes	Yes
Annual Maximum & Lifetime Orthodontia Maximum	$3,000	$3,000

Copays	Member Pays	Dental Insurance Pays
Preventative Service	**0%**	**100%**
Basic Services	**0%**	**100%**
Major Services	**40%**	**60%**

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

BACK TO THE TOP

DELTA DENTAL PPO - $3,000 Max - Sweetwater Union High School District

Disclaimer: These benefits reflect high-level benefit categories for an individual with in-network coverage. Please refer to plan document for details.

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 does not count toward maximums	Delta Dental PPO dentists: $3,000 per person per calendar year Non-Delta Dental PPO dentists: $2,000 per person per calendar year	
Waiting Periods	Basic Services, Major Services, Prosthodontics, Orthodontics: 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	100 %	100 %
Basic Services Fillings, posterior composites, and sealants	100 %	80 %
Endodontics (root canals) Covered Under Basic Services	100 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	80 %
Oral Surgery Covered Under Basic Services	100 %	80 %
Major Services Crowns, onlays, and cast restorations	100 %	80 %
Prosthodontics Bridges, dentures, and implants	50 %	50 %
Orthodontic Benefits Adults and dependent children	50 %	50 %
Orthodontic Maximums	$2,000 Lifetime	$2,000 Lifetime
Dental Accident Benefits	100 % (Separate $1,000 maximum per person each calendar year)	

** Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual submitted fees.*
*** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.*

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

BACK TO THE TOP

NETWORK INFORMATION - Delta Dental PPO plan

NEW FOR 2027

Delta Dental Next Stage ™ Women's Health Benefit

This program provides enhanced preventive dental support for eligible members experiencing pregnancy or menopause. Additional benefits and resources help support oral health during key life stages.

Eligibility: Available to eligible Delta Dental PPO members through participating organizations.

- Enhanced preventive dental benefits during pregnancy and menopause
- Additional oral exams, cleanings, preventive services, diagnostic X-rays, and adult fluoride treatments
- Access to women's health resources and specialty support through Delta Dental partner programs

BACK TO THE TOP

UNITED CONCORDIA DENTAL HMO — Sweetwater Union High School District

Disclaimer: These benefits reflect high-level benefit categories for an individual with in-network coverage. Please refer to plan document for details.

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your Benefits Administrator, plan sponsor, or employer).
Benefits and Covered Services	***Member portion / copay***
Clinical Oral Evaluations	$0
Radiographs and Diagnostic Imaging — X-rays	$0
Tests and Examinations	$0 - $50
Dental Prophylaxis — Cleanings: 2 cleanings per year Maximum of 2 additional per year, Adult Maximum of 2 additional per year, Child	$0 $40 $30
Topical Fluoride Treatment — Office procedure	$0
Restorative Services — Fillings (Amalgam), resin-based composite, inlay, onlay	$0 - $50
Crowns — Single restorations only	$0 *
Endodontic Therapy on Primary Teeth — Root canals (including treatment plan, clinical procedures, and follow-up care)	$0
Surgical Services (including usual postoperative care)	$0 - $255
Non-Surgical Periodontal Services (gum treatment)	$0 - $85
Other Periodontal Services	$0 - $55
Complete Dentures (including routine post delivery care)	$0
Partial Dentures (including routine post delivery care)	$0 - $125
Extractions and Surgical Extractions (includes local anesthesia, suturing, if needed, and routine postoperative care)	$0
Limited Orthodontic Treatment	$950
Comprehensive Orthodontic Treatment	$1,300 - $1,400

** Charges for the use of precious (high noble) or semi precious (noble) metal are not included in the copayment for crowns, bridges, pontics, inlays and onlays. The decision to use these materials is a cooperative effort between the provider and the patient, based on the professional advice of the provider. Providers are expected to charge no more than an additional $125 for these materials.*

BACK TO THE TOP

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.

UNITEDHEALTHCARE VISION PLAN OPTIONS: ENHANCED PLAN

Coverage Highlights:

- Exclusive Warby Parker access
- No cost share for you with specific chronic conditions for certain services.
- Virtual prescription renewal via Express Exam through **1-800-Contacts**

* E/L/F/C:
Comprehensive Exam
Eyeglass Lenses
Frames
Contact Lenses instead of Eyeglasses

Disclaimer: These benefits reflect high-level benefit categories for an individual with in-network coverage. Please refer to plan document for details.

