



Byron Union School District

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

Plan design changes highlighted in red

Benefit Summary	UHC SignatureValue Full HMO \$20/\$250A	UHC CS VEBA Alliance HMO Journey, \$2,000	Kaiser HMO \$10, Rx: \$5 / \$15 100-day	Kaiser DHMO, \$1,500 Deductible, Rx: \$10 / \$30 30-day
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	\$2,000 / \$4,000	None	\$1,500 / \$3,000
Medical Out-of-Pocket Maximum (individual/family)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$1,500 / \$3,000	\$4,000 / \$8,000
Health Account	None	HealthInvest HRA \$1,000 / \$1,600 / \$2,200	None	None
PCP Office Visit	\$20 copay	\$25 copay	\$10 copay	\$40 copay
Specialist Office Visit	\$20 copay	\$40 copay	\$10 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	\$250 admit copay	20% coinsurance (after deductible)	No charge	30% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$20 copay / \$250 admit copay	\$25 copay / 20% coinsurance (after deductible)	\$10 copay / No charge	\$40 copay / 30% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	\$10 copay / No charge	\$40 copay / 30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	\$15 copay (after deductible)
Complex Radiology (PET & MRI)	\$100 copay	\$100 copay	No charge	30% coinsurance (after deductible) [up to \$150 max]
Outpatient Surgery	No charge	20% coinsurance (after deductible)	\$10 copay	30% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$20 copay	\$25 copay	\$10 copay	\$40 copay (after deductible)
Chiropractic and Acupuncture Services*	\$20 copay	\$30 copay	\$10 copay	\$30 copay
Urgent Care (Office Visit only)	\$20 copay	\$25 copay	\$10 copay	\$40 copay
Emergency Room (Copay waived if admitted)	\$150 copay	20% coinsurance (after deductible)	\$35 copay	30% coinsurance (after deductible)
Rx Deductible (individual/family)	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical	N/A	N/A
Rx Formulary List	National Preferred	National Preferred	Kaiser	Kaiser
Rx Pharmacy Network	National Plus Network	National Plus Network	Kaiser	Kaiser
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	G: \$5 copay B: \$15 copay S: 20% (\$150 max) (up to a 100-day supply)	G: \$10 copay B: \$30 copay S: 20% (\$250 max) (up to a 30-day supply)
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	G: \$5 copay B: \$15 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.

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.