



**Davis Joint Unified School District**

**Medicare Benefit Comparison - FINAL CalPERS Renewal Effective January 1, 2024**

Carrier	CalPERS	CalPERS		RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst
Plan Name	UHC Medicare Advantage PPO	Platinum PPO - Supplement to Medicare		Anthem High (MAPD)	Anthem Low (MAPD)	Aetna (MAPD)	Alignment High (MAPD)	Alignment (MAPD)
General Plan Information		PPO	Non-PPO					
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	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

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.



**Davis Joint Unified School District**

**Medicare Benefit Comparison - FINAL CalPERS Renewal Effective January 1, 2024**

Carrier	CalPERS	CalPERS	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst	RetireeFirst
Plan Name	UHC Medicare Advantage PPO	Platinum PPO - Supplement to Medicare	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/36 months	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>2024 RENEWAL</b>	<b>2024 RENEWAL</b>					
Retiree Only	\$341.72	\$448.15	\$294.00	\$257.55	\$263.30	\$269.00	\$219.00
Retiree w/Medicare Spouse	\$683.44	\$896.30	\$588.00	\$515.10	\$526.60	\$538.00	\$438.00
Current Retiree Out-of-Pocket (Assumes Est. <b>\$157</b> MEC)	\$184.72	\$291.15					
<b>Estimated Retiree Out-of-Pocket @ 100% Paid</b>			<b>\$294.00</b>	<b>\$257.55</b>	<b>\$263.30</b>	<b>\$269.00</b>	<b>\$219.00</b>
<b>Estimated Difference OOP over UHC</b>			<b>\$109.28</b>	<b>\$72.83</b>	<b>\$78.58</b>	<b>\$84.28</b>	<b>\$34.28</b>
<b>Estimated Difference OOP over Platinum PPO</b>			<b>\$2.85</b>	<b>-\$33.60</b>	<b>-\$27.85</b>	<b>-\$22.15</b>	<b>-\$72.15</b>
<b>Estimated Difference OOP over Kaiser Senior Advantage</b>							

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.



**Davis Joint Unified School District**  
**Medicare Benefit Comparison - FINAL Call**

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

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.



**Davis Joint Unified School District**

**Medicare Benefit Comparison - FINAL Call**

Carrier	Western Health Advantage	Western Health Advantage	CaPERS	Kaiser
Plan Name	Medicare Advantage 0/0/175	Medicare Advantage 0/20/0	Kaiser Senior Advantage	CaPERS Lookalike High Plan
<b>Prescription Drug Benefits</b>				
<b>Retail</b>				
Generic	\$0/\$10 copay	\$10 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$45 copay	\$30 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$50 copay	\$20 copay	\$20 copay
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Generic	\$12.50 copay	\$25 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$87.50 copay	\$75 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$225 copay	\$125 copay	\$40 copay	\$40 copay
Number of Days Supply for Mail Order	90 days	90 days	100 days	100 days
<b>Other Services and Supplies</b>				
Durable Medical Equipment & Prosthetic Devices	20%	20%	\$0	\$0
Home Health Care	\$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
Hospice Care	\$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
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
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/36 months	\$1,000 max/36 months
<b>Rates (with Medicare Part A &amp; B)</b>				
Retiree Only	\$224.77	\$248.65	\$324.79	\$314.60
Retiree w/Medicare Spouse	\$449.54	\$497.30	\$649.58	\$629.20
Current Retiree Out-of-Pocket (Assumes Est. <b>\$157</b> MEC)			\$167.79	
<b>Estimated Retiree Out-of-Pocket @ 100% Paid</b>	<b>\$224.77</b>	<b>\$248.65</b>		<b>\$314.60</b>
<b>Estimated Difference OOP over UHC</b>	<b>\$40.05</b>	<b>\$63.93</b>		<b>\$129.88</b>
<b>Estimated Difference OOP over Platinum PPO</b>	<b>-\$66.38</b>	<b>-\$42.50</b>		<b>\$23.45</b>
<b>Estimated Difference OOP over Kaiser Senior Advantage</b>				<b>\$146.81</b>

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The rates outlined are intended as a sample rate comparison only. Final rates may differ and are based upon actual enrollment, plan design(s) selected, and underwriting approval.