

## Davis Joint Unified School District - CalPERS Withdrawal Project Timeline

	Pending	Declined	Received	Notes
<b>Carrier Direct - Active/Early Retiree Marketing</b>				
Kaiser	X			Rates will be released after the 1/2024 renewal is released.
Anthem Blue Cross		X		Declined due to not being competitive.
Blue Shield		X		Declined due to not meeting participation requirements.
Health Net		X		Declined due to not being competitive.
Aetna		X		
CIGNA		X		Declined due to not being competitive.
United Healthcare		X		Declined due to not being able to provide claims experience.
Sutter Health Plus			X	
Western Health Advantage			X	
<b>Carrier Direct - Post 65 Retirees</b>				
Kaiser	X			Rates will be released after the CalPERS 1/2024 renewal is released
Anthem Blue Cross		X		Declined due to not being competitive
Blue Shield		X		Declined due to not meeting participation requirements
Health Net		X		Declined due to not being competitive
Aetna		X		
CIGNA		X		Declined due to not being competitive
United Healthcare		X		Declined due to not being able to provide claims experience
Sutter Health Plus			X	
Western Health Advantage			X	
<b>JPA/Trust - Active/Early Retiree/Post 65 Retirees</b>				
CCCSIG			X	
SISC	X			
CVT	X			
San Mateo Medical Consortium	X			
<b>Direct Post 65 Retiree</b>				
RetireeFirst			X	
The Hartford		X		
Futuris Care			X	



Davis Joint Unified School District  
 CalPERS 2024 **PRELIMINARY** Renewal

Plan Name	Current		Renewal	
	Kaiser		Kaiser + 11.78% Increase	
Rating Structure	Rate	Subscribers	Rate	Subscribers
EE	\$913.74	166	\$1,021.48	166
EE & 1 Dep	\$1,827.48	35	\$2,042.96	35
EE & 2+ Deps	\$2,375.72	51	\$2,655.58	51
<b>Total Monthly Premium</b>	<b>\$336,804.36</b>		<b>\$376,503.85</b>	
<b>Total Annual Premium</b>	<b>\$4,041,652.32</b>		<b>\$4,518,046.21</b>	
<b>% Change over Current Annual Premium</b>	<b>11.78%</b>			
<b>\$ Change over Current Annual Premium</b>	<b>\$476,393.89</b>			

Plan Name	Current		Renewal		Current		Renewal		Current		Renewal		Current		Renewal		Current		Renewal					
	Anthem - Traditional		Anthem - Traditional + 11.25 Increase		Anthem - Select		Anthem - Select + 8.83% Increase		Blue Shield - Access+		Blue Shield Access+ + 4.02% Increase		Blue Shield - Trio		Blue Shield Trio + 6.51% Increase		United Healthcare SignatureValue Alliance		United Healthcare SignatureValue Alliance + 4.51% Increase		Western Health Advantage (WHA)		Western Health Advantage (WHA) + 6.19% Increase	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE	\$1,210.71	1	\$1,346.69	1	\$1,128.83	7	\$1,228.45	7	\$1,035.21	14	\$1,076.84	14	\$888.94	2	\$946.84	2	\$1,044.07	17	\$1,091.13	17	\$760.17	54	\$807.23	54
EE & 1 Dep	\$2,421.42	0	\$2,693.38	0	\$2,257.66	0	\$2,456.90	0	\$2,070.42	2	\$2,153.68	2	\$1,777.88	0	\$1,893.68	0	\$2,088.14	1	\$2,182.26	1	\$1,520.34	6	\$1,614.46	6
EE & 2+ Deps	\$3,147.85	0	\$3,501.98	0	\$2,934.96	3	\$3,194.11	3	\$2,691.55	3	\$2,799.75	3	\$2,311.24	0	\$2,461.70	0	\$2,714.58	6	\$2,837.01	6	\$1,976.44	16	\$2,098.78	16
<b>Total Monthly Premium</b>	<b>\$1,210.71</b>		<b>\$1,346.69</b>		<b>\$16,706.68</b>		<b>\$18,181.49</b>		<b>\$26,708.42</b>		<b>\$27,782.36</b>		<b>\$1,777.88</b>		<b>\$1,893.68</b>		<b>\$36,124.81</b>		<b>\$37,753.52</b>		<b>\$81,794.26</b>		<b>\$86,857.69</b>	
<b>Total Annual Premium</b>	<b>\$14,528.52</b>		<b>\$16,160.28</b>		<b>\$200,480.21</b>		<b>\$218,177.93</b>		<b>\$320,501.02</b>		<b>\$333,388.30</b>		<b>\$21,334.56</b>		<b>\$22,724.16</b>		<b>\$433,497.72</b>		<b>\$453,042.18</b>		<b>\$981,531.12</b>		<b>\$1,042,292.23</b>	
<b>% Change over Current Annual Premium</b>			<b>11.25%</b>				<b>8.83%</b>				<b>4.02%</b>				<b>6.51%</b>				<b>4.51%</b>				<b>6.19%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,631.76</b>				<b>\$17,697.72</b>				<b>-\$653,889.32</b>				<b>\$0.00</b>				<b>\$0.00</b>				<b>\$60,761.11</b>	

Plan Name	Current		Renewal		Current		Renewal	
	PERS Gold		PERS Gold +10.81% Increase		PERS Platinum		PERS Platinum + 9.51% Increase	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE	\$825.61	50	\$914.82	50	\$1,200.12	17	\$1,314.27	17
EE & 1 Dep	\$1,651.22	4	\$1,829.64	4	\$2,400.24	5	\$2,628.54	5
EE & 2+ Deps	\$2,146.59	15	\$2,378.63	15	\$3,120.31	2	\$3,417.05	2
<b>Total Monthly Premium</b>	<b>\$80,084.17</b>		<b>\$88,739.04</b>		<b>\$38,643.86</b>		<b>\$42,319.40</b>	
<b>Total Annual Premium</b>	<b>\$961,010.04</b>		<b>\$1,064,868.47</b>		<b>\$463,726.37</b>		<b>\$507,832.77</b>	
<b>% Change over Current Monthly Premium</b>			<b>10.81%</b>				<b>9.51%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$103,858.43</b>				<b>\$44,106.40</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Anthem Traditional		CalPERS Renewal Anthem Traditional Based on CalPERS Preliminary Renewal		Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,210.71	1	\$1,346.69	1	\$924.40	1	\$794.10	1	\$763.50	1	\$740.50	1	\$712.40	1
EE + 1	\$2,421.42	0	\$2,693.38	0	\$1,849.00	0	\$1,588.40	0	\$1,527.20	0	\$1,481.20	0	\$1,425.00	0
EE + Family	\$3,147.85	0	\$3,501.98	0	\$2,404.40	0	\$2,065.60	0	\$1,986.10	0	\$1,926.30	0	\$1,853.20	0
<b>Total Monthly Premium</b>	<b>\$1,210.71</b>		<b>\$1,346.69</b>		<b>\$924.40</b>		<b>\$794.10</b>		<b>\$763.50</b>		<b>\$740.50</b>		<b>\$712.40</b>	
<b>Total Annual Premium</b>	<b>\$14,528.52</b>		<b>\$16,160.28</b>		<b>\$11,092.80</b>		<b>\$9,529.20</b>		<b>\$9,162.00</b>		<b>\$8,886.00</b>		<b>\$8,548.80</b>	
<b>% Change over Current Monthly Premium</b>			<b>11.23%</b>		<b>-23.65%</b>		<b>-34.41%</b>		<b>-36.94%</b>		<b>-38.84%</b>		<b>-41.16%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,631.76</b>		<b>-\$3,435.72</b>		<b>-\$6,631.08</b>		<b>-\$1,930.80</b>		<b>-\$643.20</b>		<b>-\$7,611.48</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-31.36%</b>		<b>-41.03%</b>		<b>-43.31%</b>		<b>-45.01%</b>		<b>-47.10%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$5,067.48</b>		<b>-\$6,631.08</b>		<b>-\$6,998.28</b>		<b>-\$7,274.28</b>		<b>-\$7,611.48</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Anthem Select DOES NOT INCLUDE UC DAVIS		CalPERS Renewal Anthem Select Based on CalPERS Preliminary Renewal		Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,128.83	7	\$1,228.45	7	\$924.40	7	\$794.10	7	\$763.50	7	\$740.50	7	\$712.40	7
EE + 1	\$2,257.66	0	\$2,456.90	0	\$1,849.00	0	\$1,588.40	0	\$1,527.20	0	\$1,481.20	0	\$1,425.00	0
EE + Family	\$2,934.96	3	\$3,194.11	3	\$2,404.40	3	\$2,065.60	3	\$1,986.10	3	\$1,926.30	3	\$1,853.20	3
<b>Total Monthly Premium</b>	<b>\$16,706.69</b>		<b>\$18,181.48</b>		<b>\$13,684.00</b>		<b>\$11,755.50</b>		<b>\$11,302.80</b>		<b>\$10,962.40</b>		<b>\$10,546.40</b>	
<b>Total Annual Premium</b>	<b>\$200,480.28</b>		<b>\$218,177.76</b>		<b>\$164,208.00</b>		<b>\$141,066.00</b>		<b>\$135,633.60</b>		<b>\$131,548.80</b>		<b>\$126,556.80</b>	
<b>% Change over Current Monthly Premium</b>			<b>8.83%</b>		<b>-18.09%</b>		<b>-29.64%</b>		<b>-32.35%</b>		<b>-34.38%</b>		<b>-36.87%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$17,697.48</b>		<b>-\$36,272.28</b>		<b>-\$77,111.76</b>		<b>-\$28,574.40</b>		<b>-\$9,517.20</b>		<b>-\$9,076.80</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-18.09%</b>		<b>-14.09%</b>		<b>-3.85%</b>		<b>-3.01%</b>		<b>-3.79%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$53,969.76</b>		<b>-\$77,111.76</b>		<b>-\$82,544.16</b>		<b>-\$86,628.96</b>		<b>-\$91,620.96</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Access+		CalPERS Renewal BlueShield Access+ Based on CalPERS Preliminary Renewal		Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,035.21	14	\$1,076.84	14	\$924.40	14	\$794.10	14	\$763.50	14	\$740.50	14	\$712.40	14
EE + 1	\$2,070.42	2	\$2,153.68	2	\$1,849.00	2	\$1,588.40	2	\$1,527.20	2	\$1,481.20	2	\$1,425.00	2
EE + Family	\$2,691.55	3	\$2,799.75	3	\$2,404.40	3	\$2,065.60	3	\$1,986.10	3	\$1,926.30	3	\$1,853.20	3
<b>Total Monthly Premium</b>	<b>\$26,708.43</b>		<b>\$27,782.37</b>		<b>\$23,852.80</b>		<b>\$20,491.00</b>		<b>\$19,701.70</b>		<b>\$19,108.30</b>		<b>\$18,383.20</b>	
<b>Total Annual Premium</b>	<b>\$320,501.16</b>		<b>\$333,388.44</b>		<b>\$286,233.60</b>		<b>\$245,892.00</b>		<b>\$236,420.40</b>		<b>\$229,299.60</b>		<b>\$220,598.40</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.02%</b>		<b>-10.69%</b>		<b>-23.28%</b>		<b>-26.23%</b>		<b>-28.46%</b>		<b>-31.17%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$12,887.28</b>		<b>-\$34,267.56</b>		<b>-\$74,609.16</b>		<b>-\$84,080.76</b>		<b>-\$91,201.56</b>		<b>-\$99,902.76</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-14.14%</b>		<b>-14.09%</b>		<b>-3.85%</b>		<b>-3.01%</b>		<b>-3.79%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$47,154.84</b>		<b>-\$87,496.44</b>		<b>-\$96,968.04</b>		<b>-\$104,088.84</b>		<b>-\$112,790.04</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Trio DOES NOT INCLUDE UC DAVIS		CalPERS Renewal BlueShield Trio Based on CalPERS Preliminary Renewal		Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$888.94	2	\$946.84	2	\$924.40	2	\$794.10	2	\$763.50	2	\$740.50	2	\$712.40	2
EE + 1	\$1,777.88	0	\$1,893.68	0	\$1,849.00	0	\$1,588.40	0	\$1,527.20	0	\$1,481.20	0	\$1,425.00	0
EE + Family	\$2,311.24	0	\$2,461.70	0	\$2,404.40	0	\$2,065.60	0	\$1,986.10	0	\$1,926.30	0	\$1,853.20	0
<b>Total Monthly Premium</b>	<b>\$1,777.88</b>		<b>\$1,893.68</b>		<b>\$1,848.80</b>		<b>\$1,588.20</b>		<b>\$1,527.00</b>		<b>\$1,481.00</b>		<b>\$1,424.80</b>	
<b>Total Annual Premium</b>	<b>\$21,334.56</b>		<b>\$22,724.16</b>		<b>\$22,185.60</b>		<b>\$19,058.40</b>		<b>\$18,324.00</b>		<b>\$17,772.00</b>		<b>\$17,097.60</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.51%</b>		<b>3.99%</b>		<b>-10.67%</b>		<b>-14.11%</b>		<b>-16.70%</b>		<b>-19.86%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,389.60</b>		<b>\$851.04</b>		<b>-\$2,276.16</b>		<b>-\$3,010.56</b>		<b>-\$3,562.56</b>		<b>-\$4,236.96</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-2.37%</b>		<b>-16.13%</b>		<b>-19.36%</b>		<b>-21.79%</b>		<b>-24.76%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$538.56</b>		<b>-\$3,665.76</b>		<b>-\$4,400.16</b>		<b>-\$4,952.16</b>		<b>-\$5,626.56</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current United Healthcare SignatureValue Alliance <b>DOES NOT INCLUDE UC DAVIS</b>		CalPERS Renewal United Healthcare SignatureValue Alliance <b>Based on CalPERS Preliminary Renewal</b>		Sutter Health Plus Summit ML67 <b>DOES NOT INCLUDE UC DAVIS</b>		Sutter Health Plus Peak ML68 <b>DOES NOT INCLUDE UC DAVIS</b>		Sutter Health Plus Peak ML69 <b>DOES NOT INCLUDE UC DAVIS</b>		Sutter Health Plus Peak ML70 <b>DOES NOT INCLUDE UC DAVIS</b>		Sutter Health Plus Peak ML71 <b>DOES NOT INCLUDE UC DAVIS</b>	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,044.07	17	\$1,091.13	17	\$924.40	17	\$794.10	17	\$763.50	17	\$740.50	17	\$712.40	17
EE + 1	\$2,088.14	1	\$2,182.26	1	\$1,849.00	1	\$1,588.40	1	\$1,527.20	1	\$1,481.20	1	\$1,425.00	1
EE + Family	\$2,714.58	5	\$2,837.01	5	\$2,404.40	5	\$2,065.60	5	\$1,986.10	5	\$1,926.30	5	\$1,853.20	5
<b>Total Monthly Premium</b>	<b>\$33,410.23</b>		<b>\$34,916.52</b>		<b>\$29,585.80</b>		<b>\$25,416.10</b>		<b>\$24,437.20</b>		<b>\$23,701.20</b>		<b>\$22,801.80</b>	
<b>Total Annual Premium</b>	<b>\$400,922.76</b>		<b>\$418,998.24</b>		<b>\$355,029.60</b>		<b>\$304,993.20</b>		<b>\$293,246.40</b>		<b>\$284,414.40</b>		<b>\$273,621.60</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.51%</b>		<b>-11.45%</b>		<b>-23.93%</b>		<b>-26.86%</b>		<b>-29.06%</b>		<b>-31.75%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$18,075.48</b>		<b>-\$45,893.16</b>		<b>-\$95,929.56</b>		<b>-\$107,676.36</b>		<b>-\$116,508.36</b>		<b>-\$127,301.16</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-15.27%</b>		<b>-27.21%</b>		<b>-30.01%</b>		<b>-32.12%</b>		<b>-34.70%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$63,968.64</b>		<b>-\$114,005.04</b>		<b>-\$125,751.84</b>		<b>-\$134,583.84</b>		<b>-\$145,376.64</b>	

