



Medical Plan Comparison – Davis Joint Unified School District

	PERS Platinum & UHC	Anthem High MAPD	Anthem Low MAPD	Aetna MAPD	Alignment High MAPD	Alignment Low MAPD
Medical Coverage						
	Member Pays PERS / UHC	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Medical Maximum Out-of-Pocket	N/A / \$1,500	N/A	\$1,500	N/A	N/A	\$1,500
Primary Care Visit	\$0 / \$10	\$0	\$10	\$0	\$0	\$10
Specialist Visit	\$0 / \$10	\$0	\$10	\$0	\$0	\$10
Inpatient Hospital Care	\$0	\$0, per admit	\$0, per admit	\$0 per admit	\$0 per admit	\$0 per admit
Outpatient Surgery	\$0 / \$10	\$0	\$0	\$0	\$0	\$0
Inpatient Mental Health & Substance Abuse	\$0	\$0	\$0	\$0	\$0	\$0
					190 Days Lifetime Max	190 Days Lifetime Max
Outpatient Mental Health & Substance Abuse	\$0 / \$10	\$0	\$10	\$0	\$0	\$10
Skilled Nursing Facility	\$0, Days 1-100	\$0, Days 1-100	\$0, Days 1-100	\$0, Days 1-180	\$0, Days 1-100	\$0, Days 1-100
Urgent Care Center	\$0 / \$25	\$0	\$25, waived if admitted for the same condition in 72 hours	\$0	\$0	\$25, waived if admitted
Emergency Room	\$0 / \$50	\$0	\$50, waived if admitted within 72 hours	\$0	\$0	\$50, waived if admitted
Ambulance	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment	\$0	\$0	10%	\$0	\$0	\$0



Ancillary Benefit Coverage

	PERS Platinum & UHC		Anthem High MAPD	Anthem Low MAPD	Aetna MAPD	Alignment High MAPD	Alignment Low MAPD
Ancillary Benefit Coverage							
Foreign Travel Coverage	Emergency care outside the U.S is covered at 80% coinsurance of the billed charges after a \$250 deductible for the year.		\$0, Emergency Room & Urgently Needed Care \$0, Inpatient Care -60 Days Lifetime Max	\$50, Emergency Room \$25, Urgently Needed Care -Both waived if admitted within 72 hours \$0, Inpatient Care -60 Days Lifetime Max	\$0, Emergency Room & Urgently Needed Care	\$0, Emergency Room & Urgently Needed Care \$25,000 Max Reimbursement	\$50, Emergency Room \$25, Urgently Needed Care \$25,000 Max Reimbursement
Hearing	\$0, Routine Hearing Exam - 1 per year \$2,000 max - every 24 months	\$0, Routine Hearing Exam - 1 per year \$1,000 Allowance - every 36 months	\$0, Routine Hearing Exam - 1 per year - \$70 Max (includes Evaluation) \$0, Fittings and Evaluation - 1 per year - \$70 Max (Includes Exam) \$500 Allowance - per ear - \$1,000 Total - every 3 years	\$0, Routine Hearing Exam - 1 per year - \$70 Max (includes Evaluation) \$0, Fittings and Evaluation - 1 per year - \$70 Max (Includes Exam) \$500 Allowance - per ear - \$1,000 Total - every 3 years	\$0, Routine Hearing Exam - 1 per year \$2,000 Reimbursement - every 24 months	\$0, Routine Eye Exam - 1 per year \$2,000 Allowance - every 24 month	\$0, Routine Eye Exam - 1 per year \$2,000 Allowance - every 24 month
Vision	\$0, Routine Eye Exam - 1 per year Eyeglasses - One set of frames during a 24-month period; \$30 maximum allowance Contacts - \$100 Max Allowance - every year	\$10, Routine Eye Exam - 1 per year Eyeglasses - One set of frames during a 24-month period; \$30 maximum allowance Contacts - \$100 Max Allowance - every year	\$0, Routine Eye Exam - 1 per year - \$70 Max \$100 Allowance - every 2 years	\$0, Routine Eye Exam - 1 per year - \$70 Max \$100 Allowance - every 2 years	\$0, Routine Eye Exam - 1 per year \$150 Reimbursement - every 12 months -Applies In our Out of Network	\$0, Routine Eye Exam - 1 per year \$0 copay for glasses/contacts every year.(\$200 coverage limit)	\$0, Routine Eye Exam - 1 per year \$0 copay for glasses/contacts every year.(\$200 coverage limit)
Podiatry	Medicare covered services only		\$0, 12 Visits per year	\$0, 12 Visits per year	Medicare covered services only	Medicare covered services only	Medicare covered services only
Fitness Benefit	Included		Included	Included	Included	Included	Included
Chiropractic	\$0, 20 Visits combined with Acupuncture	\$15, 20 Visits combined with Acupuncture	\$0, 20 Visits per year	\$15, 20 Visits per year	\$0, 20 Visits per year (May Require PA)	\$0, 24 Visits per year - combined with Acupuncture	\$0, 24 Visits per year - combined with Acupuncture
Acupuncture	\$0, 20 Visits combined with Chiropractic	\$15, 20 Visits combined with Chiropractic	\$0, 20 Visits per year	\$15, 20 Visits per year	\$0, 20 Visits per year (In lieu of anesthesia)	\$0, 24 Visits per year - combined with Chiropractic	\$0, 24 Visits per year - combined with Chiropractic