	ENHANCED - IN NETWORK SERVICES
Frequency (E/L/F/C) *	12/12/12/12
Exam Copay	$0
Retinal Screening Copay	$0
LENSES COVERED	
Single Vision, Lined Bifocal/ Trifocal, Lenticular	100%
LENS OPTIONS	
Covered-in-Full Options	Polycarbonate lenses for children up to age 19, & Tier 1 progressive, standard scratch coating
Anti-Reflective Tiers I - IV	$30 - $95
Progressive Tiers II - V	$100 - $250
Tint, UV Coating, Photochromic	$14 - $67
High Index	$53 - $63
FRAMES	
Allowance	Up to $250
Overage Discount	30%
CONTACT LENSES	
Covered Formulary Disposable	Up to 10 boxes
Non-Formulary Allowance	Up to $250
Med. Nec. Contact Lenses	100%
VALUE SERVICES	
Laser Vision	Up to 35% off the national average price
Blue Light	20% discount off retail prices

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.

BACK TO THE TOP

VSP Vision Care - Provider Network: VSP Choice for Sweetwater Union High School District

Disclaimer: These benefits reflect high-level benefit categories for an individual with in-network coverage. Please refer to plan document for details.

	Copay for In-Network VSP Provider
Frequency	Every calendar year
WellVision Exam copay	$20
Routine retinal screening copay	Up to $39
- Retinal imaging for members with diabetes covered-in-full - 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. - Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam Frequency: Available as needed
PRESCRIPTION GLASSES	
Frames - Every calendar year	
$270 Featured Frame Brands allowance	$0
$250 frame allowance	
20% savings on the amount over your allowance	
$135 Walmart/Sam's Club/Costco frame allowance	
Lenses - Every calendar year	
Single vision, lined bifocal, and lined trifocal lenses	$0
Impact-resistant lenses for dependent children	
Lens Enhancements - Every calendar year	
Standard progressive lenses	$0
Premium progressive lenses	$95 - $105
Custom progressive lenses	$150 - $175
Tints/Light-reactive lenses	$0
Other lens enhancements	Average savings of 30%
CONTACTS (Instead of Glasses) - Every calendar year	
$250 allowance for contacts and contact lens exam (fitting and evaluation)	$0
15% savings on a contact lens exam (fitting and evaluation)	
VSP Lightcare™ - Every calendar year	
$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts.	$0

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.

BACK TO THE TOP

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*
SIMNSA HMO Comprehensive, cross-border health plan provides quality care with three convenient locations located within walking distance from the US-Mexico border.	**Call: 800-424-4652** **Visit:** *Simnsa.com/*
Surest PPO Copay-only, digital-friendly plan has no deductibles or coinsurance and shows prices upfront, allowing members to choose from providers evaluated as higher value.	**Call: 866-683-6440** **Visit:** *Surest.com/Contact-us*
UMR PPO (UHC PPO Plan Administrator) Straightforward, personalized health care plans that offer worldwide emergency coverage, extensive prescriptions and preventive care benefits, and the flexibility to choose any doctor, with significant savings when using in-network providers.	**Call: 800-826-9781** **Visit:** *Umr.com/*
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*
VEBA Direct HMO VEBA Direct brings together trusted provider partners, coordinated care, and personalized support to create a more connected health care experience. VEBA Direct partners with leading provider medical groups throughout the region to deliver high-quality care and support members on their health care journey.	**Call: 800-624-8822** **Visit:** *CalVEBA.org/VEBA-Direct*

BACK TO THE TOP

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/*
United Concordia Dental One of the largest national networks, members have access to quality dentists near where they live, work, and go to school.	**Call: 866-357-3304** **Visit:** *UnitedConcordia.com/*
UnitedHealthcare (UHC) Dental PPO Offers the freedom to choose any dentist in the UHC network, with no waiting periods, no maximums, and teledentistry virtual visits for $0 out-of-pocket.	**Call: 877-816-3596** **Visit:** *WhyUHC.com/CsVEBA*

VISION PLANS

Carrier/Benefit	How to Contact
United Healthcare (UHC) Vision Vision plan offering eye exams, eyewear, and discounts on lens options and laser correction, with access to a national network of ophthalmologists and optometrists in private and retail settings.	**Call: 888-586-6365** **Visit:** *WhyUHC.com/CsVEBA*
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/*

BACK TO THE TOP

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), VEBA Direct; PPO Plan: UMR, Surest **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, VEBA Direct; PPO Plan: Surest and UMR (not available with Medicare as primary coverage) **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.