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**Davis Joint Unified School District**

**Sutter Health Plus HMO/PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current WHA HMO DOES NOT INCLUDE UC DAVIS		CalPERS Renewal WHA HMO Based on CalPERS Preliminary Renewal		Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS		Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$35 ER \$10/\$20/\$35 Rx Copay		\$500/\$1000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$1500/\$3000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$20/\$35 Rx Copay		\$2500/\$5000 Deductible \$20 Office Visit Copay \$100 AD ER \$10/\$30/\$60 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$760.17	53	\$807.23	53	\$924.40	53	\$794.10	53	\$763.50	53	\$740.50	53	\$712.40	53
EE + 1	\$1,520.34	6	\$1,614.46	6	\$1,849.00	6	\$1,588.40	6	\$1,527.20	6	\$1,481.20	6	\$1,425.00	6
EE + Family	\$1,976.44	15	\$2,098.78	15	\$2,404.40	15	\$2,065.60	15	\$1,986.10	15	\$1,926.30	15	\$1,853.20	15
<b>Total Monthly Premium</b>	<b>\$79,057.65</b>		<b>\$83,951.65</b>		<b>\$96,153.20</b>		<b>\$82,601.70</b>		<b>\$79,420.20</b>		<b>\$77,028.20</b>		<b>\$74,105.20</b>	
<b>Total Annual Premium</b>	<b>\$948,691.80</b>		<b>\$1,007,419.80</b>		<b>\$1,153,838.40</b>		<b>\$991,220.40</b>		<b>\$953,042.40</b>		<b>\$924,338.40</b>		<b>\$889,262.40</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.19%</b>		<b>21.62%</b>		<b>4.48%</b>		<b>0.46%</b>		<b>-2.57%</b>		<b>-6.26%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$58,728.00</b>		<b>\$205,146.60</b>		<b>\$42,528.60</b>		<b>\$4,350.60</b>		<b>-\$24,353.40</b>		<b>-\$59,429.40</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>14.53%</b>		<b>-1.61%</b>		<b>-5.40%</b>		<b>-8.25%</b>		<b>-11.73%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$146,418.60</b>		<b>-\$16,199.40</b>		<b>-\$54,377.40</b>		<b>-\$83,081.40</b>		<b>-\$118,157.40</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	CaPERS Current Anthem Traditional		CaPERS Renewal Anthem Traditional Based on CaPERS Preliminary Renewal		Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay		\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD	
Plan Name	HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,210.71	1	\$1,346.69	1	\$867.68	1	\$632.92	1	\$582.82	1
EE + 1	\$2,421.42	0	\$2,693.38	0	\$1,735.36	0	\$1,265.84	0	\$1,165.64	0
EE + Family	\$3,147.85	0	\$3,501.98	0	\$2,603.04	0	\$1,898.76	0	\$1,748.46	0
<b>Total Monthly Premium</b>	<b>\$1,210.71</b>		<b>\$1,346.69</b>		<b>\$867.68</b>		<b>\$632.92</b>		<b>\$582.82</b>	
<b>Total Annual Premium</b>	<b>\$14,528.52</b>		<b>\$16,160.28</b>		<b>\$10,412.16</b>		<b>\$7,595.04</b>		<b>\$6,993.84</b>	
<b>% Change over Current Monthly Premium</b>			<b>11.23%</b>		<b>-28.33%</b>		<b>-47.72%</b>		<b>-51.86%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,631.76</b>		<b>-\$4,116.36</b>		<b>-\$6,933.48</b>		<b>-\$7,534.68</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-35.57%</b>		<b>-53.00%</b>		<b>-56.72%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$5,748.12</b>		<b>-\$8,565.24</b>		<b>-\$9,166.44</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	<b>CalPERS Current Anthem Select DOES NOT INCLUDE UC DAVIS</b>		<b>CalPERS Renewal Anthem Select Based on CalPERS Preliminary Renewal</b>		<b>Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS</b>		<b>Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS</b>		<b>Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS</b>	
	<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay</b>		<b>\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay</b>		<b>\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD</b>	
Plan Name	<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,128.83	7	\$1,228.45	7	\$867.68	7	\$632.92	7	\$582.82	7
EE + 1	\$2,257.66	0	\$2,456.90	0	\$1,735.36	0	\$1,265.84	0	\$1,165.64	0
EE + Family	\$2,934.96	3	\$3,194.11	3	\$2,603.04	3	\$1,898.76	3	\$1,748.46	3
<b>Total Monthly Premium</b>	<b>\$16,706.69</b>		<b>\$18,181.48</b>		<b>\$13,882.88</b>		<b>\$10,126.72</b>		<b>\$9,325.12</b>	
<b>Total Annual Premium</b>	<b>\$200,480.28</b>		<b>\$218,177.76</b>		<b>\$166,594.56</b>		<b>\$121,520.64</b>		<b>\$111,901.44</b>	
<b>% Change over Current Monthly Premium</b>			<b>8.83%</b>		<b>-16.90%</b>		<b>-39.39%</b>		<b>-44.18%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$17,697.48</b>		<b>-\$33,885.72</b>		<b>-\$78,959.64</b>		<b>-\$88,578.84</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-23.64%</b>		<b>-44.30%</b>		<b>-48.71%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$51,583.20</b>		<b>-\$96,657.12</b>		<b>-\$106,276.32</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Access+		CalPERS Renewal Blue Shield Access+ Based on CalPERS Preliminary Renewal		Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay		\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD	
Plan Name	HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,035.21	14	\$1,076.84	14	\$867.68	14	\$632.92	14	\$582.82	14
EE + 1	\$2,070.42	2	\$2,153.68	2	\$1,735.36	2	\$1,265.84	2	\$1,165.64	2
EE + Family	\$2,691.55	3	\$2,799.75	3	\$2,603.04	3	\$1,898.76	3	\$1,748.46	3
<b>Total Monthly Premium</b>	<b>\$26,708.43</b>		<b>\$27,782.37</b>		<b>\$23,427.36</b>		<b>\$17,088.84</b>		<b>\$15,736.14</b>	
<b>Total Annual Premium</b>	<b>\$320,501.16</b>		<b>\$333,388.44</b>		<b>\$281,128.32</b>		<b>\$205,066.08</b>		<b>\$188,833.68</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.02%</b>		<b>-12.28%</b>		<b>-36.02%</b>		<b>-41.08%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$12,887.28</b>		<b>-\$39,372.84</b>		<b>-\$115,435.08</b>		<b>-\$131,667.48</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-15.68%</b>		<b>-38.49%</b>		<b>-43.36%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$52,260.12</b>		<b>-\$128,322.36</b>		<b>-\$144,554.76</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Trio DOES NOT INCLUDE UC DAVIS		CalPERS Renewal Blue Shield Trio Based on CalPERS Preliminary Renewal		Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay		\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD	
Plan Name	HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$888.94	2	\$946.84	2	\$867.68	2	\$632.92	2	\$582.82	2
EE + 1	\$1,777.88	0	\$1,893.68	0	\$1,735.36	0	\$1,265.84	0	\$1,165.64	0
EE + Family	\$2,311.24	0	\$2,461.70	0	\$2,603.04	0	\$1,898.76	0	\$1,748.46	0
<b>Total Monthly Premium</b>	<b>\$1,777.88</b>		<b>\$1,893.68</b>		<b>\$1,735.36</b>		<b>\$1,265.84</b>		<b>\$1,165.64</b>	
<b>Total Annual Premium</b>	<b>\$21,334.56</b>		<b>\$22,724.16</b>		<b>\$20,824.32</b>		<b>\$15,190.08</b>		<b>\$13,987.68</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.51%</b>		<b>-2.39%</b>		<b>-28.80%</b>		<b>-34.44%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,389.60</b>		<b>-\$510.24</b>		<b>-\$6,144.48</b>		<b>-\$7,346.88</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-8.36%</b>		<b>-33.15%</b>		<b>-38.45%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$1,899.84</b>		<b>-\$7,534.08</b>		<b>-\$8,736.48</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current United Healthcare SignatureValue Alliance DOES NOT INCLUDE UC DAVIS		CalPERS Renewal United Healthcare SignatureValue Alliance Based on CalPERS Preliminary Renewal		Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS		Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay		\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD	
Plan Name	HMO		HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,044.07	17	\$1,091.13	17	\$867.68	17	\$632.92	17	\$582.82	17
EE + 1	\$2,088.14	1	\$2,182.26	1	\$1,735.36	1	\$1,265.84	1	\$1,165.64	1
EE + Family	\$2,714.58	5	\$2,837.01	5	\$2,603.04	5	\$1,898.76	5	\$1,748.46	5
<b>Total Monthly Premium</b>	<b>\$33,410.23</b>		<b>\$34,916.52</b>		<b>\$29,501.12</b>		<b>\$21,519.28</b>		<b>\$19,815.88</b>	
<b>Total Annual Premium</b>	<b>\$400,922.76</b>		<b>\$418,998.24</b>		<b>\$354,013.44</b>		<b>\$258,231.36</b>		<b>\$237,790.56</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.51%</b>		<b>-11.70%</b>		<b>-35.59%</b>		<b>-40.69%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$18,075.48</b>		<b>-\$46,909.32</b>		<b>-\$142,691.40</b>		<b>-\$163,132.20</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-15.51%</b>		<b>-38.37%</b>		<b>-43.25%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$64,984.80</b>		<b>-\$160,766.88</b>		<b>-\$181,207.68</b>	

