CALIFORNIA SCHOOLS VEBA

YOUR HEALTH, OUR PURPOSE

MEMBER BENEFITS GUIDE

WASHINGTON UNIFIED SCHOOL DISTRICT

2026 Plan Year

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, top-quality benefits and resources.

Your Benefits Guide is designed to introduce you to the wide range of benefits, programs, and resources available through CalVEBA. We're here to help you get the most out of your benefits.

This guide will help you:

- Understand your health plan options
- Learn how to access care
- Discover wellness resources available to you

Who We Are

Founded in 1993, CalVEBA is a joint labor-management trust established by the County Office of Education, employee associations, and district management that innovates health care purchasing, manages rising costs, and improves care access for members and their families. **As the fourth largest health care purchaser in California**, we:

- **Provide benefits for nearly 160,000 members**
- **Partner with more than 70 public sector employers**

We are committed to continuous innovation of benefits and resources ***that support YOU***, our CalVEBA member community.

NEED HELP TRANSITIONING TO CalVEBA?

The **California Schools VEBA Advocacy Team** is here to support you every step of the way! Whether you're trying to confirm if your doctor is in-network, choose the most cost-effective plan for your needs, or transition care to a new provider, our team works directly with you and your carrier to make sure you get the care you need—when you need it.

We also assist with prescription access, medication cost-saving options, and urgent care needs.

Contact The Advocacy Team

- **By phone:** Call **888-276-0250** **Monday - Friday** from **8 am - 5 pm**
- **Online:** Visit ***VEBAOnline.com/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.*

WHAT'S INSIDE

WHAT IS OPEN ENROLLMENT?

Open Enrollment allows employees to:

- Elect/waive/change coverage
- Add/remove dependents from coverage

Open Enrollment is when you can sign up for an insurance plan for you and your family for the upcoming year. During this period, you can review and compare insurance plans, make changes to your current coverage, or enroll in a new plan.

When can I make changes?

Contact your Benefits Administrator for your employer's Open Enrollment dates and key deadlines.

Outside of Open Enrollment, *you must have a qualified life event/status change* to make changes to your benefits elections. See the Eligibility section for details.

Qualified Events/Status Changes Include:

- Marriage, divorce, legal separation, annulment, death of spouse
- Birth, adoption, spouse's open enrollment

Important Note: You have 31 days from the date of the qualified life event/status change to notify your Benefits Administrator.

CARRIER/BENEFITS QUICK REFERENCE GUIDE

IMPORTANT CONTACT INFORMATION

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.

Health Plans Carrier/Benefit	How to Contact
Journey HMO Health plan offering the lowest premiums of any plans offered through CalVEBA, with affordable routine care and a HealthInvest IRA to build up savings for current and future medical expenses.	**Call: 888-586-6365** **Visit:** VEBAOnline.com/Journey-plan/ To find a provider, visit WhyUHC.com/CsVEBA
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
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
Western Health Advantage (WHA) HMO The Western Health Advantage provider network includes major hospitals and medical centers and thousands of local, trusted doctors and specialists from leading medical groups.	**Call: 888-563-2250** **Visit:** choosewha.com/learnmore

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.	**Call: 800-918-8011** **Visit:** Express-scripts.com/
Optum Rx (Pharmacy Benefits for Non-HDHP WHA Plans) Includes help with prescriptions, mail-order services, medication management, and more.	**Call: 800-356-3477** **Visit:** optumrx.com/
EnReachRx Offered through Express Scripts, this high-touch patient solution facilitated through retail pharmacies ensures reliable access to GLP-1 medications while providing clinical support, dose optimization, and side effect management.	**Call: 800-282-2881** **Visit:** Express-scripts.com/EnguidePharmacy
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.	**Call: 800-282-2881** **Visit:** Express-scripts.com/EnguidePharmacy

