surest
A UnitedHealthcare Company

California Schools VEBA

Surest PPO Out-Of-Area Dependents Only
PLAN DESIGN OVERVIEW

Plan Year: 01/01/26 — 12/31/26

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
GENERAL FEATURES	**Deductible**	$0	
	Coinsurance (Plan Paid)	100%	
	OOP Limit Individual	$1,500	$8,000
	OOP Limit Family	$3,000	$16,000
MEDICAL COVERAGE	**Office Visit**	$5 to $25	$75
	Virtual Health by a Designated Virtual Network Provider		
	Virtual Health (Primary and Urgent)	$0	Not Covered
	Virtual Health (Specialty)	$0 to $25	Not Covered
	Virtual Health (Behavioral Health)	$0	Not Covered
	Preventative/Diagnostic		
	Preventive Care	$0	$40
	Routine Diagnostic Test (e.g. X-ray, Lab, Ultrasound)	$0	$0
	Complex Imaging (MRI, CT, etc.)	$25 to $370	$480 to $1,125
	Emergency/Urgent Care		
	Emergency Room	$100	$100
	Ambulance	$45	$45
	Urgent Care	$10	$30
	Procedures (Inpatient and Outpatient)	$5 to $1,200	Up to $3,600
	Inpatient - Hospital Stay	$75 to $1,200	Up to $3,600
	Outpatient - Surgery	$5 to $1,200	Up to $3,600
	Bariatric Surgery*	Not Covered	Not Covered
	Gender Dysphoria Surgery & Reconstructive Services	Covered	Covered
	Behavioral Health (Mental Health / Substance Abuse Servies)		
	Mental Health Telehealth	$5	$40
	In an Office Setting	$5	$40
	In an Outpatient Setting	$30	$90
	In an Inpatient Setting	$500	$1,500
	Maternity		
	Prenatal and Postnatal Care	$0	$40
	Delivery	$100 to $625	$1,875
	Home Health Care	$10	$30
	Rehabilitative Therapies	$5 to $25	Up to $75
	Acupuncture	$10	$30
	Chiropractic	$5	$15
	Occupational, Physical, and Speech Therapy	$5 to $25	Up to $75
	Skilled Nursing Facility	$400	$1,200
	Durable Medical Equipment	$0 to $500	Up to $1,000

**Bariatric surgery is not covered by Surest. VEBA Surest PPO members receive bariatric surgery coverage through Carrum Health. For more information, please visit https://carrum.me/csveba/.*

This plan design overview is not intended or designed to replace or serve as the plan's Summary Plan Description. 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 benefit plan. If you have questions regarding this plan, please see your employer's benefits representative.

CATEGORY	BENEFIT DESCRIPTION	SUREST PLAN	
		In-Network	Out-of-Network
MEDICAL COVERAGE *(continued)*	**Hospice**		
	Home Hospice Visit Inpatient Hospice Care	$10 $500	$30 $1,500
	Advance Tests[1]	$5 to $290	Up to $870
	Medical Infusions	$5 to $875	Up to $2,625
	Chemotherapy	$5 to $360	Up to $1,080
	Therapeutic Treatments[2]	$15 to $600	Up to $1,800
	Fertility Treatment*	Not Covered	Not Covered

PHARMACY COVERAGE	****Express Advantage Network (EAN) Pharmacies (Up to a 30-day Supply)**		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$10 $25 50% ($40 Min/$175 Max)	Requires Member Claim Submission for Reimbursement***
	Smart90 Retail Pharmacies (Up to a 90-day Supply)		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$20 $50 50% ($80 Min/$350 Max)	Not Covered
	Home Delivery from Express Scripts Pharmacy (Up to a 90-day Supply)		
	Generic Medications Preferred Brand-name Medications Nonpreferred Brand-name Medications	$20 $50 50% ($80 Min/$350 Max)	Not Covered

**Fertility Treatments are not covered by Surest. VEBA Surest PPO members receive fertility benefits through Kindbody. For more information, please visit https://kindbody.com/veba/.*

***At Non-EAN pharmacies, members will pay EAN copays plus an additional $5 per prescription.*

****Reimbursement will be at the rate the plan would have paid had the member used an in-network pharmacy less the member's copay.*

[1] Advanced Tests are complex medical tests your doctor may order to learn more about your health; typically planned and separately scheduled. Examples include EKG or a Facility Based Sleep Study.

[2] Therapeutic Procedures are treatments for complex diseases and health needs that do not involve surgery. Examples include radiation therapy or dialysis.

VEBA members may receive $0 copays for applicable Specialty Drugs accessed through SaveOnSP after signing up.