



# San Mateo County Schools Insurance Group

2026/2027

HCC Meeting

February 11, 2026

Christine Kerns  
Katie Huddleston

# Agenda



- ▶ 2026 Open Enrollment Recap & 2027 Preparations
- ▶ Medical Plan Updates
- ▶ 2027 HCC Sustainability
- ▶ HCC 2027 Calendar
- ▶ Next Steps
- ▶ Appendix

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# 2026 Open Enrollment Recap & 2027 Preparations

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- ▶ In preparation for the 2026 Open Enrollment, the JPA, Alliant & HCC Member Districts accomplished the following:
  - Carriers
    - Carrier Consolidation to Kaiser & UHC - 2-carrier model better positions viability of non-Kaiser options for HCC member districts
      - Including dissolution of UHC Canopy network providers
    - American Fidelity integration for Districts who selected OE assistance with counselors
  - Plans
    - Plan Consolidation - provides greater efficiency in administration, underwriting and communications
  - Administration
    - BCC implementation - robust/comprehensive system build for 8 unique districts
      - BenefitBridge Census Review/Clean-up
      - New EDI file feeds
      - Employee Self-service (for Districts who had in place w/BB)
      - Carrier interface - daily interaction with BCC & carriers to ensure correct set-up, billing & unique district benefit variances and plan rules
    - Billing Procedures updated through COE to ensure timely payments
  - Communication
    - Individual District Benefit Guides, videos & bookshelves
    - Individual District labor group meetings
    - Alliant Proactive communication to member districts



- ▶ **2026 Accomplishments ensure a positive 2027 Open Enrollment experience**
  - **OE Dates - OE can occur earlier in the fall because all systems are already in place**
  - **Carriers - no additional carrier consolidation is necessary**
  - **Plans - consolidation - TBD**
  - **BCC Administration**
    - **HCC member districts sites are already built & will only need to be updated should a member district decide to change plan offerings**
    - **Rates will be loaded in BCC system when HCC finalizes 2027 rates**
    - **EDI feeds are already set-up**
    - **Employee Self-Service - for new Districts to ESS, set up & training can occur early in 2026 so that all is finalized before OE**
    - **2027 Billing procedures can be finalized when HCC finalizes 2027 rates**
  - **Communication**
    - **Alliant will update Individual District Benefit Guides, videos & bookshelves**
    - **Alliant can assist with Individual District labor group meetings**
    - **Alliant will continue to provide proactive communication to member districts**

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# Medical Plan Updates

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## UHC

- If reaching out to Sara Gonzalez, her voicemail and email will contain information for an additional resource for immediate needs
  - Dedicated Public Sector, Labor & Trust Line
    - 888-522-6788 OR [noreply\\_ca\\_pslt\\_serviceteam@uhc.com](mailto:noreply_ca_pslt_serviceteam@uhc.com)
  - This inbox is for inbound messages only
  - Once the message is received it will route to the appropriate person

## Messaging in voicemail and auto reply

### Voicemail

Thank you for calling UnitedHealthcare. You've reached the voicemail of Sara Gonzalez, Service Consultant for Public Sector, Labor & Trust.

I'm currently unavailable, but please leave your name, phone number, and a brief message, and I'll return your call as soon as possible.

For immediate assistance, please contact our Dedicated Public Sector, Labor & Trust Service Line at 888-522-6788, where an available Service Consultant will be happy to assist you.

Thank you for contacting UnitedHealthcare. I look forward to connecting with you soon.

### Auto Reply

Thank you for reaching out. I've received your email and will respond as soon as possible.

If you need immediate assistance or are experiencing an access-to-care situation, please include our Dedicated Public Sector, Labor & Trust Service Team mailbox at [noreply\\_ca\\_pslt\\_serviceteam@uhc.com](mailto:noreply_ca_pslt_serviceteam@uhc.com) so the first available Service Consultant can assist without delay. Note: This is an inbound email account, but rest assured—responses will be provided directly via email.

We appreciate your patience and value the opportunity to support you.