SUPPLEMENTAL BENEFITS

Carrier/Benefit	How to Contact
Carrum Health (for UMR PPO plans) Medical and surgical benefit offering access to top-tier doctors at world-class hospitals for non-emergency surgical procedures, covering both surgery costs and travel expenses.	**Call: 888-855-7806** **Visit:** Info.Carrumhealth.com/CSVEBA/
Gallagher Support beyond CalVEBA membership. Gallagher offers free, expert health coverage guidance for employees and families—licensed nationwide, fast, and personalized.	**Call: 800-702-0376** **Visit:** AHS-Partner-US.AJG.com/Veba
HealthInvest HRA (for Journey HMO plans) This CalVEBA-funded health reimbursement arrangement provides tax-free growth and reimbursements, with funds that roll over year after year and remain fully portable, ensuring they are yours to keep even if you change jobs.	**Call: 844-342-5505** **Visit:** HealthInvestHRA.com/
Kindbody Get access to fertility services and more, including KindMan, KindDoula, fertility preservation, and menopause support.	**Call: 855-950-2053 - option 3** **Visit:** Kindbody.com/VEBA/

SUPPLEMENTAL BENEFITS (CONT.)

Carrier/Benefit	How to Contact
Landmark Healthplan of California (Chiropractic & Acupuncture for HDHP WHA Plan) Offers specialized chiropractic and acupuncture benefit plans across California, and nationally on a self-funded basis. Designed to be affordable, accessible, and easy to use.	**Call: 800-298-4875** **Visit:** *lhp-ca.com* **Provider Directory:** *Find a Provider*
Omada This diabetes & weight management program partners with Express Scripts (ESI) benefits, offering personalized coaching, smart tools for easy monitoring, and guidance from specialists.	**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.	**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.	**Call: 800-428-6337** **Visit:** *MyOptumhealthPhysicalHealthofCa.com/*
Teladoc 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.	**Call: 800-835-2362** **Visit:** *TeladocHealth.com/MedicalExperts*

Refer to your plan documents for details.

BENEFITS OVERVIEW

What's New This Year?

NEW FOR 2026

New

Fertility Coverage

CA Mandate SB 729

California law now requires fertility benefits to be included in your medical plan if you're enrolled in a CalVEBA HMO.

If you're enrolled in a CalVEBA HMO plan, fertility services like IVF and IUI will now be part of your core medical coverage.

What this means for members enrolled in HMOs

2026 Plan Year		
Carrier	**Core Fertility Services**	**Additional Kindbody Services**
UHC and Western Health	Covered under core medical benefits	Holistic Health Sessions Menopause – Virtual care & support NEW! KindMan – Male diagnostic & fertility services NEW! KindDoula – Virtual care with doula specialists NEW! Fertility Preservation If you are a self-pay member, you can receive up to a 20% discount towards your services, only at Kindbody Signature clinics
Kaiser	Covered under core medical benefits (not through Kindbody) If you are a self-pay member, you can receive up to a 20% discount towards your services, only at Kindbody Signature Clinics	

What this means for members enrolled in PPOs

Carrier	Fertility Services	Additional Kindbody Services
UMR	Not covered under core medical benefits. Members receive full access to fertility services through Kindbody: Fertility services (IUI, IVF) - Now up to three KindCycles Fertility Rx	Holistic Health Sessions Menopause – Virtual care & support NEW! KindMan – Make diagnostic & fertility services NEW! KindDoula – Virtual care with doula specialists. NEW! Fertility Preservation

How to Access Fertility Benefits

PPO Members: Maintain current Kindbody access with enhancements

Who do you contact? Kindbody

HMO Members:
Continuity of care for those in treatment. Support for transition from Kindbody to embedded benefits (HMO).