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**Davis Joint Unified School District**

**Western Health Advantage HMO Rate Comparison - Effective January 1, 2024**

	<b>CalPERS Current WHA HMO DOES NOT INCLUDE UC DAVIS</b>		<b>CalPERS Renewal WHA HMO Based on CalPERS Preliminary Renewal</b>		<b>Western Health Advantage 0/15/0 Prime DOES NOT INCLUDE UC DAVIS</b>		<b>Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS</b>		<b>Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS</b>	
	<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay		\$1000/\$2000 Deductible \$20 Office Visit Copay 20% AD ER \$10/\$30/\$50 Rx Copay		\$2500/\$5000 Deductible \$40 Office Visit Copay \$100 AD ER \$10/\$30/\$50 Rx Copay AD	
Plan Name	<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$760.17	53	\$807.23	53	\$867.68	53	\$632.92	53	\$582.82	53
EE + 1	\$1,520.34	6	\$1,614.46	6	\$1,735.36	6	\$1,265.84	6	\$1,165.64	6
EE + Family	\$1,976.44	15	\$2,098.78	15	\$2,603.04	15	\$1,898.76	15	\$1,748.46	15
<b>Total Monthly Premium</b>	<b>\$79,057.65</b>		<b>\$83,951.65</b>		<b>\$95,444.80</b>		<b>\$69,621.20</b>		<b>\$64,110.20</b>	
<b>Total Annual Premium</b>	<b>\$948,691.80</b>		<b>\$1,007,419.80</b>		<b>\$1,145,337.60</b>		<b>\$835,454.40</b>		<b>\$769,322.40</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.19%</b>		<b>20.73%</b>		<b>-11.94%</b>		<b>-18.91%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$58,728.00</b>		<b>\$196,645.80</b>		<b>-\$113,237.40</b>		<b>-\$179,369.40</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>13.69%</b>		<b>-17.07%</b>		<b>-23.63%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$137,917.80</b>		<b>-\$171,965.40</b>		<b>-\$238,097.40</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	<b>CalPERS Current Anthem Traditional</b>		<b>CalPERS Renewal Anthem Traditional Based on CalPERS Preliminary Renewal</b>		<b>CCCSIG - United Healthcare SignatureValue Advantage Rx 170 DOES NOT INCLUDE UC DAVIS</b>		<b>CCCSIG - United Healthcare SignatureValue Alliance Rx 160 DOES NOT INCLUDE UC DAVIS</b>	
	<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay</b>	
Plan Name	<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
<b>Rating Structure</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>
EE only	\$1,210.71	1	\$1,346.69	1	\$983.50	1	\$918.28	1
EE + 1	\$2,421.42	0	\$2,693.38	0	\$1,160.90	0	\$1,083.92	0
EE + Family	\$3,147.85	0	\$3,501.98	0	\$2,321.80	0	\$2,167.83	0
<b>Total Monthly Premium</b>	<b>\$1,210.71</b>		<b>\$1,346.69</b>		<b>\$983.50</b>		<b>\$918.28</b>	
<b>Total Annual Premium</b>	<b>\$14,528.52</b>		<b>\$16,160.28</b>		<b>\$11,802.00</b>		<b>\$11,019.36</b>	
<b>% Change over Current Monthly Premium</b>			<b>11.23%</b>		<b>-18.77%</b>		<b>-24.15%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,631.76</b>		<b>-\$2,726.52</b>		<b>-\$3,509.16</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-26.97%</b>		<b>-31.81%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$4,358.28</b>		<b>-\$5,140.92</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Anthem Select DOES NOT INCLUDE UC DAVIS		CalPERS Renewal Anthem Select Based on CalPERS Preliminary Renewal		CCCSIG - United Healthcare SignatureValue Advantage Rx 170 DOES NOT INCLUDE UC DAVIS		CCCSIG - United Healthcare SignatureValue Alliance Rx 160 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,128.83	7	\$1,228.45	7	\$983.50	7	\$918.28	7
EE + 1	\$2,257.66	0	\$2,456.90	0	\$1,160.90	0	\$1,083.92	0
EE + Family	\$2,934.96	3	\$3,194.11	3	\$2,321.80	3	\$2,167.83	3
<b>Total Monthly Premium</b>	<b>\$16,706.69</b>		<b>\$18,181.48</b>		<b>\$13,849.90</b>		<b>\$12,931.45</b>	
<b>Total Annual Premium</b>	<b>\$200,480.28</b>		<b>\$218,177.76</b>		<b>\$166,198.80</b>		<b>\$155,177.40</b>	
<b>% Change over Current Monthly Premium</b>			<b>8.83%</b>		<b>-17.10%</b>		<b>-22.60%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$17,697.48</b>		<b>-\$34,281.48</b>		<b>-\$45,302.88</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-23.82%</b>		<b>-28.88%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$51,978.96</b>		<b>-\$63,000.36</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Access+		CalPERS Renewal Blue Shield Access+ <b>Based on CalPERS Preliminary Renewal</b>		CCCSIG - United Healthcare SignatureValue Advantage Rx 170 <b>DOES NOT INCLUDE UC DAVIS</b>		CCCSIG - United Healthcare SignatureValue Alliance Rx 160 <b>DOES NOT INCLUDE UC DAVIS</b>	
	\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,035.21	14	\$1,076.84	14	\$983.50	14	\$918.28	14
EE + 1	\$2,070.42	2	\$2,153.68	2	\$1,160.90	2	\$1,083.92	2
EE + Family	\$2,691.55	3	\$2,799.75	3	\$2,321.80	3	\$2,167.83	3
<b>Total Monthly Premium</b>	<b>\$26,708.43</b>		<b>\$27,782.37</b>		<b>\$23,056.20</b>		<b>\$21,527.25</b>	
<b>Total Annual Premium</b>	<b>\$320,501.16</b>		<b>\$333,388.44</b>		<b>\$276,674.40</b>		<b>\$258,327.00</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.02%</b>		<b>-13.67%</b>		<b>-19.40%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$12,887.28</b>		<b>-\$43,826.76</b>		<b>-\$62,174.16</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-17.01%</b>		<b>-22.51%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$56,714.04</b>		<b>-\$75,061.44</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current Blue Shield Trio DOES NOT INCLUDE UC DAVIS		CalPERS Renewal Blue Shield Trio Based on CalPERS Preliminary Renewal		CCCSIG - United Healthcare SignatureValue Advantage Rx 170 DOES NOT INCLUDE UC DAVIS		CCCSIG - United Healthcare SignatureValue Alliance Rx 160 DOES NOT INCLUDE UC DAVIS	
	\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay		\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay	
Plan Name	HMO		HMO		HMO		HMO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$888.94	2	\$946.84	2	\$983.50	2	\$918.28	2
EE + 1	\$1,777.88	0	\$1,893.68	0	\$1,160.90	0	\$1,083.92	0
EE + Family	\$2,311.24	0	\$2,461.70	0	\$2,321.80	0	\$2,167.83	0
<b>Total Monthly Premium</b>	<b>\$1,777.88</b>		<b>\$1,893.68</b>		<b>\$1,967.00</b>		<b>\$1,836.56</b>	
<b>Total Annual Premium</b>	<b>\$21,334.56</b>		<b>\$22,724.16</b>		<b>\$23,604.00</b>		<b>\$22,038.72</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.51%</b>		<b>10.64%</b>		<b>3.30%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$1,389.60</b>		<b>\$2,269.44</b>		<b>\$704.16</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>3.87%</b>		<b>-3.02%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$879.84</b>		<b>-\$685.44</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	CalPERS Current United Healthcare SignatureValue Alliance <b>DOES NOT INCLUDE UC DAVIS</b>		CalPERS Renewal United Healthcare SignatureValue Alliance <b>Based on CalPERS Preliminary Renewal</b>		CCCSIG - United Healthcare SignatureValue Advantage Rx 170 <b>DOES NOT INCLUDE UC DAVIS</b>		CCCSIG - United Healthcare SignatureValue Alliance Rx 160 <b>DOES NOT INCLUDE UC DAVIS</b>	
	<b>\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay</b>	
Plan Name	<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,044.07	17	\$1,091.13	17	\$983.50	17	\$918.28	17
EE + 1	\$2,088.14	1	\$2,182.26	1	\$1,160.90	1	\$1,083.92	1
EE + Family	\$2,714.58	5	\$2,837.01	5	\$2,321.80	5	\$2,167.83	5
<b>Total Monthly Premium</b>	<b>\$33,410.23</b>		<b>\$34,916.52</b>		<b>\$29,489.40</b>		<b>\$27,533.83</b>	
<b>Total Annual Premium</b>	<b>\$400,922.76</b>		<b>\$418,998.24</b>		<b>\$353,872.80</b>		<b>\$330,405.96</b>	
<b>% Change over Current Monthly Premium</b>			<b>4.51%</b>		<b>-11.74%</b>		<b>-17.59%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$18,075.48</b>		<b>-\$47,049.96</b>		<b>-\$70,516.80</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>-15.54%</b>		<b>-21.14%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>-\$65,125.44</b>		<b>-\$88,592.28</b>	

