CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

Capistrano Unified School District

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

No plan design changes for 2026

CAPISTRANO UNIFIED SCHOOL DISTRICT

California Schools Benefits Trust
Innovation. Collaboration. Wellness.

Benefit Summary	UHC Harmony $10 HMO What You Pay	UHC Alliance $10 HMO What You Pay	UHC Harmony HMO w/ HRA What You Pay	UHC Alliance HMO w/ HRA What You Pay
Medical Deductible (individual/family)	None	None	$2,000 / $4,000	$2,000 / $4,000
Medical Out-of-Pocket Maximum (individual/family)	$1,500 / $3,000	$1,500 / $3,000	$3,500 / $7,000	$3,500 / $7,000
Health Account	None	None	HealthInvest HRA $500	HealthInvest HRA $500
PCP Office Visit	$10 copay	$10 copay	$25 copay	$25 copay
Specialist Office Visit	$10 copay	$10 copay	$40 copay	$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	$10 copay / No charge	$10 copay / No charge	$25 copay / 20% coinsurance (after deductible)	$25 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	$100 copay	$100 copay
Outpatient Surgery	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$10 copay	$10 copay	$25 copay	$25 copay
Chiropractic and Acupuncture Services*	$10 copay	$10 copay	$30 copay	$30 copay
Urgent Care (Office Visit only)	$10 copay	$10 copay	$25 copay	$25 copay
Emergency Room (Copay waived if admitted)	$100 copay	$100 copay	20% coinsurance (after deductible)	20% coinsurance (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	National Preferred
Rx Pharmacy Network	Express Advantage 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	$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
Long-Term Prescription Drugs* ***(up to 90-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	$20 Generic $60 PB 50% $80 min $350 max NPB
Available Medical Groups Check whyuhc.com/csveba for a full list of available UHC medical groups	MemorialCare Medical Group, Optum, Optum Care Network, Sharp	ADOC, Optum, Optum Care Network, Regal Medical Group, Scripps	MemorialCare Medical Group, Optum, Optum Care Network, Sharp	ADOC, Optum, Optum Care Network, Regal Medical Group, Scripps

*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

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

*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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Plan changes highlighted red

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Benefit Summary	UMR CA Select Plus PPO	
	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	$2,000 / $4,000	$4,000 / $8,000
Medical Out-of-Pocket Maximum (individual/family)	$5,000 / $10,000	$7,500 / $14,000
Health Account	None	
PCP Office Visit	$30 copay	50% coinsurance (after deductible)
Specialist Office Visit	$30 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) *Freestanding Facility or Physician Office OR*	No charge	50% coinsurance (after deductible)
Hospital-based Lab or Radiology	No charge	
Complex Radiology (PET & MRI) *Freestanding Facility or Physician Office OR*	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Hospital-based Complex Radiology	20% coinsurance (after deductible)	
Outpatient Surgery *Ambulatory Surgery Center or Physician's Office*	20% coinsurance (after deductible)	50% coinsurance (after deductible)
OR *Outpatient Hospital-based Surgical Center*	20% coinsurance (after deductible)	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	$30 copay	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	$30 copay	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	$50 copay	50% 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)*	$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.
Long-Term Prescription Drugs*** *(up to 90-day supply)*	$30 Generic $60 PB 50% $80 min $350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	Visit umr.com to locate a physician near you	

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.

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