Who do you contact? Your health plan carrier

NEW FOR 2026

New Resource:

Open Enrollment Member Hub Webpage

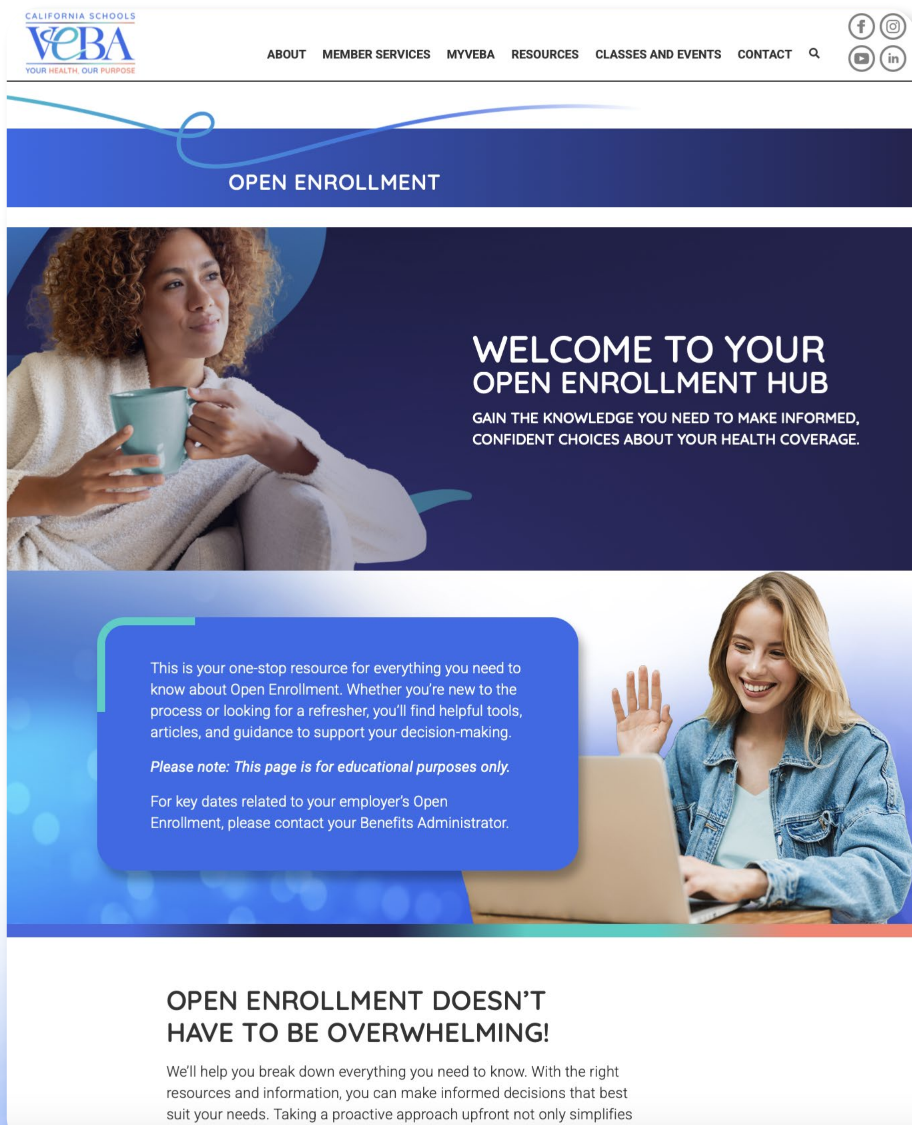
Making Open Enrollment Easier

This comprehensive educational resource assists members in making informed decisions to ensure members have the right coverage. It provides key information about Open Enrollment, guiding you through the necessary steps and considerations for optimal benefit selection.

What's Included:

- Clear explanations of health insurance terms
- Answers to common questions/concerns
- Tips to feel more prepared during the process
- Blogs on plan documents, coverage options, and your health budget

Visit ***VEBAResourceCenter.com/Open-Enrollment*** to learn more.



HEALTH INSURANCE PLAN OPTIONS

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Washington Unified School District