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**Davis Joint Unified School District**

**CCCSIG United HealthCare HMO Rate Comparison - Effective January 1, 2024**

	<b>CalPERS Current WHA HMO DOES NOT INCLUDE UC DAVIS</b>		<b>CalPERS Renewal WHA HMO Based on CalPERS Preliminary Renewal</b>		<b>CCCSIG - United Healthcare SignatureValue Advantage Rx 170 DOES NOT INCLUDE UC DAVIS</b>		<b>CCCSIG - United Healthcare SignatureValue Alliance Rx 160 DOES NOT INCLUDE UC DAVIS</b>	
	<b>\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$15 Office Visit Copay \$50 ER \$5/\$20/\$50 Rx Copay</b>		<b>\$20 Office Visit Copay \$100 ER \$10/\$30/\$50 Rx Copay</b>	
Plan Name	<b>HMO</b>		<b>HMO</b>		<b>HMO</b>		<b>HMO</b>	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
<b>Rating Structure</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>	<b>Rate</b>	<b>Subscribers</b>
EE only	\$760.17	53	\$807.23	53	\$983.50	53	\$918.28	53
EE + 1	\$1,520.34	6	\$1,614.46	6	\$1,160.90	6	\$1,083.92	6
EE + Family	\$1,976.44	15	\$2,098.78	15	\$2,321.80	15	\$2,167.83	15
<b>Total Monthly Premium</b>	<b>\$79,057.65</b>		<b>\$83,951.65</b>		<b>\$93,917.90</b>		<b>\$87,689.81</b>	
<b>Total Annual Premium</b>	<b>\$948,691.80</b>		<b>\$1,007,419.80</b>		<b>\$1,127,014.80</b>		<b>\$1,052,277.72</b>	
<b>% Change over Current Monthly Premium</b>			<b>6.19%</b>		<b>18.80%</b>		<b>10.92%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$58,728.00</b>		<b>\$178,323.00</b>		<b>\$103,585.92</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>11.87%</b>		<b>4.45%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$119,595.00</b>		<b>\$44,857.92</b>	

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**Davis Joint Unified School District**

**Non-Kasier PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current PERS Platinum		CalPERS Renewal PERS Platinum Based on CalPERS Preliminary Renewal		CCCSIG - United Healthcare Select Plus 90/60		CCCSIG - United Healthcare Select Plus 80/60		CCCSIG - United Healthcare Select Plus 70/50		CCCSIG - United Healthcare Select Plus H.S.A	
	\$500/\$1000 Ded. \$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$400/\$800 Ded. \$20/60% Office Visit Copay \$7/\$20/\$35 Rx Copay		\$650/\$1,300 Deductible \$25/60% Office Visit Copay \$7/\$20/\$35		\$1,000/\$2,000 Ded. \$2,000/\$4,000 Ded \$25/50% Office Visit Copay \$7/\$20/\$35		\$5,000/\$10,000 Ded. \$20/60% Office Visit Copay \$7/\$25/\$45 Rx Copay	
Plan Name	PPO		PPO		PPO		PPO		PPO		PPO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$1,200.12	17	\$1,314.27	17	\$1,549.20	17	\$1,437.72	17	\$1,390.10	17	\$997.34	17
EE + 1	\$2,400.24	4	\$2,628.54	4	\$1,828.64	4	\$1,697.05	4	\$1,640.84	4	\$1,177.24	4
EE + Family	\$3,120.31	2	\$3,417.05	2	\$3,657.28	2	\$3,394.10	2	\$3,281.68	2	\$2,354.47	2
<b>Total Monthly Premium</b>	<b>\$36,243.62</b>		<b>\$39,690.85</b>		<b>\$40,965.52</b>		<b>\$38,017.64</b>		<b>\$36,758.42</b>		<b>\$26,372.68</b>	
<b>Total Annual Premium</b>	<b>\$434,923.44</b>		<b>\$476,290.20</b>		<b>\$491,586.24</b>		<b>\$456,211.68</b>		<b>\$441,101.04</b>		<b>\$316,472.16</b>	
<b>% Change over Current Monthly Premium</b>			<b>9.51%</b>		<b>13.03%</b>		<b>4.89%</b>		<b>1.42%</b>		<b>-27.23%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$41,366.76</b>		<b>\$56,662.80</b>		<b>\$21,288.24</b>		<b>\$6,177.60</b>		<b>-\$118,451.28</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>3.21%</b>		<b>-4.22%</b>		<b>-7.39%</b>		<b>-33.55%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$15,296.04</b>		<b>-\$20,078.52</b>		<b>-\$35,189.16</b>		<b>-\$159,818.04</b>	

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**Davis Joint Unified School District**

**Non-Kasier PPO Rate Comparison - Effective January 1, 2024**

	CalPERS Current PERS Gold		CalPERS Renewal PERS Gold Based on CalPERS Preliminary Renewal		CCCSIG - United Healthcare Select Plus 90/60		CCCSIG - United Healthcare Select Plus 80/60		CCCSIG - United Healthcare Select Plus 70/50		CCCSIG - United Healthcare Select Plus H.S.A	
	\$1,000/\$2,000 Ded. \$35/60% Office Visit Copay \$5/\$20/\$50 Rx Copay		\$15 Office Visit Copay \$5/\$20/\$50 Rx Copay		\$400/\$800 Ded. \$20/60% Office Visit Copay \$7/\$20/\$35 Rx Copay		\$650/\$1,300 Deductible \$25/60% Office Visit Copay \$7/\$20/\$35		\$1,000/\$2,000 Ded. \$2,000/\$4,000 Ded \$25/50% Office Visit Copay \$7/\$20/\$35		\$5,000/\$10,000 Ded. \$20/60% Office Visit Copay \$7/\$25/\$45 Rx Copay	
Plan Name	HMO		PPO		PPO		PPO		PPO		PPO	
Eligible Class	Actives/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees		Active/Early Retirees	
Rating Structure	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers	Rate	Subscribers
EE only	\$825.61	50	\$914.82	50	\$1,549.20	50	\$1,437.72	50	\$1,390.10	50	\$997.34	50
EE + 1	\$1,654.22	4	\$1,829.64	4	\$1,828.64	4	\$1,697.05	4	\$1,640.84	4	\$1,177.24	4
EE + Family	\$2,146.59	15	\$2,378.63	15	\$3,657.28	15	\$3,394.10	15	\$3,281.68	15	\$2,354.47	15
<b>Total Monthly Premium</b>	<b>\$80,096.23</b>		<b>\$88,739.01</b>		<b>\$139,633.76</b>		<b>\$129,585.70</b>		<b>\$125,293.56</b>		<b>\$89,893.01</b>	
<b>Total Annual Premium</b>	<b>\$961,154.76</b>		<b>\$1,064,868.12</b>		<b>\$1,675,605.12</b>		<b>\$1,555,028.40</b>		<b>\$1,503,522.72</b>		<b>\$1,078,716.12</b>	
<b>% Change over Current Monthly Premium</b>			<b>10.79%</b>		<b>74.33%</b>		<b>61.79%</b>		<b>56.43%</b>		<b>12.23%</b>	
<b>\$ Change over Current Annual Premium</b>			<b>\$103,713.36</b>		<b>\$714,450.36</b>		<b>\$593,873.64</b>		<b>\$542,367.96</b>		<b>\$117,561.36</b>	
<b>% Change over Renewal Monthly Premium</b>					<b>57.35%</b>		<b>46.03%</b>		<b>41.19%</b>		<b>1.30%</b>	
<b>\$ Change over Renewal Annual Premium</b>					<b>\$610,737.00</b>		<b>\$490,160.28</b>		<b>\$438,654.60</b>		<b>\$13,848.00</b>	

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## Davis Joint Unified School District

### Non-Kaiser HMO High Plan Option Benefit Comparison - Effective January 1, 2024

#### CaIPERS

Carrier	Non-Kaiser *	Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS	WHA 0/15/0 Prime DOES NOT INCLUDE UC DAVIS	CCCSIG United HealthCare SignatureValue Advantage DOES NOT INCLUDE UC DAVIS	CCCSIG United HealthCare SignatureValue Advantage 20/500A DO NOT INCLUDE UC DAVIS
<b>General Plan Information</b>					
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Exam	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (does not include Rx)	\$1,500 (includes Rx)	\$1,500 (includes Rx)	\$1,500 (includes Rx)	\$2,500 (includes Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)	\$3,000 (includes Rx)	\$2,500 (includes Rx)	\$3,000 (includes Rx)	\$5,000 (includes Rx)
<b>Outpatient Services</b>					
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$0
Outpatient Facility Charge	\$0	\$15 copay	\$15 copay	\$15 copay	\$100 copay
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>					
Inpatient Hospitalization	\$0	\$0	\$0	\$0	\$500/admit
<b>Emergency Services</b>					
Emergency Room	\$50 copay waived if admitted	\$35 copay, waived if admitted	\$100 copay, waived if admitted	\$50 copay, waived if admitted	\$100 copay, waived if admitted
Urgent Care Facility	\$15 copay	\$15 copay	\$20 copay	\$15 copay	\$20 copay



## Davis Joint Unified School District

### Non-Kaiser HMO High Plan Option Benefit Comparison - Effective January 1, 2024

#### CaIPERS

Carrier	Non-Kaiser *	Sutter Health Plus Summit ML67 DOES NOT INCLUDE UC DAVIS	WHA 0/15/0 Prime DOES NOT INCLUDE UC DAVIS	CCCSIG United HealthCare SignatureValue Advantage DOES NOT INCLUDE UC DAVIS	CCCSIG United HealthCare SignatureValue Advantage 20/500A DO NOT INCLUDE UC DAVIS
<b>Prescription Drug Benefits</b>					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$1,000/family in addition to Medical OOP limit)	None	None	None	None
<b>Retail</b>					
Generic	\$5 copay	\$10 copay	\$10 copay	\$5 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$30 copay	\$20 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$35 copay	\$50 copay	\$20 copay	\$50 copay
Specialty	Same as Brand	20%, up to \$100 per prescription	20%, up to \$100 for self-injectables	Subject to Retail copays; Not Covered through Mail Order	Retail copays; Not Covered through Mail Order
Number of Days Supply	30 days	30 days	30 days	31 days	31 days
<b>Mail Order</b>					
Generic	\$10 copay	\$20 copay	\$25 copay	\$10 copay	\$20 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$75 copay	\$40 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$70 copay	\$125 copay	\$60 copay	\$100 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%	\$0	50% copay per item
Chiropractic/Acupunture Services	\$15 copay Up to 20 visits/calendar year combined	\$15 copay, up to 20 visits/year combined	\$15 copay, up to 20 visits/year combined	\$10 copay, up to 30 visits/year combined	\$10 copay, up to 30 visits/year combined

