



**Davis Joint Unified School District
Kaiser Options**

Plan Name	CalPERS	Lookalike	Copay Options					
	HMO	HMO	Option A \$30/100%/ \$75 ER	Option B \$30/\$100/\$100 ER	Option C \$30/\$150/\$150 ER	Option D \$30/\$250/\$150 ER	Option E \$40/100%/\$75 ER	Option F \$40/\$250/\$100 ER
General Plan Information								
Annual Deductible/Individual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Services								
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit/Urgent Care	\$15 copay	\$15 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$40 copay	\$40 copay
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Outpatient Facility Charge	\$15 copay	\$15 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$30 copay per procedure	\$40 copay per procedure	\$40 copay per procedure
Inpatient Hospitalization	\$0	\$0	\$0	\$100 per admit	\$150 per admit	\$250 per admit	\$0	\$250 per admit
Emergency Room	\$50 copay waived if admitted	\$50 copay waived if admitted	\$75 copay waived if admitted	\$100 copay waived if admitted	\$150 copay waived if admitted	\$150 copay waived if admitted	\$75 copay waived if admitted	\$100 copay waived if admitted
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%	20%	20%	20%	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	\$15 copay Up to 20 visits	\$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	\$15 copay Up to 20 visits/calendar year; combined w/Acupuncture

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Plan Name	CalPERS	Lookalike	Copay Options					
	HMO	HMO	Option A \$30/100%/ \$75 ER	Option B \$30/\$100/\$100 ER	Option C \$30/\$150/\$150 ER	Option D \$30/\$250/\$150 ER	Option E \$40/100%/\$75 ER	Option F \$40/\$250/\$100 ER
Prescription Drug Benefits								
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None	None	None	None
Retail								
Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Specialty								
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order								
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days	100 days	100 days	100 days
Rates								
Employee Only	\$1,021.41	\$981.62	\$942.50	\$939.63	\$935.62	\$935.24	\$936.00	\$932.37
Two-Party	\$2,042.82	\$1,963.24	\$1,885.00	\$1,879.26	\$1,871.23	\$1,870.47	\$1,872.00	\$1,864.74
Family	\$2,655.67	\$2,552.21	\$2,450.50	\$2,443.05	\$2,432.61	\$2,431.62	\$2,433.60	\$2,424.16

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**Davis Joint Unified School District
Kaiser Options**

CalPERS

Mid Plans (DHMO)

Plan Name	CalPERS		Mid Plans (DHMO)		
	HMO	Plan 8780 \$500/\$20/10% Hospital	Plan 8784 \$1000/\$20/20% Hospital	Plan 8790 \$1500/\$20/20% Hospital	Plan 14626 \$2000/\$20/\$30/ 20% Hospital
General Plan Information					
Annual Deductible/Individual	\$0	\$500	\$1,000	\$1,500	\$2,000
Annual Deductible/Family	\$0	\$1,000	\$2,000	\$3,000	\$4,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$3,000	\$4,000	\$4,500
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$6,000	\$8,000	\$9,000
Services					
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit/Urgent Care	\$15 copay	\$20/\$20/\$0 copay	\$20/\$20/\$0 copay	\$20/\$20/\$0 copay	\$20/\$40/\$0 copay
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Outpatient Facility Charge	\$15 copay	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Inpatient Hospitalization	\$0	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Emergency Room	\$50 copay waived if admitted	10%, after deductible	20%, after deductible	20%, after deductible	20%, after deductible
Durable Medical Equipment & Prosthetic Devices	\$0	20%	20%	20%	20%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available

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**Davis Joint Unified School District
Kaiser Options**

CalPERS

Mid Plans (DHMO)