Effective Period: January 1, 2026 - December 31, 2026

Benefit Summary	UHC CS VEBA Alliance HMO $20/$250A What You Pay	UHC CS VEBA Alliance HMO Journey What You Pay	Western Health Advantage HMO $20/$250A What You Pay	Western Health Advantage HDHP HMO $1,800 What You Pay
Medical Deductible (individual/family)	None	$2,000 / $4,000	None	$1,800 / $3,600
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$3,500 / $7,000	$1,500 / $3,000	$3,600 / $7,200
Health Account	None	HealthInvest HRA $1,000 / $1,600 / $2,200	None	None
PCP Office Visit	$20 copay	$25 copay	$20 copay	No charge (after deductible)
Specialist Office Visit	$20 copay	$40 copay	$20 copay	No charge (after deductible)
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	$250 admit copay	20% coinsurance (after deductible)	$250 admit copay	No charge (after deductible)
Mental Health Services (outpatient/inpatient)	$20 copay / $250 admit copay	$25 copay / 20% coinsurance (after deductible)	$20 copay / $250 admit copay	No charge (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge (after deductible)
Complex Radiology (PET & MRI)	$100 copay	$100 copay	$100 copay	No charge (after deductible)
Outpatient Surgery	No charge	20% coinsurance (after deductible)	No charge	No charge (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$20 copay	$25 copay	$20 copay	No charge (after deductible)
Chiropractic and Acupuncture Services*	$20 copay	$30 copay	$20 copay	$30 copay
Urgent Care (Office Visit only)	$20 copay	$25 copay	$20 copay	No charge (after deductible)
Emergency Room (Copay waived if admitted)	$150 copay	20% coinsurance (after deductible)	$150 copay	No charge (after deductible)
Rx Deductible (individual/family)	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	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**	Optum Rx
Short-Term Prescription Drugs*** *(up to 30-day supply)*	$10 Generic $30 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	No charge Generic $30 PB $50 NPB
Long-Term Prescription Drugs*** *(up to 90-day supply)*	$20 Generic $60 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	No charge Generic $75 PB $125 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 Rite Aid, Costco, Kmart, 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 (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

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

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Washington Unified School District
Effective Period: January 1, 2026 - December 31, 2026

Benefit Summary	Kaiser HMO $20, Rx: $15 / $30 30-day What You Pay	Kaiser DHMO $20, $1,000 Deductible, Rx: $10 / $30 30-day What You Pay	Kaiser DHMO HDHP w/ HSA $1,800 Deductible Rx: $10 / $30 30-day What You Pay
Medical Deductible (individual/family)	None	$1,000 / $2,000	$1,800 / $3,600
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$3,000 / $6,000	$3,700 / $7,400
Health Account	None	None	None
PCP Office Visit	$20 copay	$20 copay	No charge (after deductible)
Specialist Office Visit	$20 copay	$20 copay	No charge (after deductible)
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	$250 admit copay	20% coinsurance (after deductible)	No charge (after deductible)
Mental Health Services (outpatient/inpatient)	$20 copay / $250 admit copay	$20 copay / 20% coinsurance (after deductible)	No charge (after deductible)
Substance Abuse Services (outpatient/inpatient)	$20 copay / No charge	$20 copay / 20% coinsurance (after deductible)	No charge (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	$10 copay	No charge (after deductible)
Complex Radiology (PET & MRI)	$100 copay	20% coinsurance [up to $150 max]	No charge (after deductible)
Outpatient Surgery	$20 copay	20% coinsurance (after deductible)	No charge (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$20 copay	$20 copay (after deductible)	No charge (after deductible)
Chiropractic and Acupuncture Services*	$20 copay	$30 copay	$30 copay
Urgent Care (Office Visit only)	$20 copay	$20 copay	No charge (after deductible)
Emergency Room (Copay waived if admitted)	$150 copay	20% coinsurance (after deductible)	No charge (after deductible)
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	N/A
Rx Formulary List	Kaiser	Kaiser	Kaiser
Rx Pharmacy Network	Kaiser	Kaiser	Kaiser
Short-Term Prescription Drugs*** *(up to 30-day supply)*	G: $15 copay B: $30 copay (up to a 30-day supply)	G: $10 copay B: $30 copay S: 20% ($250 max) (up to a 30-day supply)	G: $10 copay B: $30 copay S: 30 copay (up to a 30-day supply)
Long-Term Prescription Drugs*** *(up to 90-day supply)*	G: $20 copay B: $60 copay (up to a 100-day supply)	G: $20 copay B: $60 copay S: Not Covered (up to a 100-day supply)	G: $20 copay B: $60 copay S: Not Covered (up to a 100-day supply)

