



## Davis Joint Unified School District 2025 Kaiser Options

Plan Name	CaPERS	Look-alike	Option F	Plan 8790
	HMO	HMO	\$40/\$250/\$100 ER	\$1500/\$20/20% Hospital
<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