- ▶ **UHC**
  - Offers plan with 90-day supply at Retail Pharmacies
    - Not all medications are covered
      - Covered medications are subject to change
    - Prescribing physician must write the script for 90-days
  - Home Delivery Options
    - If medication is not covered on the 90-day retail list, you may obtain your 90-day supply through home delivery
    - For home delivery, members have two options:
      - **Create a profile** on the [myuhc.com](https://myuhc.com) member website or mobile app and enroll in pharmacy mail order; or
      - **Call the Member Services** number listed on your member ID card and request assistance with setting up home delivery (this is often the easiest option).
    - The prescribing physician must send the prescription directly to OptumRx for it to be processed for home delivery.
- ▶ Email from Katie Huddleston was shared on 2/6/2026 to all Member Districts



- ▶ **Centers for Medicare & Medicaid Services (CMS) Disclosure Reporting Due March 1st - Action Required**
  - Heather McCarthy sent email 2/10/2026
    - All Districts need to report the information outlined in the email
      - This is for all Member Districts that offer Retiree Coverage
    - Provided screenshots and details on the information that should be provided
      - All plans are creditable



# 2027 HCC Sustainability

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# 2026 Enrollment By Plan By District



Plan	Kaiser Enrollment by Plan													Total; Enrolled	% Enrolled	
	Bayshore	Belmont	Cabrillo	Jefferson Ele	Jefferson Uni	La Honda	Portola	SMCSIG	Alum Rock	EDCOE	Ohlone	Oak Grove	Washington			
\$15 CalPERS "Lookalike"								5								
Traditional HMO \$20 High Plan w/ Chiro	39	108	215			36	26			22	56					
Traditional HMO \$20 High Plan w/ \$250 IP				366	283											
Deductible HMO Plan \$20 Mid Plan w/ Chiro		86		44		6	3			25	12					
Deductible HMO Plan \$40 Low Plan w/ Chiro		36	10	14	118	2	2			35	12					
HDHP HMO w/ HSA No Chiro							11				4					
<b>Totals</b>	<b>39</b>	<b>230</b>	<b>225</b>	<b>424</b>	<b>401</b>	<b>44</b>	<b>42</b>	<b>5</b>	<b>0</b>	<b>82</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>1576</b>	<b>87%</b>	

Plan	United Healthcare (HMO) Enrollment by Plan														
	Bayshore	Belmont	Cabrillo	Jefferson Ele	Jefferson Uni	La Honda	Portolla	SMCSIG	Alum Rock	EDCOE	Ohlone	Oak Grove	Washington		
SV Advantage \$15 HMO G4U				11		1		1							
SV Advantage \$20 HMO GG4	2	31	16	19	62		9								
SV Alliance \$15 HMO GZ7		28													
<b>Totals</b>	<b>2</b>	<b>59</b>	<b>16</b>	<b>30</b>	<b>62</b>	<b>1</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Plan	United Healthcare (PPO) Enrollment by Plan														
	Bayshore	Belmont	Cabrillo	Jefferson Ele	Jefferson Uni	La Honda	Portolla	SMCSIG	Alum Rock	EDCOE	Ohlone	Oak Grove	Washington		
CA Select Plus - 90/60 PPO - DKSR				8			4								
CA Select Plus - 80/60 PPO - DKS6		20			15										
CA Select Plus - 70/50 PPO - DKS4						3	4								
CA Select Plus HDHP - HSA - ECU6				4	7										
<b>Totals</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>12</b>	<b>22</b>	<b>3</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

UHC totals	<b>2</b>	<b>79</b>	<b>16</b>	<b>42</b>	<b>84</b>	<b>4</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>245</b>	<b>13%</b>
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<b>MEDICAL TOTAL</b>	<b>41</b>	<b>309</b>	<b>241</b>	<b>466</b>	<b>485</b>	<b>48</b>	<b>59</b>	<b>6</b>	<b>0</b>	<b>82</b>	<b>84</b>	<b>0</b>	<b>0</b>	<b>1821</b>	<b>100%</b>
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## Future Viability of UHC as non-Kaiser Option

- With consolidation of SHP to UHC, SMCSIG remains at approximately the same percentage of Kaiser enrollment = 86.5%
  - The good news is that UHC membership grew from 8.8% to 13.5% eff 1/1/2026
  - We are hopeful that this membership growth helps UHC's ability to continue to offer coverage to SMCSIG Health Care Consortium
- HCC Discussion
  - How to shift more enrollment from Kaiser to UHC

## 2026 HCC Growth Initiatives

- 1<sup>st</sup> Quarter Webinar for CalPERS Districts
  - Overview of the HCC program & comparison to CalPERS plans, Retiree eligibility rules, administration, etc.
  - Request MyCalPERS census data to include Actives, waivers and retirees
  - For those interested, provide District-specific Demographic Analysis so we can identify Districts who has a good risk profile and would meet direct to market underwriting considerations:
    - No more than 60% Kaiser
    - No more than 20% Retiree
    - No more than 20% Waivers

