CALIFORNIA SCHOOLS VEBA
YOUR HEALTH, OUR PURPOSE

RetireeFirst Humana PPO Plans

Retirees — 2027 Benefits

Benefits Summary	RetireeFirst - Humana $15 PPO What You Pay	RetireeFirst - Humana $0 PPO What You Pay
Medical Deductible	None	None
Medical Out-of-Pocket Maximum	$1,500 / Individual	$2,000 / Individual
PCP Office Visit	$15 copay	None
Specialist Office Visit	$15 copay	$30 copay
Preventive Care	None	None
Inpatient Hospital Care	$200 copay per admit	$175 copay per admit
Mental Health and Substance Abuse Services	Outpatient: $15 copay Inpatient: $200 copay	Outpatient: $30 copay Inpatient: $175 copay
Outpatient Surgery	$15 copay	$100 copay
Urgent Care (office visit only)	$15 copay	$40 copay
Emergency Room (copay waived if admitted)	$50 copay	$80 copay
Ambulance	$50 copay	$100 copay
Short-Term Prescription Drugs [1,2]	Generic: $10 copay Preferred: $25 copay Non-Preferred: $50 copay Specialty: $50 copay (up to a 30-day supply)	Generic: $5 copay Preferred: $25 copay Non-Preferred: $40 copay Specialty: $40 copay (up to a 30-day supply)
Long-Term Prescription Drugs [1,2,]	Generic: $20 copay Preferred: $50 copay Non-Preferred: $100 copay Specialty: N/A (up to a 100-day supply)	Generic: $10 copay Preferred: $50 copay Non-Preferred: $80 copay Specialty: N/A (up to a 100-day supply)
Annual Routine Hearing Exam	None	None

Some of the network benefits listed may require your provider to obtain prior authorization. You never need approval in advance for plan covered services from out-of-network providers. Please refer to the Evidence of Coverage for a complete list of services that may require prior authorization.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change each plan year.

1 Catastrophic: When a member's Part D Maximum Out-of-Pocket (MOOP) cost reaches $2,400 (enhanced drug coverage claims are excluded from accrual towards the Part D MOOP), Humana then pays 100% of covered Part D Rx claims, including enhanced drug coverage.
2 Retail and Mail Order: The benefit for a 100-day supply is limited to Rx formulary Tiers 1-2 and most drugs on Tier 3. Regardless of tier placement, Specialty drugs are limited to a 30-day supply.

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.