Pharmacy Comparison

	PERS Platinum & UHC		Anthem High MAPD	Anthem Low MAPD	Aetna MAPD	Alignment High MAPD	Alignment Low MAPD
	Member Pays		Member Pays	Member Pays	Member Pays	Member Pays	
Prescription Deductible	\$0		\$0	\$0	\$0	\$0	\$0
Retail 30 Day Supply							
Tier 1-A (Preferred Generics)			\$0 Select Generics	\$0 Select Generics		\$5	\$5
Tier 1 (Generics)	\$5		\$5	\$5	Preferred \$4 / Standard \$5	\$5	\$5
Tier 2 (Brands)	\$20		\$20	\$20	\$20	\$20	\$20
Tier 3 (NP Brands)	\$50		\$50	\$50	\$50	\$50	\$50
Tier 4 (Specialty)	N/A	\$20	\$50	\$50		\$50	\$50
Retail 90 Day Supply							
Tier 1-A (Preferred Generics)			\$0 Select Generics	\$0 Select Generics		\$10	\$10
Tier 1 (Generics)	\$10		\$10	\$10	Preferred \$8 / Standard \$10	\$10	\$10
Tier 2 (Brands)	\$40		\$40	\$40	\$40	\$40	\$40
Tier 3 (NP Brands)	\$100		\$100	\$100	\$100	\$100	\$100
Tier 4 (Specialty)	N/A	Limited to one month	Limited to a one-month supply	Limited to a one-month supply		Limited to a one-month supply	Limited to a one-month supply
Mail-Order 90 Day Supply							
Tier 1-A (Preferred Generics)			\$0 Select Generics	\$0 Select Generics		\$10	\$10
Tier 1 (Generics)	\$10		\$10	\$10	Preferred \$8 / Standard \$10	\$10	\$10
Tier 2 (Brands)	\$40		\$40	\$40	\$40	\$40	\$40
Tier 3 (NP Brands)	\$100		\$100	\$100	\$100	\$100	\$100
Tier 4 (Specialty)	N/A	Limited to one month	Limited to a one-month supply	Limited to a one-month supply		Limited to a one-month supply	Limited to a one-month supply
Prescription Maximum Out-of-Pocket	\$1,000 Mail Order Only		\$1,000 Mail Order Only	\$1,000 Mail Order Only	N/A	N/A	N/A
RX Tiers	3 Tier	4 Tier	5 Tier	5 Tier	3 Tier	5 Tier	5 Tier
Drug Formulary	Most Comprehensive (Open)		Most Comprehensive (Open)	Most Comprehensive (Open)	Most Comprehensive (Open)	Most Comprehensive (Open)	Most Comprehensive (Open)
Lifestyle Drugs Covered	Yes		Yes	Yes	Yes	Yes	Yes
All Non-Part D Drugs Covered	Yes		Yes	Yes	Yes	Yes	Yes
Utilization Management	Prior Authorizations, Quantity Limits, and Step Therapy		Prior Authorizations, Quantity Limits, and Step Therapy	Prior Authorizations, Quantity Limits, and Step Therapy	Prior Authorizations, Quantity Limits, and Step Therapy	Prior Authorizations, Quantity Limits, and Step Therapy	Prior Authorizations, Quantity Limits, and Step Therapy
Coverage Gap	Full-Coverage		Full-Coverage	Full-Coverage	Full-Coverage	Full-Coverage	Full-Coverage
Catastrophic Coverage	The Greater of 5% or Standard CMS Copays		Members pay \$0	Members pay \$0	Members pay \$0	Members pay \$0	Members pay \$0
Additional Rx Notes						Care Tier 6 \$5 - 30 Days / \$10 Mail	Care Tier 6 \$5 - 30 Days / \$10 Mail



Comprehensive Financial Comparison by Carrier & Plan

MAPD	Average Cost – In Force	Anthem High MAPD	Anthem Low MAPD	Aetna MAPD	Alignment High MAPD	Alignment MAPD
Effective Date	01/01/2023 - 12/31/2023	01/01/2024 - 12/31/2024	01/01/2024 - 12/31/2024	01/01/2024 - 12/31/2024	01/01/2024 - 12/31/2024	01/01/2024 - 12/31/2024
Premium PMPM	\$517.28	\$294.00	\$257.55	\$263.30	\$269.00	\$219.00