# CalPERS 2026 Rates vs. SMCSIG 2026 Published Rates



## CalPERS RATES

REGION 1* Active & Early Retirees	2026 Rates		
	Single	2-Party	Family
Kaiser CA	\$1,168.86	\$2,337.72	\$3,039.04
Western Health Advantage HMO	\$969.58	\$1,939.16	\$2,520.91
Anthem Blue Cross Select HMO	\$1,336.29	\$2,672.58	\$3,474.35
Anthem Blue Cross Traditional HMO	\$1,612.08	\$3,224.16	\$4,191.41
Blue Shield Access+ HMO	\$1,301.95	\$2,603.90	\$3,385.07
Blue Shield Access+ EPO	\$1,301.95	\$2,603.90	\$3,385.07
Blue Shield Trio HMO	\$1,166.58	\$2,333.16	\$3,033.10
UnitedHealthcare SignatureValue Alliance	\$1,290.06	\$2,580.12	\$3,354.16
UnitedHealthcare SignatureValue Harmony	\$1,133.09	\$2,266.18	\$2,946.03
PERS Gold	\$1,120.58	\$2,241.16	\$2,913.51
PERS Platinum	\$1,670.14	\$3,340.28	\$4,342.36
PORAC	TBD		

### Region 1\*

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tuolumne, Yolo and Yuba

## SMCSIG RATES (w/ subsidy)

Active & Early Retirees*	2026		
	Single	2-Party	Family
Kaiser - \$15 (CalPERS Like Plan) - Plan 1	\$1,036.23	\$2,072.46	\$2,932.53
Kaiser - \$20 (High) - Plan 2	\$1,044.44	\$2,088.88	\$2,955.77
Kaiser - \$20 250 (High) - Plan 3	\$1,016.61	\$2,033.23	\$2,877.02
Kaiser - \$20 DHMO (Mid) - Plan 4	\$899.31	\$1,798.62	\$2,545.05
Kaiser \$40 DHMO (Low) - Plan 5	\$812.20	\$1,624.39	\$2,298.52
Kaiser - HDHP - Plan 6	\$838.21	\$1,676.42	\$2,372.13
UHC Alliance (GZ7) - \$15/0%	\$1,352.83	\$2,705.66	\$3,828.45
UHC SV Advantage (G4U) - \$15/0% (Full Network)	\$1,352.83	\$2,705.66	\$3,828.45
UHC SV Advantage (GG4) - \$20/500 (Full Network)	\$1,265.60	\$2,531.19	\$3,581.62
UHC PPO Select Plus - 70/50	\$1,850.05	\$3,700.11	\$5,235.64
UHC PPO Select Plus - 80/60	\$1,901.69	\$3,803.39	\$5,381.78
UHC PPO Select Plus - 90/60	\$2,083.04	\$4,166.09	\$5,895.00
UHC Select Plus - HDHP	\$1,181.23	\$2,362.47	\$3,342.88

\* All rates are net of commission.



