

Davis Joint Unified School District Sutter Health Plus Plan Options

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\$15,000 columns \$15,000 co			·			·	• /		
Marie 1.00	,	·	1 -	* *	•		' '		' '
	Office Visit/Specialist Visit/Urgent Care/Televisit		\$15/\$15/\$15 copay	\$25/\$25/\$25 copay	\$40/\$40/\$40/\$20 copay	\$20/\$20/\$20 copay	\$40/\$40/\$40/\$20 copay	\$20/\$20/\$20 copay	\$20/\$20/\$20 copay
Amount Device Limit Framing Gibbs on Involved Rp \$1,000 (includes Rp \$5,000 (includes Rp \$6,000 (inc	Annual Out-of-Pocket Limit/Individual	(does not include Rx)	\$1,500 (includes Rx)	\$2,500 (includes Rx)	\$3,000 (includes Rx)	\$3,000 (includes Rx)	\$3,000 (includes Rx)	\$3,000 (includes Rx)	\$4,000 (includes Rx)
Presenting Services (Auth Exemp. Vivide Telest, Plan Presenting Services 10 10 10 10 10 10 10 1	,	1 - /	\$3,000 (includes Rx)	\$5,000 (includes Rx)	\$6,000 (includes Rx)	\$6,000 (includes Rx)	\$6,000 (includes Rx)	\$6,000 (includes Rx)	\$8,000 (includes Rx)
Second S	Services								
Diagonatic Kary/Lah Tests (Nam Preventive) 50 50 50 50 50 50 50 5	Care/Immunizations/Well Woman visits/Vision-Hearing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagonatic Kary/Lah Tests (Nam Preventive) 50 50 50 50 50 50 50 5				Lab \$25 copay, X-ray \$15		Lab \$20 copay, X-ray \$10	Lab \$40 copay,		
Source S	Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0		Lab \$10 copay, X-ray \$10 copay			Lab \$20 copay, X-ray \$10 copay	Lab \$20 copay, X-ray \$10 copay
Society Soci	Outpatient Facility Charge	\$0	\$15 copay	\$10 copay per visit	\$100 copay per visit	10%, after deductible	\$250 per visit after deductible	20%, after deductible	20%, after deductible
Emergency Room	Inpatient Hospitalization	\$0	\$0	\$500 copay per admission	\$500 copay per admission	10%, after deductible			20%, after deductible
\$15 copay Up to 20 visits/cambined with acupuncture Services Chiropractic/Acupunture Services combined Chiropractic/Acupunture Services combined visits/cambined with acupuncture combined Services combined visits/cambined with acupuncture combined visits/cambined with acupuncture combined Services combined visits/cambined with acupuncture combined visits/cambined with acupuncture combined Services combined visits/cambined with acupuncture combined visits/cambined with acupuncture combined Services combined visits/cambined with acupuncture combined visits/cambined with acupuncture combined visits/cambined with acupuncture combined Services combined visits/cambined with acupuncture combined visit	Emergency Room		\$35 copay, waived if admitted		\$150 copay; waived if admitted	10%, after deductible		20%, after deductible	20%, after deductible
Stoppy up to 20 visits/par visits/combined with acupuncture visits/combined with	Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Prescription Drug Annual Out-of-Pocket Limit/Individual	·	visits/calendar year		visits/combined with	visits/combined with	visits/combined with	visits/combined with	visits/combined with	visits/combined with
Limit/Individual Sis,500 (Mail-order OOP: \$1,000/family) in addition to Limit/Family Medical OOP limit)	Prescription Drug Benefits								
Prescription Drug Annual Out-of-Pocket \$1,000/family in addition to Medical OOP limit) None			None	None	None	None	None	None	None
Semeric St copay	Limit/Family	\$1,000/family in addition to	None	None	None	None	None	None	None
Brand (Formulary/Preferred) \$20 copay \$20 copay \$30 copay \$60 copay									
Brand (Non-Formulary/Non-preferred) \$50 copay \$35 copay \$60 copay \$6				' '		· · · ·			
Specialty Same as Brand 20%, up to \$100 per prescription prescription 20% up to \$100 10% up to \$100 30% up to \$100 20% up to \$10									
Specialty Same as Brand prescription 20% up to \$100 20% up to \$100 10% up to \$100 30% up to \$100 20% up to \$100<	Brand (Non-Formulary/Non-preferred)	\$50 copay	\$35 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Mail Order \$10 copay \$20 copay \$120 copay <th< td=""><td>Specialty</td><td>Same as Brand</td><td></td><td>20% up to \$100</td><td>20% up to \$100</td><td>10% up to \$100</td><td>30% up to \$100</td><td>20% up to \$100</td><td>20% up to \$100</td></th<>	Specialty	Same as Brand		20% up to \$100	20% up to \$100	10% up to \$100	30% up to \$100	20% up to \$100	20% up to \$100
Generic \$10 copay \$20 copay \$60 copay \$120 copay	Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Brand (Formulary/Preferred) \$40 copay \$40 copay \$60 copay \$120 copay </td <td>Mail Order</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Mail Order								
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 da	Generic	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 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 da	Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024 Employee Only \$1,091.13 \$924.40 \$858.20 \$824.10 \$794.10 \$744.10 \$763.50 \$740.50 Two-Party \$2,182.26 \$1,849.00 \$1,716.40 \$1,648.20 \$1,588.40 \$1,488.20 \$1,527.20 \$1,481.20	Brand (Non-Formulary/Non-preferred)	\$100 copay	\$70 copay	\$120 copay	\$120 copay	\$120 copay	\$120 copay		\$120 copay
Employee Only \$1,091.13 \$924.40 \$858.20 \$824.10 \$794.10 \$744.10 \$763.50 \$740.50 Two-Party \$2,182.26 \$1,849.00 \$1,716.40 \$1,648.20 \$1,588.40 \$1,488.20 \$1,527.20 \$1,481.20	Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days	90 days	90 days
Employee Only \$1,091.13 \$924.40 \$858.20 \$824.10 \$794.10 \$744.10 \$763.50 \$740.50 Two-Party \$2,182.26 \$1,849.00 \$1,716.40 \$1,648.20 \$1,588.40 \$1,488.20 \$1,527.20 \$1,481.20	2024 RATES - 2025 RATES WILL BE REQUESTED	LATE SPRING 2024							
Two-Party \$2,182.26 \$1,849.00 \$1,716.40 \$1,648.20 \$1,588.40 \$1,488.20 \$1,527.20 \$1,481.20			\$924.40	\$858.20	\$824.10	\$794.10	\$744.10	\$763.50	\$740.50
	Two-Party	\$2,182.26	\$1,849.00	\$1,716.40	\$1,648.20	\$1,588.40	\$1,488.20	\$1,527.20	\$1,481.20
\$2,830.94 \$2,404.40 \$2,404.40 \$2,142.70 \$2,055.60 \$1,934.70 \$1,986.10 \$1,986.10	Family	\$2,836.94	\$2,404.40	\$2,231.30	\$2,142.70	\$2,065.60	\$1,934.70	\$1,986.10	\$1,926.30