Plan Name	HMO	Plan 8780 \$500/\$20/10% Hospital	Plan 8784 \$1000/\$20/20% Hospital	Plan 8790 \$1500/\$20/20% Hospital	Plan 14626 \$2000/\$20/\$30/ 20% Hospital
Prescription Drug Benefits					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None
Retail					
Generic	\$5 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Specialty			20% up to \$250	20% up to \$250	20% up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
Mail Order					
Generic	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay	\$60 copay	\$60 copay	\$60 copay	\$60 copay
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days
Rates					
Employee Only	\$1,021.41	\$899.96	\$853.13	\$815.86	\$801.26
Two-Party	\$2,042.82	\$1,799.92	\$1,706.26	\$1,631.72	\$1,602.53
Family	\$2,655.67	\$2,339.90	\$2,218.15	\$2,121.24	\$2,083.29

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**Davis Joint Unified School District
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Plan Name	CalPERS	Low Plans (DHMO)			Virtual Plans
	HMO	Plan 14646 \$2500/\$40/\$50/ 30% Hospital	Plan 14650 \$3000/\$40/\$50/ 30% Hospital	Plan 13868 \$4000/\$40/\$50/ 30% Hospital	Plan 13770 \$2000/\$30/ 20% Hospital
General Plan Information					
Annual Deductible/Individual	\$0	\$2,500	\$3,000	\$4,000	\$2,000
Annual Deductible/Family	\$0	\$5,000	\$6,000	\$8,000	\$4,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$5,000	\$6,000	\$7,000	\$5,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$10,000	\$12,000	\$14,000	\$10,000
Services					
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit/Urgent Care	\$15 copay	\$40/\$50/\$0 copay	\$40/\$50/\$0 copay	\$40/\$50/\$0 copay	\$30/\$30/\$0 copay; Deductible waived for first 3 visits; Deductible waived for telehealth
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$15 copay after deductible	\$15 copay after deductible	\$15 copay after deductible	\$15 copay (Lab) 20% after ded (X-Ray)
Outpatient Facility Charge	\$15 copay	30%, after deductible	30%, after deductible	30%, after deductible	20%, after deductible
Inpatient Hospitalization	\$0	30%, after deductible	30%, after deductible	30%, after deductible	20%, after deductible
Emergency Room	\$50 copay waived if admitted	30%, after deductible	30%, after deductible	30%, after deductible	20%, after deductible
Durable Medical Equipment & Prosthetic Devices	\$0	20%	20%	30%	20%
Acupuncture/Chiropractic Services	\$15 copay; Up to 20 visits/calendar year; combined w/Acupuncture	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available	Chiro/Acu Rider available

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**Davis Joint Unified School District
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	CalPERS	Low Plans (DHMO)			Virtual Plans
Plan Name	HMO	Plan 14646 \$2500/\$40/\$50/ 30% Hospital	Plan 14650 \$3000/\$40/\$50/ 30% Hospital	Plan 13868 \$4000/\$40/\$50/ 30% Hospital	Plan 13770 \$2000/\$30/ 20% Hospital
Prescription Drug Benefits					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None
Retail					
Generic	\$5 copay	\$10 copay	\$10 copay	\$15 copay	\$15 copay
Brand (Formulary/Preferred)	\$20 copay	\$30 copay	\$30 copay	\$40 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$30 copay	\$30 copay	\$40 copay	\$30 copay
Specialty		20% up to \$250	20% up to \$250	30% up to \$250	20% up to \$250
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
Mail Order					
Generic	\$10 copay	\$20 copay	\$20 copay	\$30 copay	\$30 copay
Brand (Formulary/Preferred)	\$40 copay	\$60 copay	\$60 copay	\$80 copay	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay	\$60 copay	\$60 copay	\$80 copay	\$60 copay
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days
Rates					
Employee Only	\$1,021.41	\$711.69	\$690.66	\$661.99	\$700.71
Two-Party	\$2,042.82	\$1,423.37	\$1,381.32	\$1,323.98	\$1,401.42
Family	\$2,655.67	\$1,850.39	\$1,795.72	\$1,721.18	\$1,821.85