# Kaiser HMO Benefit Summaries (SMCSIG)

Medical Plan Benefits	Kaiser \$15 CalPERS Plan CalPERS Plan w/ Chiro	Kaiser Traditional HMO \$20 High Plan w/ Decrements (Modified) + Chiro	Kaiser Traditional HMO \$20 High HMO Plan 2 w/ Chiro	Kaiser Deductible HMO Plan \$20 Mid DHMO Plan 4 w/ Chiro	Kaiser Deductible HMO Plan \$40 Low DHMO Plan 5 w/ Chiro
IN-NETWORK MEDICAL BENEFITS	Individual / Individual within Family / Family	Individual / Individual within Family / Family	Individual / Individual within Family / Family	Individual / Individual within Family / Family	Individual / Individual within Family / Family
Calendar Year Deductible	None	None	None	\$1,000 / \$1,000 / \$2,000	\$3,000 / \$3,000 / \$6,000
Individual / Individual within Family / Family					
Annual Out-of-Pocket Maximum	\$1,500 / \$3,000	\$1,500 / \$1,500 / \$3,000	\$1,500 / \$1,500 / \$3,000	\$3,000 / \$3,000 / \$6,000	\$6,000 / \$6,000 / \$12,000
Individual / Individual within Family / Family					
Physician Office Visit	\$15	\$20	\$20	\$20 <sup>1</sup>	\$40 <sup>1</sup>
Specialist Copay	\$15	\$20	\$20	\$20 <sup>1</sup>	\$40 <sup>1</sup>
Lab- Freestanding Facility / OP Hospital	No Charge	No Charge	No Charge	\$10 <sup>1</sup>	\$10 <sup>1</sup>
X-Rays- Freestanding Facility / OP Hospital	No Charge	No Charge	No Charge	\$10 <sup>1</sup>	\$10 <sup>1</sup>
Advanced Imaging- CT, MRI, PET scans	No Charge	No Charge	No Charge	20% (max \$50) <sup>1</sup>	30% (max \$50) <sup>1</sup>
Urgent Care Services	\$15 per visit	\$20 per visit	\$20 per visit	\$20 per visit <sup>1</sup>	\$40 <sup>1</sup>
Emergency Room	\$50 per visit	\$100 per visit (waived if admitted)	\$50 per visit (waived if admitted)	20%* (waived if admitted)	30%* (waived if admitted)
Outpatient Surgery	\$15	\$20	\$20	20%*	30%*
Inpatient Hospitalization	No Charge	\$250	No Charge	20%*	30%*
Chiropractic Care	\$15	\$15	\$15	\$15	\$15
Visits per Calendar Year	(20 visits / calendar year combined with acu)	(30 visits / calendar year combined with acu)	(30 visits / calendar year combined with acu)	(30 visits / calendar year combined with acu)	(30 visits / calendar year combined with acu)
Acupuncture Care	\$15	\$15	\$15	\$15	\$15
Visits per Calendar Year	(20 visits / calendar year combined with chiro)	(30 visits / calendar year combined with chiro)	(30 visits / calendar year combined with chiro)	(30 visits / calendar year combined with chiro)	(30 visits / calendar year combined with chiro)
IN-NETWORK PRESCRIPTION DRUGS					
Prescription Deductible	None	None	None	None	None
Pharmacy Tier Structure	Generic / Brand	Generic / Brand	Generic / Brand	Generic / Brand	Generic / Brand
Retail Cost	\$5 / \$20	\$10 / \$20	\$10 / \$10	\$10 <sup>1</sup> / \$30 <sup>1</sup>	\$10 <sup>1</sup> / \$30 <sup>1</sup>
Supply Limit	30 days supply	30 days supply	100 days supply	30 days supply	30 days supply
Mail Order Cost	\$10 / \$40	\$20 / \$40	\$10 / \$10	\$20 <sup>1</sup> / \$60 <sup>1</sup>	\$20 <sup>1</sup> / \$60 <sup>1</sup>
Supply Limit	100 days supply	100 days supply	100 days supply	100 days supply	100 days supply
Specialty Medication Cost - 30 days supply	\$20	\$20	\$10	\$30 <sup>1</sup>	\$30 <sup>1</sup>



## 2026 HCC Growth Initiatives

### • San Mateo Foster City SD

- Met with Pat and labor groups
  - District is 34% Retiree & 80% Kaiser
  - Do not recommend that this District leaves CalPERS

### • San Mateo County Office of Education

- Met with Kevin & requested census so we can provide demographic analysis

### • San Mateo Union High SD

- District offers Kaiser & SHP
  - 58.5% Kaiser; 12.8% waivers, 9.1% retirees
  - Good risk profile (i.e. retirees & waivers) and good addition to the HCC (positive enrollment for UHC)
- Met with Lori Lu and provided comparison of District's current plans compared to HCC plan options
- Discussed pros/cons of HCC vs direct purchasing
- Follow-up request for Post OE/updated census, 2026 rates & plans
  - Will meet again before HCC renewal meetings begin