BACK TO THE TOP

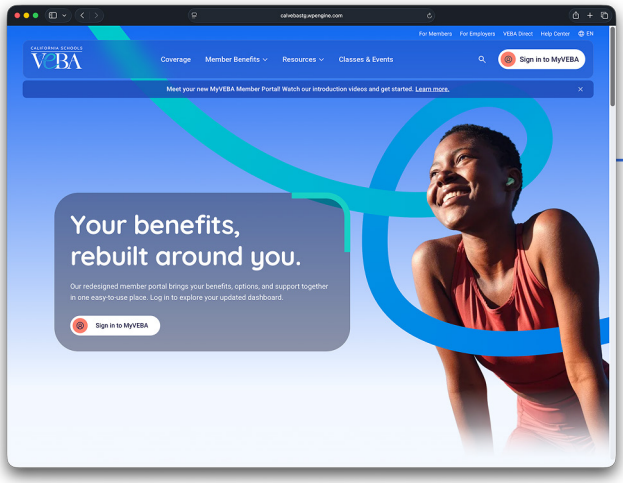
BENEFITS BEYOND CORE COVERAGE

Carrier/Benefit	How to Contact
Carrum Health Medical and surgical benefit for members offering access to top-tier doctors at world-class hospitals for non-emergency surgical procedures, covering both surgery costs and travel expenses. **Eligibility:** PPO Plan: UMR, Surest | **Availability:** Virtual, In-person	**Call: 888-855-7806** **Visit:** *Info.Carrumhealth.com/CSVEBA/*
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:** PPO Plan: UMR, Surest; 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 for UHC & Kaiser HMO) 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, VEBA Direct offered via Optum Health; SIMNSA offered via plan massage therapy benefit **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*

BACK TO THE TOP

Refer to your plan documents for details.

DIGITAL TOOLS



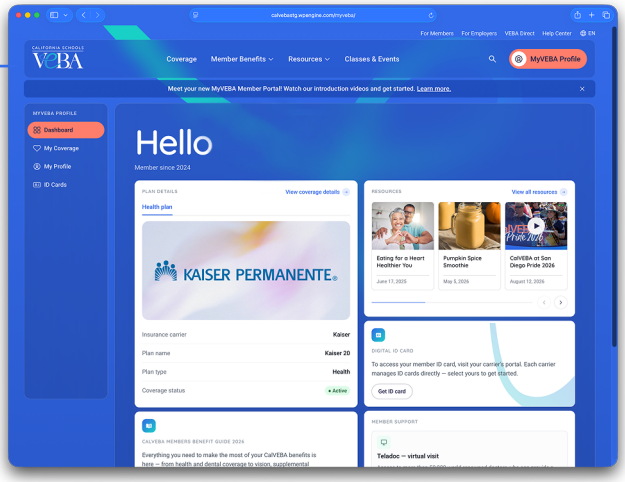
New CalVEBA Website

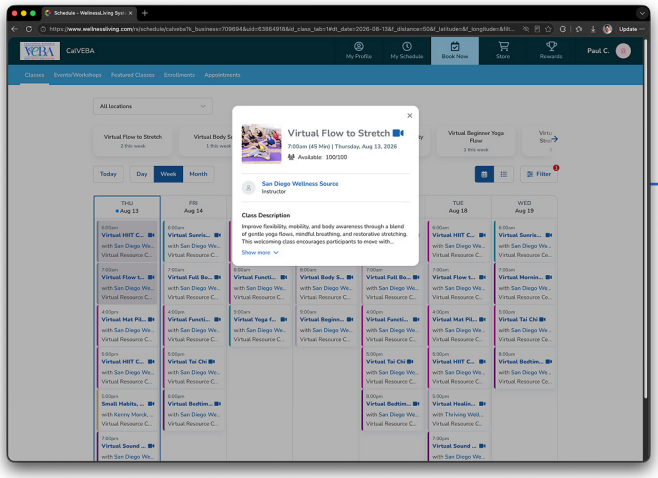
The new CalVEBA website makes it easier to access benefits information, resources, and support. Updated navigation, improved search functionality, and streamlined content help you find the information you need more quickly and easily.

