



**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective January 1, 2024**

Carrier	CalPERS	CalPERS	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst
Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Anthem High (MAPD)	Anthem Low (MAPD )	Aetna (MAPD)	Alignment High (MAPD)	Alignment (MAPD)
<b>General Plan Information</b>							
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit/Exam	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
Outpatient Specialist Visit	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	N/A	\$1,500	N/A	N/A	\$1,500
<b>Outpatient Services</b>							
<b>Preventive Services</b> -Adult Periodic Exams with Preventive Tests, Immunizations, Well Women Exams, Mammograms	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision/Hearing Screening	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Facility Charge	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Rehabilitative Therapy	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>							
Inpatient Hospitalization	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Emergency Services</b>							
Emergency Room	\$50 copay; waived if admitted	\$0	\$0	\$50 copay; waived if admitted	\$0	\$0	\$50 copay; waived if admitted
Ambulance/Air & Ground	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Facility	\$25 copay	\$0	\$0	\$25 copay	\$0	\$0	\$25 copay
<b>Mental Health/Substance Abuse Benefits</b>							
Inpatient Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Care	\$10 copay	\$0	\$0	\$10 copay	\$0	\$0	\$10 copay

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Plan Name	UHC Medicare Advantage PPO	Anthem Platinum	Anthem High (MAPD)	Anthem Low (MAPD)	Aetna (MAPD)	Alignment High (MAPD)	Alignment (MAPD)
<b>Prescription Drug Benefits</b>							
<b>Retail</b>							
Generic	\$5 copay	\$5 copay	\$0/\$5 copay	\$0/\$5 copay	\$4/\$5 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>							
Generic	\$10 copay	\$10 copay	\$0/\$10 copay	\$0/\$10 copay	\$8/\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>							
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	\$0	10%	\$0	\$0	\$0
Home Health Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Skilled Nursing or Extended Care Facility	\$0 Up to 100 days/ calendar year	\$0 Up to 100 days/ calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year	\$0 up to 100 days/calendar year
Hospice Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Chiropractic Services	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture	\$0 copay up to 20 visits/yr	\$15 copay up to 20 visits/yr	\$0 up to 20 visits/yr	\$0 up to 24 visits/yr; combined with acupuncture	\$0 up to 24 visits/yr; combined with acupuncture
Acupuncture	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/calendar year; combined w/Chiropractic	\$0 copay up to 20 visits	\$15 copay up to 20 visits/yr	\$0 up to 20 visits/yr	\$0 up to 24 visits/yr; combined with chiropractic	\$0 up to 24 visits/yr; combined with chiropractic
Hearing Aid (Every 36 months for both ears)	\$1,000 max	20% (\$2,000 max/24 months)	\$500 per ear/every 3 years	\$500 per ear/every 3 years	\$2,000/every 24 months	\$2,000/every 24 months	\$2,000/every 24 months
<b>Rates (with Medicare Part A &amp; B)</b>	<b>2023 Current</b>	<b>2023 Current</b>					
Retiree Only	\$299.68	\$420.02	\$294.00	\$257.55	\$263.30	\$269.00	\$219.00
Retiree w/Medicare Spouse	\$599.36	\$840.04	\$588.00	\$515.10	\$526.60	\$538.00	\$438.00
Current Retiree Out-of-Pocket	\$148.68	\$269.02					
Estimated Retiree Out-of-Pocket			\$294.00	\$257.55	\$263.30	\$269.00	\$219.00
<b>Estimated Difference Out-of-Pocket over UHC</b>			\$145.32	\$108.87	\$114.62	\$120.32	\$70.32
<b>Estimated Difference Out-of-Pocket over Anthem</b>			\$24.98	<b>-\$11.47</b>	<b>-\$5.72</b>	<b>-\$0.02</b>	<b>-\$50.02</b>