^{*} CalPERS Rates are UHC Alliance for comparison



Davis Joint Unified School District Sutter Health Plus Plan Options

CalPERS

	CalPERS			
Carrier	2024 CaIPERS UHC SignatureValue Alliance HMO	Sutter Health Plus Peak ML71	Sutter Health Plus Vista 26 HDHP	Sutter Health Plus Vista 24 HDHP
General Plan Information				
Annual Deductible/Individual	\$0	\$2,500	\$1,500/\$3,000	\$2,500/\$3,000
Annual Deductible/Family	\$0	\$5,000	\$3,000	\$5,000
Office Visit/Specialist Visit/Urgent Care/Televisit	\$15/\$15/\$15 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)	\$5,000 (includes Rx)	\$3,000 (includes Rx)	\$5,000 (includes Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)	\$10,000 (includes Rx)	\$6,000 (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
3,	, .	Lab \$20 copay, X-ray \$10	,	, -
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	copay	No charge after deductible	No charge after deductible
Outpatient Facility Charge	\$0	20%, after deductible	No charge after deductible	No charge after deductible
Inpatient Hospitalization	\$0	20%, after deductible	\$50 copay per admission after deductible	\$50 copay per admission after deductible
Emergency Room	\$50 copay waived if admitted	20%, after deductible	No charge after deductible	No charge after deductible
Durable Medical Equipment & Prosthetic Devices	\$0	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/combined with acupuncture	Not covered	Not Covered
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	No charge after deductible	No charge after deductible
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	No charge after deductible	No charge after deductible
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$60 copay	No charge after deductible	\$60 copay after deductible
Specialty	Same as Brand	10%	No charge after deductible	No charge after deductible
Number of Days Supply	30 days	30 days	30 days	30 days
Mail Order				
Generic	\$10 copay	\$20 copay	No charge after deductible	No charge after deductible
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	No charge after deductible	No charge after deductible
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$120 copay	No charge after deductible	\$120 copay after deductible
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
2024 RATES - 2025 RATES WILL BE REQUESTED				
Employee Only	\$1,091.13	\$712.40	\$733.00	\$710.80
Two-Party	\$2,182.26	\$1,425.00	\$1,546.00	\$1,421.60
Family	\$2,836.94	\$1,853.20	\$2,009.80	\$1,848.10

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