



Davis Joint Unified School District Final 2025 Sutter Health Plus Plan Options

CalPERS

Carrier	2024 CalPERS UHC SignatureValue Alliance HMO	Sutter Health Plus Summit ML67	Sutter Health Plus Summit ML62	Sutter Health Plus Ridge ML75
General Plan Information				
Annual Deductible/Individual	\$0	\$0	\$0	\$1,000
Annual Deductible/Family	\$0	\$0	\$0	\$2,000
Office Visit/Specialist Visit/Urgent Care/Televisit	\$15/\$15/\$15/\$15 copay \$1,500	\$15/\$15/\$15/\$15 copay	\$25/\$25/\$25/\$25 copay	\$40/\$40/\$40/\$20 copay
Annual Out-of-Pocket Limit/Individual	(does not include Rx)	\$1,500 (includes Rx)	\$2,500 (includes Rx)	\$3,000 (includes Rx)
Annual Out-of-Pocket Limit/Family	(does not include Rx)	\$3,000 (includes Rx)	\$5,000 (includes Rx)	\$6,000 (includes Rx)
Services				
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	Lab \$25 copay, X-ray \$15 copay	Lab \$40 copay, X-ray \$0 copay
Outpatient Facility Charge	\$0	\$15 copay	\$10 copay per visit	\$250 per visit after deductible
Inpatient Hospitalization	\$0	\$0	\$500 copay per admission	\$500 copay per admission after deductible
Emergency Room	\$50 copay waived if admitted	\$35 copay, waived if admitted	\$150 copay; waived if admitted	\$100 copay after deductible; waived if admitted
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%, after deductible	20%, after deductible
Chiropractic/Acupuncture Services	\$15 copay Up to 20 visits/calendar year combined	\$15 copay, up to 20 visits/year combined	\$15 copay, up to 20 visits/combined with acupuncture	\$15 copay, up to 20 visits/combined with acupuncture
Prescription Drug Benefits				
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,950 (in addition to medical OOP limit)	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$15,900 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	None	None	None
Retail				
Generic	\$5 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$35 copay	\$60 copay	\$60 copay
Specialty	Same as Brand	20%, up to \$100 per prescription	20% up to \$100	30% up to \$100
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$10 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$60 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$70 copay	\$120 copay	\$120 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024				
Employee Only	\$1,091.13	\$924.40	\$858.20	\$744.10
Two-Party	\$2,182.26	\$1,849.00	\$1,716.40	\$1,488.20
Family	\$2,836.94	\$2,404.40	\$2,231.30	\$1,934.70

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Annual Deductible/Family	\$0
Office Visit/Specialist Visit/Urgent Care/Televisit	\$15/\$15/\$15/\$15 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (does not include Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)
Services	
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0
Outpatient Facility Charge	\$0
Inpatient Hospitalization	\$0
Emergency Room	\$50 copay waived if admitted
Durable Medical Equipment & Prosthetic Devices	\$0
Chiropractic/Acupuncture Services	\$15 copay Up to 20 visits/calendar year combined
Prescription Drug Benefits	
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,950 (in addition to medical OOP limit)
Prescription Drug Annual Out-of-Pocket Limit/Family	\$15,900 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)
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Generic	\$5 copay
Brand (Formulary/Preferred)	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay
Specialty	Same as Brand
Number of Days Supply	30 days
Mail Order	
Generic	\$10 copay
Brand (Formulary/Preferred)	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay
Number of Days Supply for Mail Order	90 days
2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024	
Employee Only	\$1,091.13
Two-Party	\$2,182.26
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