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# 2027 HCC Calendar

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# HCC 2027 Renewal Calendar



SMCSIG - HCC Group 2026 Calendar	
<b>JANUARY</b>	
1/15/2026	Executive Committee Meeting
1/14/2026	HCC Meeting
	Provide OE enrollment results & analysis
	Request feedback from HCC member districts
	Discuss 2026 Plan Year calendar, i.e. market trends, carrier meetings, goals & objectives
<b>FEBRUARY</b>	
2/11/2026	HCC Meeting
	Topics TBD based on HCC Member District feedback from January meeting
<b>MARCH</b>	
3/5/2026	Executive Committee Meeting (preliminary DN-VS renewal)
3/11/2026	HCC Meeting
	2027 Plan Year - Prenewal Strategy Discussion
	Topics TBD based on HCC Member District feedback from January meeting
<b>APRIL</b>	
4/8/2025	HCC Meeting
	Market Trend
	HCC overview
	2027 Sustainability
	HCC recommendations for structural changes for 2027 & beyond
	CalPERS update
	HCC requested topics for upcoming meetings
	<b>ACTION REQUESTED</b>
	TBD
<b>MAY</b>	
5/21/2026	Executive Committee Meeting
5/13/2026	HCC Meeting
	Kaiser Utilization review
<b>JUNE</b>	
6/12/2026	JPA BOARD Meeting - finalize DN-VS renewal
6/10/2026	HCC Meeting

JULY	
7/8/2026	HCC Meeting
	Review carrier renewals, including enrollment by plan, carrier required plan design changes and 2027 initial renewal rates
	Review HCC Financial Report
	Review 2027 CalPERS Rates
	BCC Update
	<b>ACTION REQUESTED:</b>
	TBD
<b>AUGUST</b>	
8/12/2026	HCC Meeting
	Confirm 2027 renewals & subsidy
	Confirm 2027 plans & rates
	Review HCC Financial Report & discuss application of margin reserve for 2027 plan year
	<b>ACTION REQUESTED:</b>
	TBD
<b>SEPTEMBER</b>	
	HCC Meeting
	Finalize open enrollment (OE) process and OE communications
	<b>ACTION REQUESTED:</b>
	TBD
<b>END OF OCTOBER THROUGH NOVEMBER</b>	
	OPEN ENROLLMENT
<b>DECEMBER</b>	
TBD	HCC Meeting
	TBD

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## Next Steps

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# Next Steps

- ▶ Executive Committee Meeting 3/5
  - Preliminary dental and vision rates
  
- ▶ Topics for March HCC Meeting
  - Continue 2027 Strategy Discussion
    - Plan design considerations
  - Other?
  
- ▶ Life and Disability
  - Interest Survey & Marketing

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# Appendix

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# Kaiser HMO Benefit Summaries

Medical Plan Benefits	
<b>IN-NETWORK MEDICAL BENEFITS</b>	
Calendar Year Deductible	Individual / Individual within Family / Family
Annual Out-of-Pocket Maximum	Individual / Individual within Family / Family
Physician Office Visit	\$15
Specialist Copay	\$15
Lab- Freestanding Facility / OP Hospital	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge
Advanced Imaging- CT, MRI, PET scans	No Charge
Urgent Care Services	\$15 per visit
Emergency Room	\$50 per visit
Outpatient Surgery	\$15
Inpatient Hospitalization	No Charge
Chiropractic Care	\$15 <i>(20 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(20 visits / calendar year combined with chiro)</i>
<b>IN-NETWORK PRESCRIPTION DRUGS</b>	
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$5 / \$20
Supply Limit	30 days supply
Mail Order Cost	\$10 / \$40
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$20

Kaiser \$15 CalPERS Plan CalPERS Plan w/ Chiro	
Individual / Individual within Family / Family	
Calendar Year Deductible	None
Annual Out-of-Pocket Maximum	\$1,500 / \$3,000
Physician Office Visit	\$15
Specialist Copay	\$15
Lab- Freestanding Facility / OP Hospital	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge
Advanced Imaging- CT, MRI, PET scans	No Charge
Urgent Care Services	\$15 per visit
Emergency Room	\$50 per visit
Outpatient Surgery	\$15
Inpatient Hospitalization	No Charge
Chiropractic Care	\$15 <i>(20 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(20 visits / calendar year combined with chiro)</i>
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$5 / \$20
Supply Limit	30 days supply
Mail Order Cost	\$10 / \$40
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$20

Kaiser Traditional HMO \$20 High Plan w/ Decrements (Modified) + Chiro	
Individual / Individual within Family / Family	
Calendar Year Deductible	None
Annual Out-of-Pocket Maximum	\$1,500 / \$1,500 / \$3,000
Physician Office Visit	\$20
Specialist Copay	\$20
Lab- Freestanding Facility / OP Hospital	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge
Advanced Imaging- CT, MRI, PET scans	No Charge
Urgent Care Services	\$20 per visit
Emergency Room	\$100 per visit (waived if admitted)
Outpatient Surgery	\$20
Inpatient Hospitalization	\$250
Chiropractic Care	\$15 <i>(30 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(30 visits / calendar year combined with chiro)</i>
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$10 / \$20
Supply Limit	30 days supply
Mail Order Cost	\$20 / \$40
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$20