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.





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.

Portal access is available after effective coverage date

BACK TO THE TOP

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.

BACK TO THE TOP

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.

BACK TO THE TOP

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.

BACK TO THE TOP

HOW TO ACCESS PLAN SUMMARIES

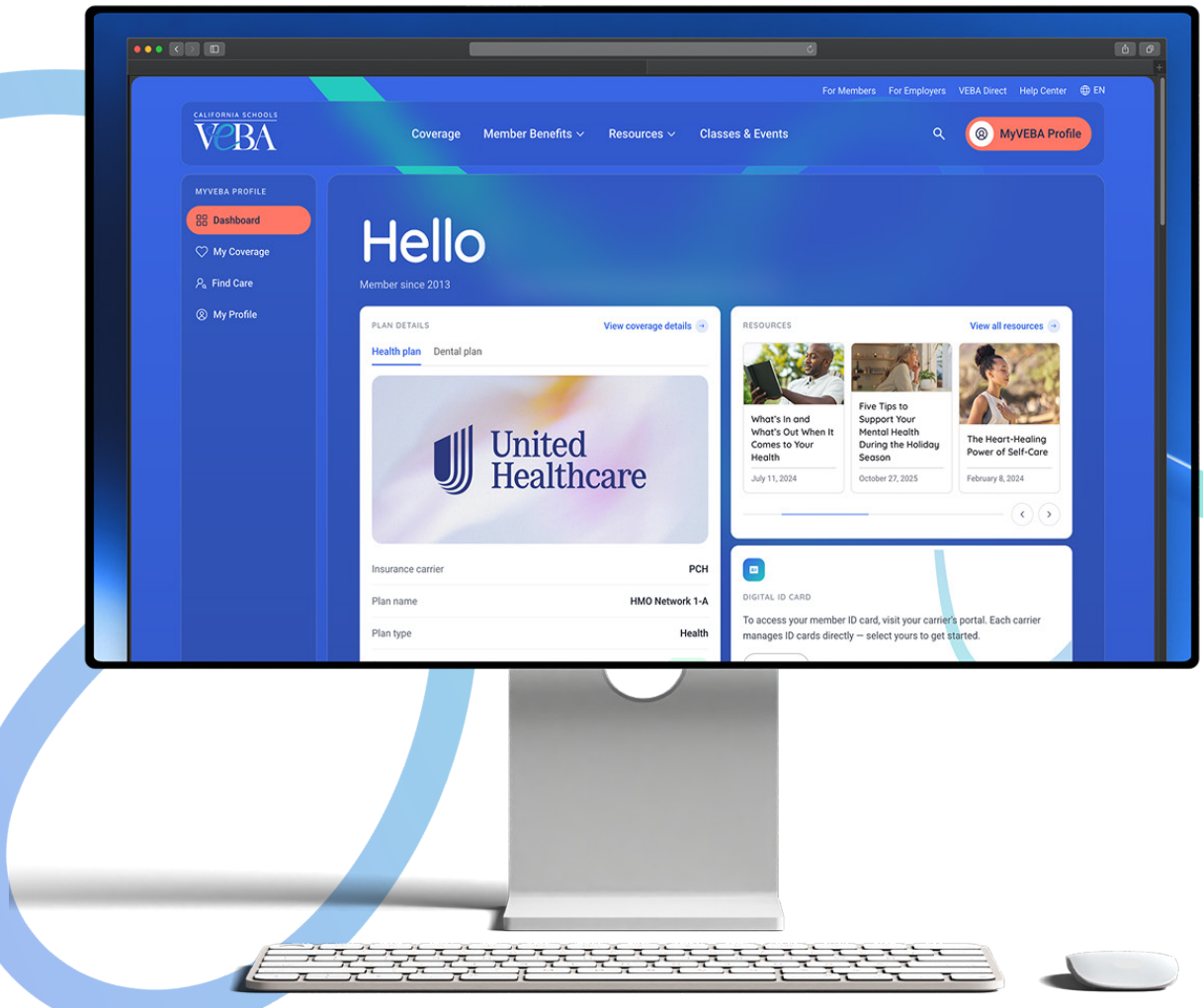
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- Current enrollments and coverage details
- Plan documents and resources
- Provider contact information
- Access to programs and services

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