*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

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

CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Washington Unified School District

Effective Period: January 1, 2026 - December 31, 2026

Benefit Summary	UMR CA Select Plus PPO 90/70, $500	
	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	$500 / $1,000	$1,000 / $2,000
Medical Out-of-Pocket Maximum (individual/family)	$2,000 / $4,000	$4,000 / $8,000
Health Account	None	
PCP Office Visit	$20 copay	30% coinsurance (after deductible)
Specialist Office Visit	$20 copay	30% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	$20 copay / 10% coinsurance (after deductible)	30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office* *OR*	No charge	30% coinsurance (after deductible)
Hospital-based Lab or Radiology	No charge	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office* *OR*	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Hospital-based Complex Radiology	10% coinsurance (after deductible)	
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	10% coinsurance (after deductible)	30% coinsurance (after deductible)
OR *Outpatient Hospital-based Surgical Center*	10% coinsurance (after deductible)	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$20 copay	30% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	$20 copay	30% coinsurance (after deductible)
Urgent Care (Office Visit only)	$50 copay	30% coinsurance (after deductible)
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.

**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 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

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

PPO vs. HMO Plans

Trying to decide between a PPO or HMO plan? This quick comparison highlights the key differences between these two popular plan types—so you can choose the coverage that best fits your healthcare needs and budget.

Review the details below to understand how each plan works, what's covered, and what to consider when making your decision.

HMO

Lowest out-of-pocket cost with fixed copays

Referrals required for specialists

Typically 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

PPO

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

No referrals required

Copays apply to in-network office visits and pharmacy

Preventative 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?
- **Benefit 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?

HMO

You like having a primary care physician and other providers who are in the HMO network.

You want to build a relationship with a primary care doctor.

You prefer the simplicity of seeing only providers within a specific medical group.

You don't see many specialists and don't need referrals often.

Cost is more important to you than flexibility

PPO

You value flexibility and do not mind the higher out-of-pocket costs for services.

You do not want to get referrals for specialists.

You prefer a plan with the same doctors and hospitals you are currently seeing.

Flexibility is more important to you than lower premium and out-of-pocket costs.

Virtual Visits
Kaiser Permanante

Your health at your fingertips

GET 24/7 VIRTUAL CARE

- No appointment needed
- Available by mobile device or computer
- $0 covered at no extra cost with most plans

To get started, sign into [KP.org](KP.org) or the Kaiser Permanente app and answer a few questions about your symptoms.

Virtual Visits

UnitedHealthcare (UHC)

See a Doctor, Wherever, Whenever

Get 24/7 care by video or phone

- $0 Copay on all UHC plans if a UHC Virtual Visit Provider is used
- For all others, matches In Network PCP Copay
- Use for common medical conditions (allergies, eye infections, rashes, bronchitis, and more).

To get started, sign into ***Member.UHC.com/MyUHC***.

VIRTUAL VISITS

Western Health Advantage

Care Wherever You Are

Western Health Advantage makes it easy to get care from home, work, or on the go. Connect with a doctor or nurse for many health needs, day or night.

How to Access

- **Teladoc:** Call **1-800-TELADOC (835-2362)**, visit ***https://www.teladoc.com*** or download the Teladoc app.
- **Primary Care Physician (PCP) Virtual Visits:** Contact your doctor's office directly or check out your medical group's online portal for virtual visit options.

What You Get

- $0 copays for most virtual visits & preventive care
- 24/7 access to Teladoc & nurse advice
- **Additional Support - Nurse Advice Line: 888-656-3574**, Hearing-impaired members may dial **711**

Get started today:

Create your MyWHA account at *https://www.westernhealth.com/mywha/* and download the mobile app for quick access to virtual care and plan resources.

COMPARE YOUR CARE CHOICES

Save time and money by selecting the most appropriate provider for your needs..

