

MEDICAL BENEFITS

PLAN OPTIONS & COMPARISONS



Southwestern Community College District
Effective Period: January 1, 2027 - December 31, 2027
 No plan design changes for 2027

Benefit Summary	VEBA Direct HMO \$10/100% What You Pay	UHC Harmony HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$20/\$30/\$500A What You Pay	Kaiser HMO \$10, Rx: \$10 / \$10 100-day What You Pay
Medical Deductible (individual/family)	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000
Health Account	None	None	None	None
PCP Office Visit	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$30 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	\$500 admit copay	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	\$10 copay / 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	\$200 copay	No charge
Outpatient Surgery	No charge	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Urgent Care (Office Visit only)	\$10 copay	\$10 copay	\$20 copay	\$10 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$100 copay
Rx Deductible (individual/family)	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical	Combined with medical	N/A
Rx Formulary List	National Preferred	National Preferred	National Preferred	Kaiser
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
Short-Term Prescription Drugs*** (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	G / B: \$10 copay (up to a 100-day supply)
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	G / B: \$10 copay (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.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, 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 (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.

MEDICAL BENEFITS

Plan Comparison



Southwestern Community College District

Effective Period: January 1, 2027 - December 31, 2027

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Benefit Summary	UMR NexusACO PPO		
	In Network Tier 1 What You Pay	In Network Tier 2 What You Pay	Out of Network Tier 3 What You Pay
Medical Deductible (individual/family)	\$1,000 / \$2,000	\$2,000 / \$4,000	\$4,000 / \$8,000
Medical Out-of-Pocket Maximum (individual/family)	\$2,500 / \$5,000	\$5,000 / \$10,000	\$7,500 / \$14,000
Health Account	None		
PCP Office Visit	\$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Specialist Office Visit	\$50 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures) <i>Freestanding Facility or Physician Office OR</i>	No charge	20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
<i>Hospital-based Lab or Radiology</i>	20% coinsurance (deductible does not apply)	40% coinsurance (deductible does not apply)	
Complex Radiology (PET & MRI) <i>Freestanding Facility or Physician Office OR</i>	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance (after deductible)
<i>Hospital-based Complex Radiology</i>			
Outpatient Surgery <i>Ambulatory Surgery Center or Physician's Office</i>	20% coinsurance (after deductible)	40% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
<i>OR</i> <i>Outpatient Hospital-based Surgical Center</i>	20% coinsurance (after deductible) and \$100 copayment	40% coinsurance (after deductible) and \$100 copayment	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$30 copay	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$30 copay	\$30 copay	50% coinsurance (after deductible)
Urgent Care (Office Visit only)	\$50 copay	\$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$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.

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