



CALIFORNIA SCHOOLS  
**VEBA**

**San Dieguito Union High School District - Classified**

Effective Period: January 1, 2022 - December 31, 2022

No plan design changes for 2022

Benefit Summary	Kaiser HMO \$10, Rx: \$10/\$20 30-day (San Dieguito USD - Cert.) What You Pay	UHC Performance HMO Plan A, Network 1 What You Pay	UHC Performance HMO Plan A, Network 2 What You Pay	UHC Signature Value Alliance HMO \$20/\$30 What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000
<b>Health Account</b>	None	None	None	None
<b>PCP Office Visit</b>	\$10 copay	\$10 copay	\$20 copay	\$20 copay
<b>Specialist Office Visit</b>	\$10 copay	\$10 copay	\$20 copay	\$30 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	No charge	\$500 admit copay
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / No charge	\$20 copay / \$500 admit copay
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$10 copay / No charge	No charge	No charge	No charge
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge	No charge	\$200 copay
<b>Outpatient Surgery</b>	\$10 copay	No charge	No charge	\$250 copay
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$20 copay
<b>Chiropractic Services*</b>	\$10 copay	\$10 copay	\$20 copay	\$20 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$10 copay	\$10 copay / \$50 copay	\$20 copay / \$50 copay	\$20 copay / \$75 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$75 copay	\$100 copay	\$100 copay	\$150 copay
<b>Rx Deductible</b> (individual/family)	None	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	N/A	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200
<b>Rx Formulary List</b>	Kaiser	Performance	Performance	Performance
<b>Rx Pharmacy Network</b>	Kaiser	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	G: \$10 copay B: \$20 copay (up to a 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	G: \$20 copay B: \$40 copay (up to a 100-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

\*Chiropractic services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth. This also applies to Acupuncture services if elected by your employer, as it is optional.

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralpins, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://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.

\*\*Copays waived for preferred generic hypertension and hypoglycemic 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 Gallagher Benefit Services, Inc. on behalf of 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.



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## San Dieguito Union High School - Classified

### Plan Summaries

Effective Period: January 1, 2022 - December 31, 2022

No plan design changes for 2022

Benefit Summary	Cigna Select HMO \$10 (San Dieguito USD)  What You Pay	UMR CA Select Plus PPO 90/70, \$500	
		In Network What You Pay	Out of Network What You Pay
<b>Medical Deductible</b> (individual/family)	None	\$500 / \$1,000	\$500 / \$1,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,000 / \$3,000	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Health Account</b>	None	None	
<b>PCP Office Visit</b>	\$10 copay	\$20 copay	30% coinsurance (after deductible)
<b>Specialist Office Visit</b>	\$10 copay	\$20 copay	30% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No charge	No coverage for non-network services
<b>Inpatient Hospital Care</b>	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	No charge	30% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	No charge	No charge	
<b>Complex Radiology</b> (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>	No charge	10% coinsurance (after deductible)	
<b>Outpatient Surgery</b> <i>Ambulatory Surgery Center or Physician's Office</i>	No charge	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	No charge	10% coinsurance (after deductible)	
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$20 copay	30% coinsurance (after deductible)
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay** 20 days	\$20 copay	30% coinsurance (after deductible)
<b>Urgent Care</b> (office visit only)	\$10 copay	\$50 copay	30% coinsurance (after deductible)
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
<b>Rx Deductible</b> (individual/family)	None	None	
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	N/A	\$1,600 / \$3,200	
<b>Rx Formulary List</b>	Cigna	Performance	
<b>Rx Pharmacy Network</b>	Cigna	Express Advantage Network**	
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	G: \$10 P: \$20 NP/S: \$35	\$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.
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	G: \$20 P: \$40 NP/S: \$70	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy

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\*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Heggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripts.com](http://www.Express-scripts.com) for a complete list of EAN pharmacies.

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