Kaiser Traditional HMO \$20 High HMO Plan 2 w/ Chiro	
Individual / Individual within Family / Family	
Calendar Year Deductible	None
Annual Out-of-Pocket Maximum	\$1,500 / \$1,500 / \$3,000
Physician Office Visit	\$20
Specialist Copay	\$20
Lab- Freestanding Facility / OP Hospital	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge
Advanced Imaging- CT, MRI, PET scans	No Charge
Urgent Care Services	\$20 per visit
Emergency Room	\$50 per visit (waived if admitted)
Outpatient Surgery	\$20
Inpatient Hospitalization	No Charge
Chiropractic Care	\$15 <i>(30 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(30 visits / calendar year combined with chiro)</i>
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$10 / \$10
Supply Limit	100 days supply
Mail Order Cost	\$10 / \$10
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$10

Kaiser Deductible HMO Plan \$20 Mid DHMO Plan 4 w/ Chiro	
Individual / Individual within Family / Family	
Calendar Year Deductible	\$1,000 / \$1,000 / \$2,000
Annual Out-of-Pocket Maximum	\$3,000 / \$3,000 / \$6,000
Physician Office Visit	\$20 <sup>1</sup>
Specialist Copay	\$20 <sup>1</sup>
Lab- Freestanding Facility / OP Hospital	\$10 <sup>1</sup>
X-Rays- Freestanding Facility / OP Hospital	\$10 <sup>1</sup>
Advanced Imaging- CT, MRI, PET scans	20% (max \$50) <sup>1</sup>
Urgent Care Services	\$20 per visit <sup>1</sup>
Emergency Room	20%* (waived if admitted)
Outpatient Surgery	20%*
Inpatient Hospitalization	20%*
Chiropractic Care	\$15 <i>(30 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(30 visits / calendar year combined with chiro)</i>
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$10 <sup>1</sup> / \$30 <sup>1</sup>
Supply Limit	30 days supply
Mail Order Cost	\$20 <sup>1</sup> / \$60 <sup>1</sup>
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$30 <sup>1</sup>

Kaiser Deductible HMO Plan \$40 Low DHMO Plan 5 w/ Chiro	
Individual / Individual within Family / Family	
Calendar Year Deductible	\$3,000 / \$3,000 / \$6,000
Annual Out-of-Pocket Maximum	\$6,000 / \$6,000 / \$12,000
Physician Office Visit	\$40 <sup>1</sup>
Specialist Copay	\$40 <sup>1</sup>
Lab- Freestanding Facility / OP Hospital	\$10 <sup>1</sup>
X-Rays- Freestanding Facility / OP Hospital	\$10 <sup>1</sup>
Advanced Imaging- CT, MRI, PET scans	30% (max \$50) <sup>1</sup>
Urgent Care Services	\$40 <sup>1</sup>
Emergency Room	30%* (waived if admitted)
Outpatient Surgery	30%*
Inpatient Hospitalization	30%*
Chiropractic Care	\$15 <i>(30 visits / calendar year combined with acu)</i>
Acupuncture Care	\$15 <i>(30 visits / calendar year combined with chiro)</i>
Prescription Deductible	None
Pharmacy Tier Structure	Generic / Brand
Retail Cost	\$10 <sup>1</sup> / \$30 <sup>1</sup>
Supply Limit	30 days supply
Mail Order Cost	\$20 <sup>1</sup> / \$60 <sup>1</sup>
Supply Limit	100 days supply
Specialty Medication Cost - 30 days supply	\$30 <sup>1</sup>



# Kaiser HMO HDHP Benefit Summary

Medical Plan Benefits
<b>MEDICAL BENEFITS</b>
Calendar Year Deductible Individual / Individual within Family / Family
Annual Out-of-Pocket Maximum Individual / Individual within Family / Family
Physician Office Visit
Specialist Visit
Lab- Freestanding Facility / OP Hospital
X-Rays- Freestanding Facility / OP Hospital
Advanced Imaging- CT, MRI, PET scans
Urgent Care Services
Emergency Room
Outpatient Surgery
Inpatient Hospitalization
Chiropractic Care <i>Visits per Calendar Year</i>
Acupuncture Care <i>Visits per Calendar Year</i>
<b>PRESCRIPTION DRUGS</b>
Prescription Deductible
Pharmacy Tier Structure
Retail Cost <i>Supply Limit</i>
Mail Order Cost <i>Supply Limit</i>
Specialty Medication Cost

