Keenan®

Davis Joint Unified School District - Non-Kaiser Sutter Health Plus Plan Options

CalPERS

Carrier	Non-Kaiser *	Sutter Health Plus Summit ML67	Sutter Health Plus Peak ML68	Sutter Health Plus Peak ML69	Sutter Health Plus Peak ML70	Sutter Health Plus Peak ML71
General Plan Information						
Annual Deductible/Individual	$0	$0	$500	$1,000	$1,500	$2,500
Annual Deductible/Family	$0	$0	$1,000	$2,000	$3,000	$5,000
Office Visit/Specialist Visit/Urgent Care	$15/$15/$15 copay	$15/$15/$15 copay	$20/$20/$20 copay	$20/$20/$20 copay	$20/$20/$20 copay	$20/$20/$20 copay
Annual Out-of-Pocket Limit/Individual	$1,500 (does not include Rx)	$1,500 (includes Rx)	$3,000 (includes Rx)	$3,000 (includes Rx)	$4,000 (includes Rx)	$5,000 (includes Rx)
Annual Out-of-Pocket Limit/Family	$3,000 (does not include Rx)	$3,000 (includes Rx)	$6,000 (includes Rx)	$6,000 (includes Rx)	$8,000 (includes Rx)	$10,000 (includes Rx)
Services						
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	$0	$0	$0	$0	$0	$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	$0	$0	Lab $20 copay, X-ray $10 copay	Lab $20 copay, X-ray $10 copay	Lab $20 copay, X-ray $10 copay	Lab $20 copay, X-ray $10 copay
Outpatient Facility Charge	$0	$15 copay	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Inpatient Hospitalization	$0	$0	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Emergency Room	$50 copay waived if admitted	$35 copay, waived if admitted	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Durable Medical Equipment & Prosthetic Devices	$0	$0	20%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
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/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

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Prescription Drug Benefits						
Prescription Drug Annual Out-of-Pocket Limit/Individual **	**$7,950** (in addition to medical OOP limit)	None	None	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	None	None
Retail						
Generic	$5 copay	$10 copay	$10 copay	$10 copay	$10 copay	$10 copay
Brand (Formulary/Preferred)	$20 copay	$20 copay	$30 copay	$30 copay	$30 copay	$30 copay
Brand (Non-Formulary/Non-preferred)	$50 copay	$35 copay	$60 copay	$60 copay	$60 copay	$60 copay
Specialty	Same as Brand	20%, up to $100 per prescription	10% up to $100	20% up to $100	20% up to $100	10%
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order						
Generic	$10 copay	$20 copay	$20 copay	$20 copay	$20 copay	$20 copay
Brand (Formulary/Preferred)	$40 copay	$40 copay	$60 copay	$60 copay	$60 copay	$60 copay
Brand (Non-Formulary/Non-preferred)	$100 copay	$70 copay	$120 copay	$120 copay	$120 copay	$120 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days
2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024						
Employee Only		$924.40	$794.10	$763.50	$740.50	$712.40
Two-Party		$1,849.00	$1,588.40	$1,527.20	$1,481.20	$1,425.00
Family		$2,404.40	$2,065.60	$1,986.10	$1,926.30	$1,853.20

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

** Anthem Blue Cross Select: $7,600/$15,200