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Plan Name	CalPERS	Lookalike				
	HMO	SMCSIG CalPERS Look-Alike \$15 Office Visit Copay	SMCSIG High Plan \$20 Office Visit Copay	SMCSIG Mid Plan \$1000/\$2000 \$20 Office Visit Copay	SMCSIG Base Plan \$3000/\$6000 \$30 Office Visit Copay	SMCSIG Low Plan \$2,000/\$4000 \$30 Office Visit Copay
General Plan Information						
Annual Deductible/Individual	\$0	\$0	\$0	\$1,000	\$3,000	\$2,000
Annual Deductible/Family	\$0	\$0	\$0	\$2,000	\$6,000	\$4,000
Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500	\$3,000	\$6,000	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,000	\$6,000	\$12,000	\$6,000
Services						
Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening)	\$0	\$0	\$0	\$0	\$0	\$0
Office Visit/Specialist Visit/Telehealth Visit/Urgent Care	\$15 copay	\$15 copay	\$20 copay	\$20/\$20/\$0 copay	\$40/\$40/\$0 copay AD	\$30/\$30/\$0 copay AD
Diagnostic X-Ray/Lab Tests (Non-Preventive)	\$0	\$0	\$0	\$0	\$10 copay	\$0
Outpatient Facility Charge	\$15 copay	\$15 copay per procedure	\$20 copay per procedure	20% After Deductible	30%, after deductible	\$150 After Deductible
Inpatient Hospitalization	\$0	\$0	\$0	20% After Deductible	30%, after deductible	\$250 After Deductible
Emergency Room	\$50 copay waived if admitted	\$50 copay waived if admitted	\$50 copay waived if admitted	20% After Deductible	30%, after deductible	\$100 After Deductible
Durable Medical Equipment & Prosthetic Devices	\$0	\$0	20%	20% After Deductible	20%	20% After Deductible
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	\$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

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Plan Name	CalPERS	Lookalike				
	HMO	SMCSIG CalPERS Look-Alike \$15 Office Visit Copay	SMCSIG High Plan \$20 Office Visit Copay	SMCSIG Mid Plan \$1000/\$2000 \$20 Office Visit Copay	SMCSIG Base Plan \$3000/\$6000 \$30 Office Visit Copay	SMCSIG Low Plan \$2,000/\$4000 \$30 Office Visit Copay
Prescription Drug Benefits						
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$7,200 (in addition to Medical OOP limit)	None	None	None	None	None
Prescription Drug Annual Out-of-Pocket Limit/Family	\$14,400 (in addition to Medical OOP limit)	None	None	None	None	None
Retail						
Generic	\$5 copay	\$5 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay AD
Brand (Formulary/Preferred)	\$20 copay	\$20 copay	\$10 copay	\$30 copay	\$30 copay	\$30 copay AD
Brand (Non-Formulary/Non-preferred)	\$20 copay	\$20 copay	\$10 copay	\$30 copay	\$30 copay	\$30 copay AD
Specialty				\$30 copay	30 copay	\$30 copay AD
Number of Days Supply	30 days	30 days	30 days	30 days	\$30 days	30 days
Mail Order						
Generic	\$10 copay	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$20 copay AD
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$10 copay	\$60 copay	\$60 copay	\$60 copay AD
Brand (Non-Formulary/Non-preferred)	\$40 copay	\$40 copay	\$10 copay	\$60 copay	\$60 copay	\$60 copay AD
Number of Days Supply for Mail Order	100 days	100 days	100 days	100 days	100 days	100 days
Rates						
Employee Only	\$1,021.41	\$913.29	\$926.65	\$805.30	\$704.14	\$657.19
Two-Party	\$2,042.82	\$1,826.58	\$1,853.44	\$1,610.60	\$1,408.28	\$1,314.38
Family	\$2,655.67	\$2,557.21	\$2,594.62	\$2,254.84	\$1,971.59	\$1,840.13

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