



## Davis Joint Unified School District 2025 Kaiser Options

| Plan Name  | CalPERS   | Look-alike  | Option F<br>\$40/\$250/\$100 ER                                  | Plan 8790<br>\$1500/\$20/20%<br>Hospital |
|--|---|---|--|--|
|  | HMO   | HMO   |  |  |
| <b>General Plan Information</b>  |   |   |  |  |
| Annual deductible/Individual   | \$0   | \$0   | \$0  | \$1,500                                  |
| Annual deductible/Family   | \$0   | \$0   | \$0  | \$3,000                                  |
| Annual Out-of-Pocket Limit/Individual  | \$1,500   | \$1,500   | \$1,500  | \$4,000                                  |
| Annual Out-of-Pocket Limit/Family  | \$3,000   | \$3,000   | \$3,000  | \$8,000                                  |
| <b>Services</b>  |   |   |  |  |
| Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening) | \$0   | \$0   | \$0  | \$0                                      |
| Office Visit/Specialist Visit/Telehealth Visit/Urgent Care   | \$15 copay  | \$15/\$15/\$0/\$15 copay  | \$40/\$40/\$0/\$40 copay   | \$20/\$20/\$0/\$20 copay                 |
| Diagnostic X-Ray/Lab Tests (Non-Preventive)  | \$0   | \$0   | \$0  | \$10 copay                               |
| Outpatient Facility Charge   | \$15 copay  | \$15 copay per procedure  | \$40 copay per procedure   | 20%, after deductible                    |
| Inpatient Hospitalization  | \$0   | \$0   | \$250 per admit  | 20%, after deductible                    |
| Emergency Room   | \$50 copay waived if admitted                                     | \$50 copay waived if admitted                                     | \$100 copay waived if admitted                                   | 20%, after deductible                    |
| Durable Medical Equipment & Prosthetic Devices   | \$0   | \$0   | 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/calendar year; combined w/Acupuncture | Chiro/Acu Rider available                |
| <b>Prescription Drug Benefits</b>  |   |   |  |  |
| Prescription Drug Annual Out-of-Pocket Limit/Individual  | <b>\$7,950</b> (in addition to Medical OOP limit)                 | None  | None   | None                                     |
| Prescription Drug Annual Out-of-Pocket Limit/Family  | <b>\$15,900</b> (in addition to Medical OOP limit)                | None  | None   | None                                     |
| <b>Retail</b>  |   |   |  |  |
| Generic  | \$5 copay   | \$5 copay   | \$5 copay  | \$10 copay                               |
| Brand (Formulary/Preferred)  | \$20 copay  | \$20 copay  | \$20 copay   | \$30 copay                               |
| Brand (Non-Formulary/Non-preferred)  | \$20 copay  | \$20 copay  | \$20 copay   | \$30 copay                               |
| Specialty  |   | \$20 copay  | \$20 copay   | 20% up to \$250                          |
| Number of Days Supply  | 30 days   | 30 days   | 30 days  | 30 days                                  |
| <b>Mail Order</b>  |   |   |  |  |
| Generic  | \$10 copay  | \$10 copay  | \$10 copay   | \$20 copay                               |
| Brand (Formulary/Preferred)  | \$40 copay  | \$40 copay  | \$40 copay   | \$60 copay                               |
| Brand (Non-Formulary/Non-preferred)  | \$40 copay  | \$40 copay  | \$40 copay   | \$60 copay                               |
| Number of Days Supply for Mail Order   | 100 days  | 100 days  | 100 days   | 100 days                                 |
| <b>2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024</b>  |   |   |  |  |
| Employee Only  | \$1,021.41  | \$981.62  | \$932.37   | \$815.86                                 |
| Two-Party  | \$2,042.82  | \$1,963.24  | \$1,864.74   | \$1,631.72                               |
| Family   | \$2,655.67  | \$2,552.21  | \$2,424.16   | \$2,121.24                               |