

**Capistrano Unified School District  
Retirees HMO Plans**



CALIFORNIA SCHOOLS  
**VEBA**



**2024 Benefits:** Effective Period: January 1, 2024 - December 31, 2024  
Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	UHC Harmony HMO \$10/100%	UHC CS VEBA Alliance HMO \$10/100%	UHC Harmony HMO Journey	<b>NEW!</b> UHC CS VEBA Alliance HMO Journey
	What You Pay	What You Pay	What You Pay	What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,500 / \$7,000	\$3,500 / \$7,000
<b>Health Account</b>	None	None	HealthInvest HRA \$500	HealthInvest HRA \$500
<b>PCP Office Visit</b>	\$10 copay	\$10 copay	\$25 copay	\$25 copay
<b>Specialist Office Visit</b>	\$10 copay	\$10 copay	\$40 copay	\$40 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$25 copay / 20% coinsurance (after deductible)	\$25 copay / 20% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	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	\$100 copay	\$100 copay
<b>Outpatient Surgery</b>	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	\$10 copay	\$30 copay	\$30 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Rx Deductible</b> (individual/family)	None	\$250 / \$500 (Brand Rx only)	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200
<b>Rx Formulary List</b>	National Preferred	National Preferred	National Preferred	National Preferred
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$15 Generic \$40 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)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$30 Generic \$80 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
<b>Available Medical Groups</b> Check <a href="http://whyuhc.com/csveba">whyuhc.com/csveba</a> for a full list of available UHC medical groups	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, Regal Medical Group, ADOC, MemorialCare, Scripps

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 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 Rite Aid, Costco, Kmart, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit [www.Express-scripps.com](http://www.Express-scripps.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 (Rite-Aid, 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

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**Capistrano Unified School District  
Retirees HMO Plans**



CALIFORNIA SCHOOLS  
**VEBA**



**2024 Benefits:** Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, other changes in red

Benefit Summary	Cigna Select HMO \$10 (Capistrano USD)	Kaiser HMO \$15, Rx: \$10 / \$20 30-day	Kaiser HMO \$25/\$40 Low, Rx: \$15/\$35 30-day (CSBT)
	What You Pay	What You Pay	What You Pay
<b>Medical Deductible</b> (individual/family)	None	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,000 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000
<b>Health Account</b>	None	None	None
<b>PCP Office Visit</b>	\$10 copay	\$15 copay	\$25 copay
<b>Specialist Office Visit</b>	\$10 copay	\$15 copay	\$40 copay
<b>Preventive Care</b>	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	No charge	No charge	10% coinsurance
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge
<b>Complex Radiology</b> (PET & MRI)	No charge	No charge	No charge
<b>Outpatient Surgery</b>	No charge	\$15 copay	10% coinsurance
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$15 copay	\$25 copay
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay** 20 days	\$15 copay	\$15 copay
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$15 copay	\$25 copay
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	<b>\$100 copay</b>	\$150 copay
<b>Rx Deductible</b> (individual/family)	None	None	None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	N/A	N/A	N/A
<b>Rx Formulary List</b>	Cigna	Kaiser	Kaiser
<b>Rx Pharmacy Network</b>	Cigna	Kaiser	Kaiser
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	G: \$10 P: \$25 NP: 50% (Up to \$100 maximum)	G: \$10 copay <b>B: \$25 copay</b> (up to a 30-day supply)	G: \$15 copay B: \$35 copay (up to a 30-day supply)
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	G: \$20 P: \$50 NP: 50% (Up to \$200 maximum)	G: \$20 copay <b>B: \$50 copay</b> (up to a 100-day supply)	G: \$30 copay B: \$70 copay (up to a 100-day supply)
<b>Available Medical Groups</b>	St Joseph Hospital/Heritage, St Jude Affl Phys/Heritage, Hoag Med Grp/Affl Phys, Mission Hospital/Heritage	Kaiser	Kaiser

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

\*Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

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**Capistrano Unified School District  
Retirees: Hawaii and Colorado**



Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	Kaiser Colorado HMO Plan	Kaiser Hawaii HMO Plan	UMR Hawaii PPO Plan	
	What You Pay	What You Pay	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	None	\$100 / \$300	\$100 / \$300
Medical Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$2,500 / \$7,500	\$2,500 / \$7,500	\$2,500 / \$7,500
Health Account	None	None	None	
PCP Office Visit	\$30 copay	\$15 copay for adults age 18+; \$0 copay for children through age 17	10% coinsurance	30% coinsurance (after deductible)
Specialist Office Visit	\$40 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Preventive Care	No charge	No charge	No charge	30% coinsurance (after deductible)
Inpatient Hospital Care	\$500 copay per day, up to 3-day max	10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$30 copay / \$500 copay per day, up to 3-day max	\$15 copay / 10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$30 copay / \$500 copay per day, up to 3-day max	\$15 copay / 10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology	\$10 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
	\$10 copay	\$15 copay	10% coinsurance	
Complex Radiology (PET & MRI) Freestanding Facility or Physician Office OR Hospital-based Complex Radiology	\$150 copay	20% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
	\$150 copay	20% of applicable charges	10% coinsurance	
Outpatient Surgery Ambulatory Surgery Center or Physician's Office Outpatient Hospital-based Surgical Center	\$250 copay	10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
	\$250 copay	10% of applicable charges	10% coinsurance	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$30 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$40 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Urgent Care (Office Visit only)	\$40 copay	\$15 copay in Hawaii Service Area; 20% of applicable charges outside Hawaii Area	10% coinsurance	30% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$200 copay	\$100 copay	10% coinsurance	10% coinsurance
Rx Deductible (individual/family)	None	None	None	
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	\$1,600 / \$3,200	
Rx Formulary List	Kaiser	Kaiser	National Preferred	
Rx Pharmacy Network	Kaiser	Kaiser	Express Advantage Network**	
Short-Term Prescription Drugs*** (up to 30-day supply)	\$15 G / \$35 PB \$70 NPB 20% (not to exceed \$250) Specialty (up to a 30-day supply)	\$3 Generic Maintenance/ \$10 Other Generic \$35 B \$200 S (up to a 30-day supply)	\$10 Generic \$25 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)	\$30 G / \$70 PB / \$140 NPB (up to a 90-day supply)	\$6 Generic Maintenance; \$20 Other Generic \$70 B; \$400 S (up to a 90-day supply)	\$20 Generic \$50 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Kaiser	Kaiser	Visit <a href="http://umr.com">umr.com</a> to locate a physician near you	

