



Davis Joint Unified School District Final 2025 WHA Plan Options

CaPERS

| Carrier  | 2024 CaPERS Western Health Advantage                                       | 2024 RATES Western Health Advantage Direct Premier 0/15/0 | 2024 RATES Western Health Advantage Direct Premier 0/40/0 | 2024 RATES Western Health Advantage Direct Western 1000/20/20% |
|--|--|---|---|--|
| <b>General Plan Information</b>  |  |   |   |  |
| Annual Deductible/Individual   | \$0  | \$0   | \$0   | \$1,000  |
| Annual Deductible/Family   | \$0  | \$0   | \$0   | \$2,000  |
| Office Visit/Specialist Visit/Virtual Office Visit/Urgent Care Virtual/Urgent Care                         | \$15/\$15/\$15 copay<br>\$1,500<br>(does not include Rx)                   | \$15/\$15/\$15 copay                                      | \$40/\$40/\$40/\$45/\$50 copay                            | \$20/\$20/\$20 copay   |
| Annual Out-of-Pocket Limit/Individual  | \$3,000<br>(does not include Rx)   | \$1,500 (includes Rx)                                     | \$1,500 (includes Rx)                                     | \$3,000 (includes Rx)  |
| Annual Out-of-Pocket Limit/Family  | \$3,000<br>(does not include Rx)   | \$2,500 (includes Rx)                                     | \$2,500 (includes Rx)                                     | \$6,000 (includes Rx)  |
| <b>Services</b>  |  |   |   |  |
| Preventive Services (Adult Exams/Well Child Care/Immunizations/Well Woman visits/Vision-Hearing Screening) | \$0  | \$0   | \$0   | \$0  |
| Diagnostic X-Ray/Lab Tests (Non-Preventive)  | \$0  | \$0   | \$0   | \$0  |
| Outpatient Facility Charge   | \$0  | \$15 copay  | \$100 copay   | \$250 copay after deductible                                   |
| Inpatient Hospitalization  | \$0  | \$0   | \$0   | 20%, after deductible  |
| Emergency Room   | \$50 copay waived if admitted  | \$100 copay, waived if admitted                           | \$100 copay, waived if admitted                           | 20%, after deductible  |
| Durable Medical Equipment & Prosthetic Devices   | \$0  | 20%   | 20%   | 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/year combined                 | \$15 copay, up to 20 visits/combined with acupuncture          |
| <b>Prescription Drug Benefits</b>  |  |   |   |  |
| Prescription Drug Annual Out-of-Pocket Limit/Individual  | \$7,950 (in addition to medical OOP limit)                                 | None  | 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  | None   |
| <b>Retail</b>  |  |   |   |  |
| Generic  | \$5 copay  | \$10 copay  | \$10 copay  | \$10 copay   |
| Brand (Formulary/Preferred)  | \$20 copay   | \$30 copay  | \$30 copay  | \$30 copay   |
| Brand (Non-Formulary/Non-preferred)  | \$50 copay   | \$50 copay  | \$50 copay  | \$50 copay   |
| Specialty  | Same as Brand  | 20%, up to \$100 for self-injectables                     | 20%, up to \$100 for self-injectables                     | 20% up to \$100 for self-injectables                           |
| Number of Days Supply  | 30 days  | 30 days   | 30 days   | 30 days  |
| <b>Mail Order</b>  |  |   |   |  |
| Generic  | \$10 copay   | \$25 copay  | \$25 copay  | \$25 copay   |
| Brand (Formulary/Preferred)  | \$40 copay   | \$75 copay  | \$75 copay  | \$75 copay   |
| Brand (Non-Formulary/Non-preferred)  | \$100 copay  | \$125 copay   | \$125 copay   | \$125 copay  |
| Number of Days Supply for Mail Order   | 90 days  | 90 days   | 90 days   | 90 days  |
| <b>2024 RATES - 2025 RATES WILL BE REQUESTED LATE SPRING 2024</b>  |  |   |   |  |
| Employee Only  | \$807.23   | \$867.68  | \$817.25  | \$632.92   |
| Two-Party  | \$1,614.46   | \$1,735.36  | \$1,634.50  | \$1,265.84   |
| Family   | \$2,098.80   | \$2,603.04  | \$2,451.75  | \$1,898.76   |