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective 6/30/2023**

Carrier	Western Health Advantage	Western Health Advantage	CalPERS	Kaiser	Kaiser
Plan Name	Medicare Advantage 0/0/175	Medicare Advantage 0/20/0	Kaiser Senior Advantage	CalPERS Lookalike High Plan	CalPERS Lookalike Low Plan
<b>General Plan Information</b>					
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0
Office Visit/Exam	\$0 copay	\$20 copay	\$10 copay	\$10 copay	\$15 copay
Outpatient Specialist Visit	\$20 copay	\$20 copay	\$10 copay	\$10 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$5,500	\$2,000	\$1,500	\$1,000	\$1,000
<b>Outpatient Services</b>					
<b>Preventive Services</b> -Adult Periodic Exams with Preventive Tests, Immunizations, Well Women Exams, Mammograms	\$0	100%	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	100%	\$0	\$0	\$0
Vision/Hearing Screening	\$20 copay	\$20 copay	\$0	\$10 copay	\$20 copay
Outpatient Facility Charge	\$200 copay	\$20 copay	\$10 copay	\$10 copay	\$175 copay
Outpatient Rehabilitative Therapy	\$0	\$0	\$10 copay	\$10 copay	\$20 copay
<b>Inpatient Hospital Services (Pre-Authorization Required)</b>					
Inpatient Hospitalization	\$175/day; Days 1 - 5	\$0	\$0	\$0	\$500 copay/admit
<b>Emergency Services</b>					
Emergency Room	\$90 copay	\$50 copay	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
Ambulance/Air & Ground	\$250 copay	\$50 copay	\$0	\$0 copay	\$0
Urgent Care Facility	\$20 copay	\$20 copay	\$10 copay	\$10 copay	\$20 copay
<b>Mental Health/Substance Abuse Benefits</b>					
Inpatient Care	\$175/day; Days 1 - 5	\$0	\$0	\$0	\$500 copay/admit
Outpatient Care	\$35 copay	\$20 copay	\$10 copay	\$10 copay	\$20 copay

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**Davis Joint Unified School District**

**Medicare Benefit Comparison - Effective 1/1/2023**

Carrier	Western Health Advantage	Western Health Advantage	CalPERS	Kaiser	Kaiser
Plan Name	Medicare Advantage 0/0/175	Medicare Advantage 0/20/0	Kaiser Senior Advantage	CalPERS Lookalike High Plan	CalPERS Lookalike Low Plan
<b>Prescription Drug Benefits</b>					
<b>Retail</b>					
Generic	\$0/\$10 copay	\$10 copay	\$5 copay	\$5 copay	\$10 copay
Brand (Formulary/Preferred)	\$45 copay	\$30 copay	\$20 copay	\$20 copay	\$35 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$50 copay	\$20 copay	\$20 copay	\$35 copay
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>					
Generic	\$12.50 copay	\$25 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$87.50 copay	\$75 copay	\$40 copay	\$40 copay	\$35 copay
Brand (Non-Formulary/Non-preferred)	\$225 copay	\$125 copay	\$40 copay	\$40 copay	\$35 copay
Number of Days Supply for Mail Order	90 days	90 days	100 days	100 days	100 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	20%	20%	\$0	\$0	20%
Home Health Care	\$0	\$0	\$0	\$0	\$0
Skilled Nursing or Extended Care Facility	\$0 for days 1-20; \$150 copay for days 21-100	\$0 for days 1-20; \$150 copay for days 21-100	\$0 Up to 100 days/ calendar year	\$0 up to 100 days/ calendar year	\$0 up to 100 days/ calendar year
Hospice Care	\$0	\$0	\$0	\$0	\$0
Chiropractic Services	\$20 copay; up to 20 visits/yr; combined with acupuncture	\$20 copay; up to 20 visits/yr; combined with acupuncture	\$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
Acupuncture	\$20 copay; up to 20 visits/yr; combined with chiropractic	\$20 copay; up to 20 visits/yr combined with chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/Chiropractic	\$15 copay Up to 20 visits/ calendar year; combined w/Chiropractic
Hearing Aid (Every 36 months for both ears)	Up to 2 TruHearing aids per year; \$699 copay for Advanced aid; \$999 copay for Premium aid	Up to 2 TruHearing aids per year; \$699 copay for Advanced aid; \$999 copay for Premium aid	\$1,000 max	\$1,000 max	\$1,000 max
<b>Rates (with Medicare Part A &amp; B)</b>			<b>2023 Current</b>		
Retiree Only	\$224.77	\$248.65	\$283.25	TBD	TBD
Retiree w/Medicare Spouse	\$449.54	\$497.30	\$566.50		
Current Retiree Out-of-Pocket					
Estimated Retiree Out-of-Pocket	\$224.77	\$248.65	\$283.25	TBD	TBD
<b>Estimated Difference Out-of-Pocket over UHC</b>	\$76.09	\$99.97	\$134.57	TBD	TBD
<b>Estimated Difference Out-of-Pocket over Anthem</b>	<b>-\$44.25</b>	<b>-\$20.37</b>	\$14.23	TBD	TBD

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