



**Davis Joint Unified School District -
Sutter Health Plus Plan Options**

CalPERS

Carrier	2024 CalPERS UHC SignatureValue Alliance HMO	Sutter Health Plus Summit ML67	Sutter Health Plus Peak ML70
General Plan Information			
Annual Deductible/Individual	\$0	\$0	\$1,500
Annual Deductible/Family	\$0	\$0	\$3,000
Office Visit/Specialist Visit/Urgent Care	\$15/\$15/\$15 copay	\$15/\$15/\$15 copay	\$20/\$20/\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500 (does not include Rx)	\$1,500 (includes Rx)	\$4,000 (includes Rx)
Annual Out-of-Pocket Limit/Family	\$3,000 (does not include Rx)	\$3,000 (includes Rx)	\$8,000 (includes Rx)
Services			
Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	Lab \$20 copay, X-ray \$10 copay
Outpatient Facility Charge	\$0	\$15 copay	20%, after deductible
Inpatient Hospitalization	\$0	\$0	20%, after deductible
Emergency Room	\$50 copay waived if admitted	\$35 copay, waived if admitted	20%, after deductible
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%, after deductible
Chiropractic/Acupuncture 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

CONFIDENTIAL: The information 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 information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.



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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
Prescription Drug Annual Out-of-Pocket Limit/Family	\$15,900 (Mail-order OOP: \$1,000/family in addition to Medical OOP limit)	None	None
Retail			
Generic	\$5 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$50 copay	\$35 copay	\$60 copay
Specialty	Same as Brand	20%, up to \$100 per prescription	20% up to \$100
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Generic	\$10 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$100 copay	\$70 copay	\$120 copay
Number of Days Supply for Mail Order	90 days	90 days	90 days
2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024			
Employee Only	\$1,091.13	\$924.40	\$740.50
Two-Party	\$2,182.26	\$1,849.00	\$1,481.20
Family	\$2,836.94	\$2,404.40	\$1,926.30

* CalPERS Rates are UHC Alliance for comparison

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