\* After annual deductible has been met

Kaiser HMO HSA Plan 6 (HDHP)
\$2,000 / \$3,400 / \$4,000
\$3,400 / \$3,400 / \$6,400
\$30*
\$30*
\$10*
\$10*
\$50*
\$30*
\$100* (waived if admitted)
\$150*
\$250 per admit*
<i>Not Covered</i>
<i>\$30 (referral only)</i>
N/A
Generic / Brand
\$10* / \$30*
<i>30 days supply</i>
\$20* / \$60*
<i>100 days supply</i>
\$30*



# UHC HMO Benefit Summaries

Medical Plan Benefits	United Healthcare SV Alliance \$15 (GZ7)	United Healthcare SV Full Network \$15 (G4U/6LT)	United Healthcare SV (GG4) 20/500 (Full Network)
Network Changes	Alliance Network remaining as is for 2026	Advantage/Canopy Network being removed for 2026; replaced with the Signature Value Full Network	Advantage/Canopy Network being removed for 2026; replaced with the Signature Value Full Network
<b>IN-NETWORK MEDICAL BENEFITS</b>	<b>Individual / Family</b>	<b>Individual / Family</b>	<b>Individual / Family</b>
Calendar Year Deductible Individual / Family	None	None	None
Annual Out-of-Pocket Maximum Individual / Family	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,500 / \$5,000
Physician Office Visit	\$15	\$15	\$20
Specialist Copay	\$15	\$15	\$20
Lab- Freestanding Facility / OP Hospital	No Charge	No Charge	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge	No Charge	No Charge
Advanced Imaging- CT, MRI, PET scans	\$100	\$100	No Charge
Urgent Care Services	\$15	\$15	\$20
Emergency Room	\$50 (waived if admitted)	\$50 (waived if admitted)	\$100 (waived if admitted)
Outpatient Surgery	No Charge	No Charge	\$100
Inpatient Hospitalization	No Charge	No Charge	\$500 / admit
Chiropractic Care <i>Visits per Calendar Year</i>	\$10 <i>(30 visits / year combined with Acu)</i>	\$10 <i>(30 visits / year combined with Acu)</i>	\$10 <i>(30 visits / year combined with Acu)</i>
Acupuncture Care <i>Visits per Calendar Year</i>	\$10 <i>(30 visits / year combined with Chiro)</i>	\$10 <i>(30 visits / year combined with Chiro)</i>	\$10 <i>(30 visits / year combined with Chiro)</i>
<b>IN-NETWORK PRESCRIPTION DRUGS</b>			
Prescription Deductible	None	None	None
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical	Combined with Medical
Pharmacy Tier Structure	Tier 1 / Tier 2 / Tier 3	Tier 1 / Tier 2 / Tier 3	Tier 1 / Tier 2 / Tier 3
Retail Cost	\$5 / \$20 / \$20	\$5 / \$20 / \$20	\$10 / \$30 / \$50
Supply Limit	31 days supply	31 days supply	31 days supply
Mail Order Cost	\$10 / \$40 / \$40	\$10 / \$40 / \$40	\$20 / \$60 / \$100
Supply Limit	90 days supply	90 days supply	90 days supply



# UHC PPO Benefit Summaries

Medical Plan Benefits
<b>MEDICAL BENEFITS</b>
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family
Physician Office Visit
Specialist Visit
Lab- Freestanding Facility / OP Hospital
X-Rays- Freestanding Facility / OP Hospital
Advanced Imaging- CT, MRI, PET scans
Urgent Care Services
Emergency Room
Outpatient Surgery
Inpatient Hospitalization
Chiropractic Care <i>Visits per Calendar Year</i>
Acupuncture Care <i>Visits per Calendar Year</i>
<b>PRESCRIPTION DRUGS</b>
Prescription Deductible
Prescription Out-of-Pocket Maximum
Pharmacy Tier Structure
Retail Cost <i>Supply Limit</i>
Mail Order Cost <i>Supply Limit</i>