Care Options†	Costs	Wait Times	Best For
Virtual Visits Convenient Lower cost	**Low**	10 minutes or less	• Allergies • Colds and flu • Nausea • Sinus infections • Asthma • Pink eye
Your Primary Care Provider Knows your medical history best	**Low**	24 minutes*	• Fever, colds, and flu • Sore throat • Minor burns • Stomach ache • Ear or sinus pain • Physicals • Shots • Minor allergic reactions
Retail Clinic Convenient care in stores & pharmacies	**Low**	15 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**	11-20 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**	4 hours, 7 minutes***	• Chest pain, stroke • Seizures • Head or neck injuries • Sudden or severe pain • Fainting, dizziness, weakness • Uncontrolled bleeding • Problem breathing • Broken bones

† Costs are for independently contracted network providers. Costs for out-of-network providers may be higher.
** Medical Practice Pulse Report 2009, Press Ganey Associates.*
*** Urgent Care Benchmarking Study Results. Journal of Urgent Care Medicine. January 2012.*
**** Emergency Department Pulse Report 2010 Patient Perspectives on American Health Care. Press Ganey Associates.*

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

Chiropractic & Acupuncture Care

Benefit Overview:

- Provided by Optum Health – over 2,700 California providers:
- Unlimited visits (subject to medical necessity)
- X-rays as authorized
- 100% coverage for durable medical equipment (up to $50)
- Copays align with your PCP office visit copay (see chart for details)

PCP Copay	Chiropractic/Acupuncture Copay
$0, $5, or $10	$10
$15	$15
$20	$20
$25, $30, $35, or $40	$30

Applies to plans:

- **UHC:** Use your UHC member ID card
- **Kaiser:** Call Optum at the number below for your member ID number
- **WHA:** Use your member ID card

To Access this Benefit (UHC and Kaiser plans)

- Visit ***MyOptumHealthPhysicalHealthofca.com***
  - Select "Provider Locator."
  - Choose California Schools VEBA" from the dropdown menu for Plan/Product
- Call Optum Member Services Monday-Friday from 5 am - 5 pm: **800-428-6337**
- Call a desired provider directly. Verify they are a participating OptumHealth Physical Health of California (Optum) providers.

As part of CalVEBA, all UHC, Kaiser, and WHA members receive chiropractic benefits as long as they get care from participating OptumHealth Physical Health of California (Optum) providers. Must get care from participating Optum Health Physical Health of California (Optum) providers.

Mental Health Resources

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

Benefit & What it Offers	Availability & How to Access
Optum Emotional Well-Being Solutions Dedicated Consultants Get mental health support for stress, anxiety, depression, work-life balance issues, and more.	Virtual Call **888-625-4809** Visit ***Eap-member.optum.com/Register***
Therapy Connect with a licensed therapist for urgent support, bridging the gap between your care needs and the services provided by your medical group.	Virtual Adults, couples, family, or youth therapy **Monday-Friday, 1 pm – 7 pm** Book ***Healow.com/apps/provider/-kalenariffenburg-2935757***
Navigating Life Transitions Led by a licensed therapist, this supportive, confidential group helps members navigate life's changes (preparing for marriage, adjusting to parenthood) with resilience.	Virtual Multi-week program Register/Learn More ***VEBAResourceCenter.com/Navigating-life-transitions/***
Optum Emotional Well-Being Solutions (EWS) Get support for life's challenges or more serious problems, from improving relationships to work/life balance.	Available to CalVEBA members and members of their household Access 24/7 (by phone), 365 days/year No cost, in network Five consulting visits per incident Call **888-625-4809** Visit ***LiveAndWorkWell.com/*** Access code: VEBA

CalVEBA Members Benefits & Resources

Our goal is to make health care better for you and your family. By continually evaluating needs, we are committed to providing accessible, diverse resources to ensure our members can take an active role in their health and wellness journey.