\* Includes: Anthem Blue Cross Traditional, Anthem Blue Cross Select, Blue Shield Access+, Blue Shield Trio, United Healthcare





**Davis Joint Unified School District**

**Non-Kaiser HMO Mid Plan Options Benefit Comparison - Effective January 1, 2024**

**CalPERS**

<b>Carrier</b>	<b>Non-Kaiser *</b>	<b>Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS</b>	<b>Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS</b>	<b>Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS</b>	<b>Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS</b>
<b>General Plan Information</b>					
Annual Deductible/Individual	\$0	\$500	\$1,000	\$1,500	\$1,000
Annual Deductible/Family	\$0	\$1,000	\$2,000	\$3,000	\$2,000
Office Visit/Specialist Visit/Exam	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (does not include Rx)	\$3,000 (includes Rx)	\$3,000 (includes Rx)	\$4,000 (includes Rx)	\$3,000 (includes Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)	\$6,000 (includes Rx)	\$6,000 (includes Rx)	\$8,000 (includes Rx)	\$6,000 (includes Rx)
<b>Outpatient Services</b>					
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	Lab \$20 copay, X-ray \$10 copay	Lab \$20 copay, X-ray \$10 copay	Lab \$20 copay, X-ray \$10 copay	\$0
Outpatient Facility Charge	\$0	10%, after deductible	20%, after deductible	20%, after deductible	\$250 copay after deductible
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>					
Inpatient Hospitalization	\$0	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
<b>Emergency Services</b>					
Emergency Room	\$50 copay waived if admitted	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Urgent Care Facility	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$25/\$50 copay Virtual/Facility

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**Davis Joint Unified School District**

**Non-Kaiser HMO Mid Plan Options Benefit Comparison - Effective January 1, 2024**

**CalPERS**

<b>Carrier</b>	<b>Non-Kaiser *</b>	<b>Sutter Health Plus Peak ML68 DOES NOT INCLUDE UC DAVIS</b>	<b>Sutter Health Plus Peak ML69 DOES NOT INCLUDE UC DAVIS</b>	<b>Sutter Health Plus Peak ML70 DOES NOT INCLUDE UC DAVIS</b>	<b>Western Health Advantage 1000/20/20% Prime DOES NOT INCLUDE UC DAVIS</b>
<b>Prescription Drug Benefits</b>					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$1,000/family in addition to Medical OOP limit)	None	None	None	None
<b>Retail</b>					
Generic	\$5 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$60 copay	\$60 copay	\$60 copay	\$50 copay
Specialty	Same as Brand	10% up to \$100	20% up to \$100	20% up to \$100	20% up to \$100 for self-injectables
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>					
Generic	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$25 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$75 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$120 copay	\$120 copay	\$120 copay	\$125 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	\$0	20%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Chiropractic/Acupuncture Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay, up to 20 visits/combined with acupuncture	\$15 copay, up to 20 visits/combined with acupuncture	\$15 copay, up to 20 visits/combined with acupuncture	\$15 copay, up to 20 visits/combined with acupuncture

\* Includes: Anthem Blue Cross Traditional, Anthem Blue Cross Select, Blue Shield Access+, Blue Shield Trio, United Healthcare



**Davis Joint Unified School District**

**Non-Kaiser HMO Low Plan Option Benefit Comparison - Effective January 1, 2024**

**CalPERS**

Carrier	Non-Kaiser *	Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS	Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$2,500	\$2,500
Annual Deductible/Family	\$0	\$5,000	\$5,000
Prescription Deductible	N/A	N/A	\$150 brand or non-preferred
Office Visit/Specialist Visit/Exam	\$15 copay	\$20 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (does not include Rx)	\$5,000 (includes Rx)	\$5,000
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)	\$10,000 (includes Rx)	\$10,000
<b>Outpatient Services</b>			
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	Lab \$20 copay, X-ray \$10 copay	\$0
Outpatient Facility Charge	\$0	20%, after deductible	\$250 copay, after deductible
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>			
Inpatient Hospitalization	\$0	20%, after deductible	\$500 copay/day, after deductible
<b>Emergency Services</b>			
Emergency Room	\$50 copay waived if admitted	20%, after deductible	\$100 copay, after deductible
Urgent Care Facility	\$15 copay	\$20 copay	\$45/\$50 copay Virtual/Facility

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**Davis Joint Unified School District**

**Non-Kaiser HMO Low Plan Option Benefit Comparison - Effective January 1, 2024**

**CalPERS**

<b>Carrier</b>	<b>Non-Kaiser *</b>	<b>Sutter Health Plus Peak ML71 DOES NOT INCLUDE UC DAVIS</b>	<b>Western Health Advantage 2500/40/500 Prime DOES NOT INCLUDE UC DAVIS</b>
<b>Prescription Drug Benefits</b>			
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to medical OOP limit)	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$1,000/family in addition to Medical OOP limit)	None	None
<b>Retail</b>			
Generic	\$5 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay, after Rx deductible
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$60 copay	\$50 copay, after Rx deductible
Specialty	Same as Brand	10%	Subject to Retail copays; Not Covered through Mail Order
Number of Days Supply	30 days	30 days	30 days
<b>Mail Order</b>			
Generic	\$10 copay	\$20 copay	\$25 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$75 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$120 copay	\$125 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days
<b>Other Services and Supplies</b>			
Durable Medical Equipment & Prosthetic Devices	\$0	20%, after deductible	20%, after deductible
Chiropractic/Acupuncture Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay, up to 20 visits/combined with acupuncture	\$15 copay, up to 20 visits

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

**CalPERS PPO Options**

**CCCSIG JPA Option**

Plan Name	PERS Platinum		PERS Gold	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>				
Annual Deductible/Individual (Not transferable between plans)	\$500	\$500	\$1,000	\$1,000
Annual Deductible/Family (Not transferable between plans)	\$1,000	\$1,000	\$2,000	\$2,000
Office Visit/Specialist/Exam	\$20 copay	40%	copay/PCP enrolled; (deductible does not apply)	40%
Annual Out-of-Pocket Limit/Individual	\$2,000 plus \$2,000 Rx	No Limit	\$3,000 plus \$2,000 Rx	No Limit
Annual Out-of-Pocket Limit/Family	\$4,000 plus \$4,000 Rx	No Limit	\$6,000 plus \$4,000 Rx	No Limit
<b>Outpatient Services</b>				
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>				
Diagnostic X-Ray/Lab Test (Non-Preventive)	10%	40%	20%	40%
Outpatient Facility Charge	10%	40% (benefit limited to \$350/visit)	20% for Tier 1 facility; 70% for Tier 2 facility (services & supplies limited for certain procedures)	40% (benefit limited to \$350/visit)
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	\$250/admission + 10%	\$250/admission + 40%	20%	40%
<b>Emergency Services</b>				
Emergency Room	\$50 copay/ER room; 10% all other services	\$50 copay/ER room; 10% all other services	\$50 copay waived if admitted; 20% for ER services rendered	\$50 copay waived if admitted; 20% for ER services rendered
Urgent Care Facility	\$35 copay/physician services; 10% for other services rendered	40%	\$35 copay (deductible does not apply)	40%

United HealthCare PPO 90/60 Plan	
In-Network	Out-of-Network
\$400	
\$800	
\$20 copay	40%, after deductible
\$2,000	\$4,000
\$4,000	\$8,000
<b>Outpatient Services</b>	
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	
\$0	40%, after deductible
10%, after deductible	40% (benefit limited to \$760/visit)
<b>Inpatient Hospital Services</b>	
10%, after deductible	40%, after deductible
<b>Emergency Services</b>	
No charge, after \$250 copay (waived, if admitted)	
\$50 copay	40%, after deductible

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

**CalPERS PPO Options**

**CCCSIG JPA Option**

Plan Name	PERS Platinum		PERS Gold	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	required for Mail Order; in addition to Medical OOP limit)	No Limit	required for Mail Order; in addition to Medical OOP limit)	No Limit
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit
<b>Retail (Managed by OptumRX)</b>				
Generic	\$5 copay	Not covered	\$5 copay	Not covered
Brand (Formulary/Preferred)	\$20 copay	Not covered	\$20 copay	Not covered
Brand (Non-Formulary/Non-preferred)	\$50 copay	Not covered	\$50 copay	Not covered
Number of Days Supply	30 days	N/A	30 days	N/A
<b>Mail Order</b>				
Generic	\$10 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered
Brand (Formulary/Preferred)	\$40 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered
Brand (Non-Formulary/Non-preferred)	\$100 copay	Not covered	\$100 copay	Not covered
Number of Days Supply	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	10% (pre-certification required for equipment \$1,000+)	40% (pre-certification required for equipment \$1,000+)	20% (pre-certification required on equipment)	40% (pre-certification required on equipment)
Chiropractic/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%

United HealthCare PPO 90/60 Plan	
In-Network	Out-of-Network
N/A	N/A
None	None
None	None
\$7 copay	\$7 copay
\$20 copay	\$20 copay
\$35 copay	\$35 copay
31 days	31 days
\$0 copay	\$0 copay
\$40 copay	\$40 copay
\$70 copay	\$70 copay
31 days	31 days
10%, after deductible	Not covered
Acupuncture: \$20 copay, up to 12 visits Chiropractic (manipulative): \$20 up to 24 visits	Acupuncture: \$20 copay, up to 12 visits Chiropractic (manipulative): \$20 up to 24 visits

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

Plan Name	CalPERS PPO Options				CCCSIG JPA Option	
	PERS Platinum		PERS Gold		United Healthcare PPO 80/60 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>						
Annual Deductible/Individual (Not transferable between plans)	\$500	\$500	\$1,000	\$1,000	\$650	
Annual Deductible/Family (Not transferable between plans)	\$1,000	\$1,000	\$2,000	\$2,000	\$1,300	
Office Visit/Specialist/Exam	\$20 copay	40%	copay/PCP enrolled; (deductible does not apply)	40%	\$25 copay	40%, after deductible
Annual Out-of-Pocket Limit/Individual	\$2,000 plus \$2,000 Rx	No Limit	\$3,000 plus \$2,000 Rx	No Limit	\$4,000	\$7,000
Annual Out-of-Pocket Limit/Family	\$4,000 plus \$4,000 Rx	No Limit	\$6,000 plus \$4,000 Rx	No Limit	\$8,000	\$14,000
<b>Outpatient Services</b>						
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>						
Diagnostic X-Ray/Lab Test (Non-Preventive)	10%	40%	20%	40%	No charge	40%, after deductible
Outpatient Facility Charge	10%	40% (benefit limited to \$350/visit)	20% for Tier 1 facility; 70% for Tier 2 facility (services & supplies limited for certain procedures)	40% (benefit limited to \$350/visit)	20%, after deductible	40% (benefit limited to \$760/visit)
<b>Inpatient Hospital Services</b>						
Inpatient Hospitalization	\$250/admission + 10%	\$250/admission + 40%	20%	40%	20%, after deductible	40%, after deductible
<b>Emergency Services</b>						
Emergency Room	\$50 copay/ER room; 10% all other services	\$50 copay/ER room; 10% all other services	\$50 copay waived if admitted; 20% for ER services rendered	\$50 copay waived if admitted; 20% for ER services rendered	No charge, after \$250 copay (waived, if admitted)	
Urgent Care Facility	\$35 copay/physician services; 10% for other services rendered	40%	\$35 copay (deductible does not apply)	40%	\$25 copay	40%, after deductible