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

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

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, 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 (Rite-Aid, 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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**Capistrano Unified School District  
Retirees PPO Plans**



CALIFORNIA SCHOOLS  
**VEBA**



Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	UMR CA Select Plus PPO 80/50, \$2,000		UMR Non-Differential PPO
	In Network What You Pay	Out of Network What You Pay	What You Pay
<b>Medical Deductible</b> (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$250 / \$500
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000 / \$10,000
<b>Health Account</b>	None		None
<b>PCP Office Visit</b>	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Specialist Office Visit</b>	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No coverage for non-network services	No charge
<b>Inpatient Hospital Care</b>	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) <i>Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology</i>	No charge	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Complex Radiology</b> (PET & MRI) <i>Freestanding Facility or Physician Office OR Hospital-based Complex Radiology</i>	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Outpatient Surgery</b> <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Chiropractic and Acupuncture Services*</b>	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Urgent Care</b> (Office Visit only)	\$50 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
<b>Emergency Room</b> (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)
<b>Rx Deductible</b> (individual/family)	None		None
<b>Rx Out-of-Pocket Maximum</b> (individual/family)	\$1,600 / \$3,200		\$1,600 / \$3,200
<b>Rx Formulary List</b>	National Preferred		National Preferred
<b>Rx Pharmacy Network</b>	Express Advantage Network**		Express Advantage Network**
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$15 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.	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB
<b>Long-Term Prescription Drugs***</b> (up to 90-day supply)	\$30 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	\$20 Generic \$50 PB 50% \$80 min \$350 max NPB
<b>Available Medical Groups</b>	Visit <a href="http://umr.com">umr.com</a> to locate a physician near you		Visit <a href="http://umr.com">umr.com</a> to locate a physician near you

Infertility services are excluded/not covered under PPO plans, please see your policy for details.

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

\*\*Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Kmart, Vons, Haggen, 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 (Rite-Aid, 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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**Capistrano Unified School District  
Out of Area HMO and PPO Plans**



**2024 Benefits:** Effective Period: January 1, 2024 - December 31, 2024

Acupuncture added to all plans for 2024, no other plan changes

Benefit Summary	UHC Out-of-Area Signature Value HMO 10	UMR Out-of-Area Choice Plus PPO Plan 80/50	
	What You Pay	In Network What You Pay	Out of Network What You Pay
<b>Medical Deductible</b> (individual/family)	None	\$500 / \$1,000	\$1,000 / \$2,000
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$1,500 / \$3,000	\$5,000 / \$10,000	\$6,000 / \$12,000
<b>Health Account</b>	None	None	
<b>PCP Office Visit</b>	\$10 copay	\$20 copay	50% coinsurance (after deductible)
<b>Specialist Office Visit</b>	\$10 copay	\$40 copay	50% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No Charge	No coverage for non-network services
<b>Inpatient Hospital Care</b>	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Mental Health Services</b> (outpatient/inpatient)	\$10 copay/ No charge	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge	\$20 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures) <i>Freestanding Facility or Physician Office OR Hospital-based Lab or Radiology</i>	No charge	No charge	50% coinsurance (after deductible)
<b>Complex Radiology</b> (PET & MRI) <i>Freestanding Facility or Physician Office OR Hospital-based Complex Radiology</i>	No charge	20% coinsurance (after deductible)	
<b>Outpatient Surgery</b> <i>Ambulatory Surgery Center or Physician's Office</i>	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
<i>Outpatient Hospital-based Surgical Center</i>	No charge	20% coinsurance (after deductible)	
<b>Outpatient Physical/Rehabilitation Therapy</b> (Office Visit)	\$10 copay	\$20 copay	50% coinsurance (after deductible)
<b>Chiropractic and Acupuncture Services*</b>	\$10 copay	\$20 copay	50% coinsurance (after deductible)
<b>Urgent Care</b> (Office Visit only)	\$10 copay	\$50 copay	50% 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)	\$3,000 / \$6,000	\$1,600 / \$3,200	
<b>Rx Formulary List</b>	National Preferred	National Preferred	
<b>Rx Pharmacy Network</b>	Express Advantage Network**	Express Advantage Network**	
<b>Short-Term Prescription Drugs***</b> (up to 30-day supply)	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$25 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)	\$25 Generic \$50 PB 50% \$80 min \$350 max NPB	\$25 Generic \$50 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
<b>Available Medical Groups</b>	All UHC contracted medical groups	Visit <a href="http://umr.com">umr.com</a> to locate a physician near you	

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

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\*\*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 (Rite-Aid, Costco, and Sharp Rees Stealy Pharmacies).

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