Benefit & What it Offers	Availability & How to Access
Advocacy Team 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 healthcare 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	Benefits questions? Support is just a call or click away. Monday-Friday, 8 am – 5 pm Call **888-276-0250** Visit ***VEBAOnline.com/Contact*** to submit a request
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 For CalVEBA members Visit ***VEBAResourceCenter.com/Care-Navigation*** to schedule an appointment
Teladoc Medical Experts When facing significant medical decisions, having expert medical advice can make all the difference. Get access to 50,000+ world-renowned doctors for a second opinion on a diagnosis or treatment plan.	Free service For you and your eligible dependents Visit ***Teladochealth.com/MedicalExperts***
Whole Health Coaching Based on the Eight Dimensions of Wellness, this program offers multiple sessions with a coach to guide goal setting and develop a personalized wellness plan that is practical, flexible, and sustainable. Receive guidance and support for attainable health goals like: • Stress management • Enhancing sleep quality • Healthy eating/weight control • Coping with aging, life transitions, and chronic conditions	Free program for CalVEBA members Schedule a consultation with a Care Navigator, a holistic Registered Nurse to get started Visit ***VEBAResourceCenter.com/Whole-Health-Coaching*** to learn more

Benefit & What it Offers	Availability & How to Access
Kindbody: Fertility and Menopause Support If you are looking to grow your family or need assistance in your post-reproductive years, there is support. Through dedicated Kindbody care navigation, Kindbody provides: • Fertility services • Menopause support • NEW: KindMan • NEW: Kind Doula • NEW: Fertility preservation	**Applies to Plans:** • UMR PPO • UHC, Kaiser, and WHA plans: Employees and spouses/partners enrolled in these plans will have access to CalVEBA discounted rates at Kindbody Signature clinics. • Visit ***Kindbody.com/VEBA***
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	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***
My VEBA App & Portal This online portal is full of great resources for members. • Log in during Open Enrollment to view your current plan, explore your plan options, search for a provider, and more. • You can also explore fitness, cooking, or mindfulness classes, healthy recipes, on-demand content, and upcoming events.	Free for members Available via app or on desktop Visit ***MyVEBA.org*** to get started

Expanded Resource Access

Wellness, Wherever You Are

Flexible Access: Virtual, On-Demand, and In-Person

- **On-Demand Workout/Wellness Videos:** ***VEBAResourceCenter.com/Video-library***
- **Cooking & Nutrition Classes:** ***VEBAResourceCenter.com/Cooking-nutrition***
- **Stress Management:** Acupuncture and acupressure, meditation, yoga, and group counseling. Sign up at ***VEBAResourceCenter.com/Calendar***
- **Movement:** Take classes such as strength training, dance fitness, HIIT cardio, and more. Sign up at ***VEBAResourceCenter.com/Calendar***

ONLINE EDUCATION HUBS

Get the guidance, information, and resources you need to navigate your health and well-being journey. These hubs offer downloadable toolkits and practical insights to support your unique goals.

OPEN ENROLLMENT HUB:

Visit *VEBAResourceCenter.com/Open-enrollment/*

Make informed decisions to ensure you have the right coverage. This one-stop resource has everything you need to know about Open Enrollment and your CalVEBA benefits.

MENTAL WELL-BEING HUB:

Visit *VEBAResourceCenter.com/Mental-wellbeing/*

Get tools, resources, and advice to manage daily stress, including Daily Affirmations, a Home/Office Declutter Guide, and Calendar with five-minute activities to alleviate anxiety.

COOKING & NUTRITION HUB:

Visit *VEBAResourceCenter.com/Cooking-nutrition/*

Improve your diet and learn practical cooking skills with a Gut Health Toolkit, Better Breakfast Guide, Kid-Approved/Family-Friendly Recipes, classes, articles, and more.

HEALTHY LIFE HUB:

Visit *VEBAResourceCenter.com/Healthy-life/*

Discover how CalVEBA services, wellness toolkits (including Appointment Ready: Your Doctor's Visit Prep Guide) and programs can help you achieve a happier, healthier you.

CALIFORNIA SCHOOLS VEBA YOUR HEALTH OUR PURPOSE

GLOSSARY: 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.

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.

Non-Preferred Provider: A provider without a contract with your health insurer, resulting in higher service costs. Review your policy to determine if you can visit all contracted providers or if a "tiered" network requires extra payment for certain providers.

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 physicia 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.