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

Plan Name	CalPERS PPO Options				CCCSIG JPA Option	
	PERS Platinum		PERS Gold		United Healthcare PPO 80/60 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>						
Prescription Drug Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	required for Mail Order; in addition to Medical OOP limit)	No Limit	required for Mail Order; in addition to Medical OOP limit)	No Limit	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	None	None
<b>Retail (Managed by OptumRX)</b>						
Generic	\$5 copay	Not covered	\$5 copay	Not covered	\$7 copay	\$7 copay
Brand (Formulary/Preferred)	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	Not covered	\$50 copay	Not covered	\$35 copay	\$35 copay
Number of Days Supply	30 days	N/A	30 days	N/A	31 days	31 days
<b>Mail Order</b>						
Generic	\$10 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$0 copay	\$0 copay
Brand (Formulary/Preferred)	\$40 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	Not covered	\$100 copay	Not covered	\$70 copay	\$70 copay
Number of Days Supply	90 days	N/A	90 days	N/A	31 days	31 days
<b>Other Services and Supplies</b>						
Durable Medical Equipment & Prosthetic Devices	10% (pre-certification required for equipment \$1,000+)	40% (pre-certification required for equipment \$1,000+)	20% (pre-certification required on equipment)	40% (pre-certification required on equipment)	20%, after deductible	Not covered
Chiropractic/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	Acupuncture: \$25 copay, up to 12 visits Chiropractic (manipulative): \$25 up to 24 visits	Acupuncture: \$25 copay, up to 12 visits Chiropractic (manipulative): \$25 up to 24 visits

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

**CalPERS PPO Options**

**CCCSIG JPA Option**

Plan Name	PERS Platinum		PERS Gold	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>				
Annual Deductible/Individual (Not transferable between plans)	\$500	\$500	\$1,000	\$1,000
Annual Deductible/Family (Not transferable between plans)	\$1,000	\$1,000	\$2,000	\$2,000
Office Visit/Specialist/Exam	\$20 copay	40%	copay/PCP enrolled; (deductible does not apply)	40%
Annual Out-of-Pocket Limit/Individual	\$2,000 plus \$2,000 Rx	No Limit	\$3,000 plus \$2,000 Rx	No Limit
Annual Out-of-Pocket Limit/Family	\$4,000 plus \$4,000 Rx	No Limit	\$6,000 plus \$4,000 Rx	No Limit
<b>Outpatient Services</b>				
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>				
Diagnostic X-Ray/Lab Test (Non-Preventive)	10%	40%	20%	40%
Outpatient Facility Charge	10%	40% (benefit limited to \$350/visit)	20% for Tier 1 facility; 70% for Tier 2 facility (services & supplies limited for certain procedures)	40% (benefit limited to \$350/visit)
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	\$250/admission + 10%	\$250/admission + 40%	20%	40%
<b>Emergency Services</b>				
Emergency Room	\$50 copay/ER room; 10% all other services	\$50 copay/ER room; 10% all other services	\$50 copay waived if admitted; 20% for ER services rendered	\$50 copay waived if admitted; 20% for ER services rendered
Urgent Care Facility	\$35 copay/physician services; 10% for other services rendered	40%	\$35 copay (deductible does not apply)	40%

United Healthcare PPO Plan 70/50	
In-Network	Out-of-Network
\$1,000	\$2,000
\$2,000	\$4,000
\$25 copay	50%, after deductible
\$4,000	\$10,000
\$8,000	\$20,000
<b>Outpatient Services</b>	
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	
No charge	50%, after deductible
30%, after deductible	50%, after deductible
30%, after deductible	50%, after deductible
<b>Emergency Services</b>	
No charge, after \$250 copay (waived, if admitted)	
\$125 copay	50%, after deductible

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

**CalPERS PPO Options**

**CCCSIG JPA Option**

Plan Name	PERS Platinum		PERS Gold	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	required for Mail Order; in addition to Medical OOP limit)	No Limit	required for Mail Order; in addition to Medical OOP limit)	No Limit
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit
<b>Retail (Managed by OptumRX)</b>				
Generic	\$5 copay	Not covered	\$5 copay	Not covered
Brand (Formulary/Preferred)	\$20 copay	Not covered	\$20 copay	Not covered
Brand (Non-Formulary/Non-preferred)	\$50 copay	Not covered	\$50 copay	Not covered
Number of Days Supply	30 days	N/A	30 days	N/A
<b>Mail Order</b>				
Generic	\$10 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered
Brand (Formulary/Preferred)	\$40 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered
Brand (Non-Formulary/Non-preferred)	\$100 copay	Not covered	\$100 copay	Not covered
Number of Days Supply	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	10% (pre-certification required for equipment \$1,000+)	40% (pre-certification required for equipment \$1,000+)	20% (pre-certification required on equipment)	40% (pre-certification required on equipment)
Chiropractic/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%

United Healthcare PPO Plan 70/50	
In-Network	Out-of-Network
N/A	N/A
None	None
None	None
\$7 copay	\$7 copay
\$20 copay	\$20 copay
\$35 copay	\$35 copay
31 days	31 days
\$0 copay	\$0 copay
\$40 copay	\$40 copay
\$70 copay	\$70 copay
31 days	31 days
30%, after deductible	Not covered
Acupuncture: \$25 copay, up to 12 visits Chiropractic (manipulative): \$25 up to 24 visits	Acupuncture: \$25 copay, up to 12 visits Chiropractic (manipulative): \$25 up to 24 visits

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

Plan Name	CalPERS PPO Options				CCCSIG JPA Option	
	PERS Platinum		PERS Gold		United Healthcare H.S.A. Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Plan Information</b>						
Annual Deductible/Individual (Not transferable between plans)	\$500	\$500	\$1,000	\$1,000	\$5,000	
Annual Deductible/Family (Not transferable between plans)	\$1,000	\$1,000	\$2,000	\$2,000	\$10,000	
Office Visit/Specialist/Exam	\$20 copay	40%	copay/PCP enrolled; (deductible does not apply)	40%	\$20 copay	40%, after deductible
Annual Out-of-Pocket Limit/Individual	\$2,000 plus \$2,000 Rx	No Limit	\$3,000 plus \$2,000 Rx	No Limit	\$6,500	\$6,500
Annual Out-of-Pocket Limit/Family	\$4,000 plus \$4,000 Rx	No Limit	\$6,000 plus \$4,000 Rx	No Limit	\$13,000	\$13,000
<b>Outpatient Services</b>						
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>						
Diagnostic X-Ray/Lab Test (Non-Preventive)	10%	40%	20%	40%	No charge	40%, after deductible
Outpatient Facility Charge	10%	40% (benefit limited to \$350/visit)	20% for Tier 1 facility; 70% for Tier 2 facility (services & supplies limited for certain procedures)	40% (benefit limited to \$350/visit)	20%, after deductible	40% (benefit limited to \$760/visit)
<b>Inpatient Hospital Services</b>						
Inpatient Hospitalization	\$250/admission + 10%	\$250/admission + 40%	20%	40%	20%, after deductible	40%, after deductible
<b>Emergency Services</b>						
Emergency Room	\$50 copay/ER room; 10% all other services	\$50 copay/ER room; 10% all other services	\$50 copay waived if admitted; 20% for ER services rendered	\$50 copay waived if admitted; 20% for ER services rendered	20%, after deductible	20%, after deductible
Urgent Care Facility	\$35 copay/physician services; 10% for other services rendered	40%	\$35 copay (deductible does not apply)	40%	20%, after deductible	40%, after deductible

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**Davis Joint Unified School District**

**Non-Kaiser PPO Benefit Comparison - Effective January 1, 2024**

**CalPERS PPO Options**

**CCCSIG JPA Option**

Plan Name	PERS Platinum		PERS Gold		United Healthcare H.S.A. Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Prescription Drug Benefits</b>						
Prescription Drug Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	required for Mail Order; in addition to Medical OOP limit)	No Limit	required for Mail Order; in addition to Medical OOP limit)	No Limit	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	\$4,000 (\$1,000 OOP/member required for Mail Order; in addition to Medical OOP limit)	No Limit	None	None
<b>Retail (Managed by OptumRX)</b>						
Generic	\$5 copay	Not covered	\$5 copay	Not covered	\$7 copay	\$7 copay
Brand (Formulary/Preferred)	\$20 copay	Not covered	\$20 copay	Not covered	\$25 copay	\$25 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	Not covered	\$50 copay	Not covered	\$45 copay	\$45 copay
Number of Days Supply	30 days	N/A	30 days	N/A	31 days	31 days
<b>Mail Order</b>						
Generic	\$10 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$10 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$14 copay	\$14 copay
Brand (Formulary/Preferred)	\$40 copay (\$1,000 OOP max/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$40 copay (\$1,000 OOP/member; included in Rx OOP; excludes non-preferred brands)	Not covered	\$50 copay	\$50 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	Not covered	\$100 copay	Not covered	\$90 copay	\$90 copay
Number of Days Supply	90 days	N/A	90 days	N/A	31 days	31 days
<b>Other Services and Supplies</b>						
Durable Medical Equipment & Prosthetic Devices	10% (pre-certification required for equipment \$1,000+)	40% (pre-certification required for equipment \$1,000+)	20% (pre-certification required on equipment)	40% (pre-certification required on equipment)	20%, after deductible	Not covered
Chiropractic/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	40%	Acupuncture: \$20 copay after deductible, up to 12 visits Chiropractic (manipulative): \$20 after deductible, up to 24 visits	Acupuncture: \$20 copay after deductible, up to 12 visits Chiropractic (manipulative): \$20 after deductible, up to 24 visits

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January 1, 2024**

Plan Name	CalPERS	Lookalike	Copay Options					
	HMO	HMO	Option A \$30/100%/ \$75 ER	Option B \$30/\$100/\$100 ER	Option C \$30/\$150/\$150 ER	Option D \$30/\$250/\$150 ER	Option E \$40/100%/\$75 ER	Option F \$40/\$250/\$100
<b>General Plan Information</b>								
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
<b>Outpatient Services</b>								
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit	\$15 copay	\$15 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Facility Charge	\$15 copay	\$15 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$40 copay per procedure	\$40 copay per procedure
Outpatient Rehabilitative Therapy	\$15 copay	\$15 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay
<b>Inpatient Hospital (Pre-Auth. Required)</b>								
Inpatient Hospitalization	\$0	\$0	\$0	\$100 per admit	\$150 per admit	\$250 per admit	\$0	\$250 per admit
<b>Emergency Services</b>								
Emergency Room	\$50 copay waived if admitted	\$50 copay waived if admitted	\$75 copay waived if admitted	\$100 copay waived if admitted	\$150 copay waived if admitted	\$150 copay waived if admitted	\$75 copay waived if admitted	\$100 copay waived if admitted
Urgent Care Facility	\$15 copay	\$15 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January 1, 2024**