United Healthcare CA Select Plus CUI7/DKS4 - 70/50	
IN-NETWORK	OUT-OF-NETWORK
\$1,000 / \$2,000	\$2,000 / \$4,000
\$4,000 / \$8,000	\$10,000 / \$20,000
\$25	50%*
\$25	50%*
No Charge	Not Covered
No Charge	50%*
30%*	50%*
\$125	50%*
\$250	Covered as in-network
30%*	50%* (Max \$760/day)
30%*	50%*
\$25 <i>(24 visits / calendar year)</i>	Not Covered
\$25 <i>(12 visits / calendar year)</i>	Not Covered
National Network, Advantage Drug List	
None Combined with Medical Tier 1 / Tier 2 / Tier 3	
\$7 / \$20 / \$35 <i>31 days supply</i>	\$7 / \$20 / \$35
\$0 / \$40 / \$70 <i>90 days supply</i>	Not Covered

United Healthcare CA Select Plus CUI9/DKS6 - 80/60	
IN-NETWORK	OUT-OF-NETWORK
\$650 / \$1,300	\$650 / \$1,300
\$4,000 / \$8,000	\$7,000 / \$14,000
\$25	40%*
\$25	40%*
No Charge	Not Covered
No Charge	40%*
20%*	40%*
\$25	40%*
\$250	Covered as in-network
20%*	40%* (Max \$760/day)
20%*	40%*
\$25 <i>(24 visits / calendar year)</i>	Not Covered
\$20 <i>(12 visits / calendar year)</i>	Not Covered
National Network, Advantage Drug List	
None Combined with Medical Tier 1 / Tier 2 / Tier 3	
\$7 / \$20 / \$35 <i>31 days supply</i>	\$7 / \$20 / \$35
\$0 / \$40 / \$70 <i>90 days supply</i>	Not Covered

United Healthcare CA Select Plus CUIU/DKSR - 90/60	
IN-NETWORK	OUT-OF-NETWORK
\$400 / \$800	\$400 / \$800
\$2,000 / \$4,000	\$4,000 / \$8,000
\$20	40%*
\$30	40%*
No Charge	Not Covered
No Charge	40%*
10%*	40%*
\$50	40%*
\$250	Covered as in-network
10%*	40%* (Max \$760/day)
10%*	40%*
\$20 <i>(24 visits / calendar year)</i>	Not Covered
\$20 <i>(12 visits / calendar year)</i>	Not Covered
National Network, Advantage Drug List	
None Combined with Medical Tier 1 / Tier 2 / Tier 3	
\$7 / \$20 / \$35 <i>31 days supply</i>	\$7 / \$20 / \$35
\$0 / \$40 / \$70 <i>90 days supply</i>	Not Covered

\* After annual deductible has been met

# UHC PPO HDHP Benefit Summary



Medical Plan Benefits
MEDICAL BENEFITS
Calendar Year Deductible Individual / Family
Annual Out-of-Pocket Maximum Individual / Family
Physician Office Visit
Specialist Visit
Lab- Freestanding Facility / OP Hospital
X-Rays- Freestanding Facility / OP Hospital
Advanced Imaging- CT, MRI, PET scans
Urgent Care Services
Emergency Room
Outpatient Surgery
Inpatient Hospitalization
Chiropractic Care <i>Visits per Calendar Year</i>
Acupuncture Care <i>Visits per Calendar Year</i>
PRESCRIPTION DRUGS
Prescription Deductible
Prescription Out-of-Pocket Maximum
Pharmacy Tier Structure
Retail Cost <i>Supply Limit</i>
Mail Order Cost <i>Supply Limit</i>

United Healthcare	
CA Select Plus HDHP EBLH/ECU6 - HSA	
IN-NETWORK	OUT-OF-NETWORK
\$5,000 / \$10,000	\$5,000 / \$10,000
\$6,500 / \$13,000	\$6,500 / \$13,000
\$20*	40%*
\$40*	40%*
20%*	Not Covered
20%*	40%*
20%*	40%*
20%*	40%*
20%*	Covered as in-network
20%*	40%* (Max \$760/day)
20%*	40%*
\$20*	Not Covered
<i>(24 visits / calendar year)</i>	
\$20*	Not Covered
<i>(20 visits / calendar year)</i>	
National Network, Advantage w/ Core Plus Preventitive	
Combined with Medical	
Combined with Medical	
Tier 1 / Tier 2 / Tier 3	
\$7* / \$25* / \$45*	\$7* / \$25* / \$45*
<i>31 days supply</i>	
\$0* / \$50* / \$90*	Not Covered
<i>90 days supply</i>	

\* After annual deductible has been met



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# Thank you