Plan Name	CaPERS	Lookalike	Copay Options					
	HMO	HMO	Option A \$30/100%/ \$75 ER	Option B \$30/\$100/\$100 ER	Option C \$30/\$150/\$150 ER	Option D \$30/\$250/\$150 ER	Option E \$40/100%/ \$75 ER	Option F \$40/\$250/\$100
<b>Prescription Drug Benefits</b>								
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None	None	None	None
<b>Retail</b>								
Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Specialty								
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>								
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Order	100 days	100 days	100 days	100 days	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>								
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%	20%	20%	20%	20%	20%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits	\$15 copay Up to 20 visits	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

**CalPERS**

**Mid Plans (DHMO)**

Plan Name	CalPERS		Mid Plans (DHMO)		
	HMO	Plan 8780 \$500/\$20/10% Hospital	Plan 8784 \$1000/\$20/20% Hospital	Plan 8790 \$1500/\$20/20% Hospital	Plan 14626 \$2000/\$20/\$30/ 20% Hospital
<b>General Plan Information</b>					
Annual Deductible/Individual	\$0	\$500	\$1,000	\$1,500	\$2,000
Annual Deductible/Family	\$0	\$1,000	\$2,000	\$3,000	\$4,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000	\$4,000	\$4,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000	\$8,000	\$9,000
<b>Outpatient Services</b>					
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit	\$15 copay	\$20/\$20/\$0 copay	\$20/\$20/\$0 copay	\$20/\$20/\$0 copay	\$20/\$40/\$0 copay
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Outpatient Facility Charge	\$15 copay	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Outpatient Rehabilitative Therapy	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
<b>Inpatient Hospital (Pre-Auth. Required)</b>					
Inpatient Hospitalization	\$0	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
<b>Emergency Services</b>					
Emergency Room	\$50 copay waived if admitted	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Urgent Care Facility	\$15 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

Plan Name	CaIPERS		Mid Plans (DHMO)		
	HMO	Plan 8780 \$500/\$20/10% Hospital	Plan 8784 \$1000/\$20/20% Hospital	Plan 8790 \$1500/\$20/20% Hospital	Plan 14626 \$2000/\$20/\$30/ 20% Hospital
<b>Prescription Drug Benefits</b>					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None
<b>Retail</b>					
Generic	\$5 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Specialty			20% up to \$250	20% up to \$250	20% up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>					
Generic	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
preferred)	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Order	100 days	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	\$0	20%	20%	20%	20%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

Plan Name	CaIPERS	Low Plans (DHMO)		
	HMO	Plan 14646 \$2500/\$40/\$50/ 30% Hospital	Plan 14650 \$3000/\$40/\$50/ 30% Hospital	Plan 13868 \$4000/\$40/\$50/ 30% Hospital
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$2,500	\$3,000	\$4,000
Annual Deductible/Family	\$0	\$5,000	\$6,000	\$8,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$5,000	\$6,000	\$7,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$10,000	\$12,000	\$14,000
<b>Outpatient Services</b>				
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit	\$15 copay	\$40/\$50/\$0 copay	\$40/\$50/\$0 copay	\$40/\$50/\$0 copay
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$15 copay after deductible	\$15 copay after deductible	\$15 copay after deductible
Outpatient Facility Charge	\$15 copay	30%, after deductible	30%, after deductible	30%, after deductible
Outpatient Rehabilitative Therapy	\$15 copay	\$40 copay after deductible	\$40 copay after deductible	\$40 copay after deductible
<b>Inpatient Hospital (Pre-Auth. Required)</b>				
Inpatient Hospitalization	\$0	30%, after deductible	30%, after deductible	30%, after deductible
<b>Emergency Services</b>				
Emergency Room	\$50 copay waived if admitted	30%, after deductible	30%, after deductible	30%, after deductible
Urgent Care Facility	\$15 copay	\$40 copay	\$40 copay	\$40 copay after deductible

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

Plan Name	CaIPERS	Low Plans (DHMO)		
	HMO	Plan 14646 \$2500/\$40/\$50/ 30% Hospital	Plan 14650 \$3000/\$40/\$50/ 30% Hospital	Plan 13868 \$4000/\$40/\$50/ 30% Hospital
<b>Prescription Drug Benefits</b>				
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None
<b>Retail</b>				
Generic	\$5 copay	\$10 copay	\$10 copay	\$15 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Specialty		20% up to \$250	20% up to \$250	30% up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Generic	\$10 copay	\$20 copay	\$20 copay	\$30 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$60 copay	\$80 copay
preferred)	\$40 copay	\$60 copay	\$60 copay	\$80 copay
Order	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	\$0	20%	20%	30%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

Plan Name	CaIPERS		Virtual Plans		
	HMO	Plan 13770 \$2000/\$30/ 20% Hospital	Plan 13778 \$3000/\$40/ 30% Hospital	Plan 13782 \$4000/\$50/ 30% Hospital	Plan 13786 \$5000/\$50/ 40% Hospital
<b>General Plan Information</b>					
Annual Deductible/Individual	\$0	\$2,000	\$3,000	\$4,000	\$5,000
Annual Deductible/Family	\$0	\$4,000	\$6,000	\$8,000	\$10,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$5,000	\$6,000	\$7,000	\$8,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$10,000	\$12,000	\$14,000	\$16,000
<b>Outpatient Services</b>					
<b>Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)</b>	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit	\$15 copay	\$30/\$30/\$0 copay; Deductible waived for first 3 visits; Deductible waived for telehealth	\$40/\$40/\$0 copay; Deductible waived for first 3 visits; Deductible waived for telehealth	\$50/\$50/\$0 copay; Deductible waived for first 3 visits; Deductible waived for telehealth	\$50/\$50/\$0 copay; Deductible waived for first 3 visits; Deductible waived for telehealth
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$15 copay (Lab) 20% after ded (X-Ray)	\$15 copay (Lab) 30% after ded (X-Ray)	\$15 copay (Lab) 30% after ded (X-Ray)	\$15 copay (Lab) 40% after ded (X-Ray)
Outpatient Facility Charge	\$15 copay	20%, after deductible	30%, after deductible	30%, after deductible	40%, after deductible
Outpatient Rehabilitative Therapy	\$15 copay	\$30 copay after deductible	\$40 copay after deductible	\$50 copay after deductible	\$50 copay after deductible
<b>Inpatient Hospital (Pre-Auth. Required)</b>					
Inpatient Hospitalization	\$0	20%, after deductible	30%, after deductible	30%, after deductible	40%, after deductible
<b>Emergency Services</b>					
Emergency Room	\$50 copay waived if admitted	20%, after deductible	30%, after deductible	30%, after deductible	40%, after deductible
Urgent Care Facility	\$15 copay	\$30 copay after deductible	\$50 copay after deductible	\$40 copay after deductible	\$50 copay after deductible

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**Davis Joint Unified School District**

**Kaiser Benefit Comparison - Effective January :**

**CalPERS**

**Virtual Plans**

Plan Name	HMO	Plan 13770 \$2000/\$30/ 20% Hospital	Plan 13778 \$3000/\$40/ 30% Hospital	Plan 13782 \$4000/\$50/ 30% Hospital	Plan 13786 \$5000/\$50/ 40% Hospital
<b>Prescription Drug Benefits</b>					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None
<b>Retail</b>					
Generic	\$5 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$40 copay	\$50 copay	\$50 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$30 copay	\$40 copay	\$50 copay	\$50 copay
Specialty		20% up to \$250	30% up to \$250	30% up to \$250	40% up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>					
Generic	\$10 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$80 copay	\$100 copay	\$100 copay
preferred)	\$40 copay	\$60 copay	\$80 copay	\$100 copay	\$100 copay
Order	100 days	100 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	\$0	20%	30%	30%	40%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available

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# Carrier Overview of Diversity, Equality, and Inclusion

Carrier	Kaiser	Sutter Health Plus	Western Health Advantage	UHC CCCSIG
<b>DEI Statement</b>	<p><b>Care Delivery</b> - We believe every member and patient, regardless of physical, mental, or socio-economic attributes, has the right to equitable health outcomes and a personalized care experience.</p> <p><b>Community</b> - We believe the total health of a community stems primarily from economic and environmental conditions. Our commitment to equity for all will help improve the communities we serve.</p> <p><a href="https://about.kaiserpermanente.org/commitments-and-impact/equity-inclusion-and-diversity">https://about.kaiserpermanente.org/commitments-and-impact/equity-inclusion-and-diversity</a></p>	<p>Sutter has the unique privilege of serving one of the most diverse patient populations in the country, making it particularly important that we consistently demonstrate a tangible commitment to DEI. It's not only the right way to operate, but it's essential for building trust and partnership with the communities we serve in addition to providing patients with high-quality, culturally competent care. In fact, Sutter was one of only 47 healthcare institutions in the country to be honored by Forbes with their 2023 "Best Employers for Diversity" award. Building on the infrastructure already in place, we are taking a holistic multi-phased plan and comprehensive approach that will accelerate our ongoing efforts to infuse diversity, equity and inclusion into all aspects of the organization, including overall strategy, systems and processes, workforce culture, leadership roles and hiring.</p>	<p>Western Health Advantage believes developing and advancing our workforce is critical to our journey toward inclusion, diversity and equity (DEI). It is vital that we continue to share and learn about each other's backgrounds and individual experiences and those of our member population. Having a diverse and inclusive environment establishes a sense of belonging among us all. DEI is a constant work-in-progress supporting and fostering our workforce members in their continued efforts to educate themselves on our member's cultural background and individual experiences.</p> <p>WHA has obtained the NCQA Distinction in Multicultural Health Care in 2022, and will apply for the new NCQA Health Equity Accreditation in 2025. As part of our health equity focus, by collecting a member's gender identity, sexual orientation and preferred pronouns, in addition to race, ethnicity, and language preference, we will be able to serve our members and create programs in a more diverse and inclusive way. Additionally Western Health Advantage collects clinical provider's race, ethnicity, and language preference information for display in our provider directory, giving members the ability to choose providers with a cultural background suitable to their healthcare needs.</p>	<p>At UnitedHealth Group, our mission calls us, our values guide us and our diverse culture connects us as we seek to improve care for the consumers we are privileged to serve and their communities. We are committed to diversity, equity and inclusion. Our core values of integrity, compassion, relationships, innovation and performance steer our actions and interactions. They also guide us to achieve our mission to help people live healthier lives and to help make the health system work better for everyone. And throughout it all, we are united by a culture that cultivates a workplace like no other.</p>
<b>DEI Officer</b>	Ronald Copeland, MD, FACS, Sr. Vice President	Sutter Health is currently in the process of national search to hire a Diversity & Inclusion Officer. The position will report to Sutter Health's CEO, Warner Thomas. At Sutter Health Plus, Phil Jackson, CEO leads affiliate level D&I activities in coordination with the health system.	Dr. Khuram Arif - Chief Medical Officer	Joy Fitzgerald, Senior Vice President & Chief Diversity, Equity & Inclusion Officer
<b>Transgender Claims Processing</b>	<p>Claims are processed by CPT codes. Transgender services reflect CPT codes and are processed according to member benefits. Coverage determinations are made by Kaiser Foundation Health Plan; medical necessity determinations are made by Permanente physicians. In determining medical necessity, physicians take into account the World Association for Transgender Health Standards of Care and medical criteria, as well as other published guidelines. If ever there is a question or concern around services offered or covered and Account Manager, patient or physician can reach out to our gender care team thru a Dr. Advice or by calling Kaiser's Gender Affirming Clinical Care Coordinators.</p>	<p>Sutter Health Plus covers medically necessary transgender and gender diverse health care services in accordance with the current version of the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC). WPATH is a non-profit, interdisciplinary professional and educational organization that addresses transgender health. WPATH provides access to the SOC on their website. The website also provides access to materials that can help individual understand the SOC and how they form the basis for medical necessity determination. Members, employers, brokers, and other stakeholders can find information on the WPATH website at: <a href="http://wpath.org/resources/SB855WPATHMaterials">wpath.org/resources/SB855WPATHMaterials</a>. For questions about covered services, members should refer to their Evidence of Coverage and Disclosure Form (EOC) or call SHP Member Services.</p> <p>Providers and facilities are required to submit special modifier codes on their claims when they are treating a person with a non-binary or opposite gender identity from their gender assigned at birth in order to avoid claims processing and payment issues. If they fail to do this and the claim is denied, the provider would be notified and would need to resubmit the claim with the correctly coding information. Claims may also pend for processing and a request for additional information could be sent to the provider/hospital for records or additional information about the service.</p>	<p>WHA covers transgender services following DMHC regulations and the World Professional Association of Transgender Health profession guidelines. Providers are trained in transgender services and patients requiring specialized medical care at the tertiary level are referred to academic centers specializing in transgender health including at UC Davis and UCSF. WHA plan personnel complete mandatory training on WPATH standards to stay up to date on the latest in Transgender Health. Both Medical and Rx services are covered in line with regulations and with the appropriate prior authorization processes in place. Additional WHA offers behavioral health services through Optum Behavioral Health which has many providers specialized in Transgender Health.</p>	<p>All medical and Rx claims must meet the medical necessity clause for payment consideration. Additionally, payments are based on valid CPT codes.</p>
<b>Non-binary Eligibility System</b>	<p>Work was completed in 2018 to update Electronic Medical eligibility files to accept the gender code/translated code of "U" for Unidentified. Additional the entry "U" will be converted from designating "Unknown" to "unidentified" where applicable. This improvement will include updating our business procedures to prevent outreach to members to obtain male/female gender identification.</p>	<p>The EDI files can accept "U" as a code for non-binary. Then when the members/employer sees this on the porta, it will show as "NA" for gender. Our Enrollment/Change Forms contain the options of "U" that represents Unknown/Undeclared/Nonbinary.</p>	<p>Yes, WHA's system is set-up and able to accept non-binary codes for eligibility</p>	<p>The letter "U" is the code assigned for non-binary. It is programed in the electronic file.</p>



**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	CalPERS	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst
Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Anthem High (MAPD)	Anthem Low (MAPD)	Aetna (MAPD)	Alignment High (MAPD)	Alignment (MAPD)
<b>General Plan Information</b>							
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit/Exam	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
Outpatient Specialist Visit	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	N/A	\$1,500	N/A	N/A	\$1,500
<b>Outpatient Services</b>							
<b>Preventive Services</b> -Adult Periodic Exams with Preventive Tests, Immunizations, Well Women Exams, Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision/Hearing Screening	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Facility Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Rehabilitative Therapy	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>							
Inpatient Hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Emergency Services</b>							
Emergency Room	\$50 copay; waived if admitted	\$0	\$0	\$50 copay; waived if admitted	\$0	\$0	\$50 copay; waived if admitted
Ambulance/Air & Ground	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Facility	\$25 copay	\$0	\$0	\$25 copay	\$0	\$0	\$25 copay
<b>Mental Health/Substance Abuse Benefits</b>							
Inpatient Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	CalPERS	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst
Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Anthem High (MAPD)	Anthem Low (MAPD)	Aetna (MAPD)	Alignment High (MAPD)	Alignment (MAPD)
<b>Prescription Drug Benefits</b>							
<b>Retail</b>							
Generic	\$5 copay	\$5 copay	\$0/\$5 copay	\$0/\$5 copay	\$4/\$5 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>							
Generic	\$10 copay	\$10 copay	\$0/\$10 copay	\$0/\$10 copay	\$8/\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>							
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	\$0	10%	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing or Extended Care Facility	\$0 Up to 100 days/ calendar year	\$0 Up to 100 days/ calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year
Hospice Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Chiropractic Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$0 copay up to 20 visits/yr	\$15 copay up to 20 visits/yr	\$0 up to 20 visits/yr	\$0 up to 24 visits/yr; combined with acupuncture	\$0 up to 24 visits/yr; combined with acupuncture
Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$0 copay up to 20 visits	\$15 copay up to 20 visits/yr	\$0 up to 20 visits/yr	\$0 up to 24 visits/yr; combined with chiropractic	\$0 up to 24 visits/yr; combined with chiropractic
Hearing Aid (Every 36 months for both ears)	\$1,000 max	20% (\$2,000 max/24 months)	\$500 per ear/every 3 years	\$500 per ear/every 3 years	\$2,000/every 24 months	\$2,000/every 24 months	\$2,000/every 24 months
<b>Rates (with Medicare Part A &amp; B)</b>	<b>2023 Current</b>	<b>2023 Current</b>					
Retiree Only	\$299.68	\$420.02	\$294.00	\$257.55	\$263.30	\$269.00	\$219.00
Retiree w/Medicare Spouse	\$599.36	\$840.04	\$588.00	\$515.10	\$526.60	\$538.00	\$438.00

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	CalPERS	Western Health Advantage	Western Health Advantage
Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Medicare Advantage 0/0/175	Medicare Advantage 0/20/0
<b>General Plan Information</b>				
Annual Deductible/Individual	\$0	\$0	\$0	\$0
Office Visit/Exam	\$10 copay	\$0	\$0 copay	\$20 copay
Outpatient Specialist Visit	\$10 copay	\$0	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$5,500	\$2,000
<b>Outpatient Services</b>				
<b>Preventive Services</b> -Adult Periodic Exams with Preventive Tests, Immunizations, Well Women Exams, Mammograms	\$0	\$0	\$0	100%
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	100%
Vision/Hearing Screening	\$0	\$0	\$20 copay	\$20 copay
Outpatient Facility Charge	\$0	\$0	\$200 copay	\$20 copay
Outpatient Rehabilitative Therapy	\$10 copay	\$0	\$0	\$0
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>				
Inpatient Hospitalization	\$0	\$0	\$175/day; Days 1 - 5	\$0
<b>Emergency Services</b>				
Emergency Room	\$50 copay; waived if admitted	\$0	\$90 copay	\$50 copay
Ambulance/Air & Ground	\$0	\$0	\$250 copay	\$50 copay
Urgent Care Facility	\$25 copay	\$0	\$20 copay	\$20 copay
<b>Mental Health/Substance Abuse Benefits</b>				
Inpatient Care	\$0	\$0	\$175/day; Days 1 - 5	\$0
Outpatient Care	\$10 copay	\$0	\$35 copay	\$20 copay

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	CalPERS	Western Health Advantage	Western Health Advantage
Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Medicare Advantage 0/0/175	Medicare Advantage 0/20/0
<b>Prescription Drug Benefits</b>				
<b>Retail</b>				
Generic	\$5 copay	\$5 copay	\$0/\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$45 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$50 copay	\$100 copay	\$50 copay
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Generic	\$10 copay	\$10 copay	\$12.50 copay	\$25 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$87.50 copay	\$75 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$100 copay	\$225 copay	\$125 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%	20%
Home Health Care	\$0	\$0	\$0	\$0
Skilled Nursing or Extended Care Facility	\$0 Up to 100 days/ calendar year	\$0 Up to 100 days/ calendar year	\$0 for days 1-20; \$150 copay for days 21-100	\$0 for days 1-20; \$150 copay for days 21-100
Hospice Care	\$0	\$0	\$0	\$0
Chiropractic Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$20 copay; up to 20 visits/yr; combined with acupuncture	\$20 copay; up to 20 visits/yr; combined with acupuncture
Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$20 copay; up to 20 visits/yr; combined with chiropractic	\$20 copay; up to 20 visits/yr combined with chiropractic
Hearing Aid (Every 36 months for both ears)	\$1,000 max	20% (\$2,000 max/24 months)	Up to 2 TruHearing aids per year; \$699 copay for Advanced aid; \$999 copay for Premium aid	Up to 2 TruHearing aids per year; \$699 copay for Advanced aid; \$999 copay for Premium aid
<b>Rates (with Medicare Part A &amp; B)</b>				
	<b>2023 Current</b>	<b>2023 Current</b>		
Retiree Only	\$299.68	\$420.02	\$224.77	\$248.65
Retiree w/Medicare Spouse	\$599.36	\$840.04	\$449.54	\$497.30

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	Kaiser	Kaiser
Plan Name	Kaiser Senior Advantage	CalPERS Lookalike High Plan	CalPERS Lookalike Low Plan
<b>General Plan Information</b>			
Annual Deductible/Individual	\$0	\$0	\$0
Office Visit/Exam	\$10 copay	\$10 copay	\$15 copay
Outpatient Specialist Visit	\$10 copay	\$10 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,000	\$1,000
<b>Outpatient Services</b>			
<b>Preventive Services</b> -Adult Periodic Exams with Preventive Tests, Immunizations, Well Women Exams, Mammograms	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0
Vision/Hearing Screening	\$0	\$10 copay	\$20 copay
Outpatient Facility Charge	\$10 copay	\$10 copay	\$175 copay
Outpatient Rehabilitative Therapy	\$10 copay	\$10 copay	\$20 copay
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>			
Inpatient Hospitalization	\$0	\$0	\$500 copay/admit
<b>Emergency Services</b>			
Emergency Room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance/Air & Ground	\$0	\$0 copay	\$0
Urgent Care Facility	\$10 copay	\$10 copay	\$20 copay
<b>Mental Health/Substance Abuse Benefits</b>			
Inpatient Care	\$0	\$0	\$500 copay/admit
Outpatient Care	\$10 copay	\$10 copay	\$20 copay

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	Kaiser	Kaiser
Plan Name	Kaiser Senior Advantage	CalPERS Lookalike High Plan	CalPERS Lookalike Low Plan
<b>Prescription Drug Benefits</b>			
<b>Retail</b>			
Generic	\$5 copay	\$5 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$35 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$20 copay	\$35 copay
Number of Days Supply	30 days	30 days	30 days
<b>Mail Order</b>			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$35 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay	\$40 copay	\$35 copay
Number of Days Supply for Mail Order	100 days	100 days	100 days
<b>Other Services and Supplies</b>			
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%
Home Health Care	\$0	\$0	\$0
Skilled Nursing or Extended Care Facility	\$0 Up to 100 days/ calendar year	\$0 up to 100 days/ calendar year	\$0 up to 100 days/calendar year
Hospice Care	\$0	\$0	\$0
Chiropractic Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture
Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic
Hearing Aid (Every 36 months for both ears)	\$1,000 max	\$1,000 max	\$1,000 max
<b>Rates (with Medicare Part A &amp; B)</b>			
<b>2023 Current</b>			
Retiree Only	\$283.25	TBD	TBD
Retiree w/Medicare Spouse	\$566.50		

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