

CalPERS HMO Medical Plan Options

Medical Benefits	Anthem, Blue Shield, Health Net, Sharp, and United HealthCare
Calendar Year Deductible	N/A
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$1,500 individual / \$3,000 family
Physician Office Visit	\$15 / visit
Preventive Care	No charge
Diagnostic Lab and X-Ray	No charge
Hospitalization	
Inpatient	No charge
Outpatient	No charge
Emergency Room Services & Supplies	\$50 / visit (waived if admitted)
Urgent Care	\$15 copay
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / visit
Durable Medical Equipment	No charge
Mental Health/Substance Abuse	
Inpatient	No charge
Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	
Generic Rx	\$5 copay
Brand Name Rx	\$20 copay
Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	
Generic Rx	\$10 copay
Brand Name Rx	\$40 copay
Non-Formulary	\$100 copay

1. You must choose a Primary Care Physician (PCP) from the contracting/participating network.

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.

CalPERS HMO Medical Plan Options

Medical Benefits		Kaiser Permanente HMO
Calendar Year Deductible		N/A
Annual Out-of-Pocket Maximum (Excluding Pharmacy)		\$1,500 individual / \$3,000 family
Physician Office Visit		\$15 / visit
Preventive Care		No charge
Diagnostic Lab and X-Ray		No charge
Hospitalization	Inpatient	No charge
	Outpatient	\$15 copay
Emergency Room Services & Supplies		\$50 / visit (waived if admitted)
Urgent Care		\$15 copay
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)		\$15 / visit
Durable Medical Equipment		No charge
Mental Health/Substance Abuse	Inpatient	No charge
	Outpatient	\$15 copay
Prescription Rx: Retail (Up to 30 day supply)	Generic Rx	\$5 copay
	Brand Name Rx	\$20 copay
	Non-Formulary Rx	
Prescription Rx: Mail Order (Up to 90 day supply)	Generic Rx	\$10 copay
	Brand Name Rx	\$40 copay
	Non-Formulary	

1. You must choose a Primary Care Physician (PCP) from the contracting/participating network.

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.

CalPERS PPO Medical Plan Options - Anthem Blue Cross

Medical Benefits	PERS Select PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$3,000 Individual / \$6,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Diagnostic Lab and X-Ray	20% of Negotiated Fee	40%
Hospitalization Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Emergency Room Services & Supplies	\$50 copay, then 20% of Negotiated Fee (copay waived if admitted)	
Urgent Care	\$20 copay (deductible waived)	40%
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / Visit (deductible waived)	40%
Durable Medical Equipment	20% of Negotiated Fee (pre-certification required for equipment)	40% (pre-certification required for equipment)
Mental Health/Substance Abuse Inpatient/Outpatient	20%-30% of Negotiated Fee	40%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$5 copay	\$5 copay**
Brand Name Rx	\$20 copay	\$20 copay**
Non-Formulary Rx	\$50 copay	\$50 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$40 copay	\$40 copay**
Non-Formulary	\$100 copay	\$100 copay**

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges.

**When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum Allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

Note: This is a brief summary of benefits. Please refer to the Evidence of Coverage or Summary Plan Description for a detailed list of the benefits that are covered on this plan.

CalPERS PPO Medical Plan Options - Anthem Blue Cross

Medical Benefits	PERS Choice PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$3,000 Individual / \$6,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Diagnostic Lab and X-Ray	20% of Negotiated Fee	40%
Hospitalization Inpatient/Outpatient	20% of Negotiated Fee	40%
Emergency Room Services & Supplies	\$50 copay, then 20% of Negotiated Fee (copay waived if admitted)	
Urgent Care	\$20 copay (deductible waived)	40%
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / Visit (deductible waived)	40%
Durable Medical Equipment	20% of Negotiated Fee (pre-certification required for equipment)	40% (pre-certification required for equipment)
Mental Health/Substance Abuse Inpatient/Outpatient	20% of Negotiated Fee	40%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$5 copay	\$5 copay**
Brand Name Rx	\$20 copay	\$20 copay**
Non-Formulary Rx	\$50 copay	\$50 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$40 copay	\$40 copay**
Non-Formulary	\$100 copay	\$100 copay**

*Non-network benefits based upon Anthem Blue Cross' Reasonable and Customary (R&C) charges.

**When filling prescriptions at non-participating pharmacies, you are required to pay the listed dollar copayment (if applicable), plus 50% of the prescription drug's Maximum Allowed Amount (MAA). You are also obligated to pay any amounts the pharmacy charges in excess of the MAA.

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CalPERS PPO Medical Plan Options - Anthem Blue Cross

Medical Benefits	PORAC	
	Network	Non-Network*
Calendar Year Deductible	\$300 Individual / \$900 Family	\$600 Individual / \$1,800 Family
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$3,300 Individual / \$6,600 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	10%
Preventive Care (\$500 combined maximum per calendar year)	No Charge (deductible waived)	No Charge (deductible waived)
Diagnostic Lab and X-Ray	10% of Negotiated Fee	10%
Hospitalization Inpatient/Outpatient	10% of Negotiated Fee	10%
Emergency Room Services & Supplies	10% of Negotiated Fee	
Urgent Care	10% of Negotiated Fee	
Chiropractic	\$20 copay, up to 20 visits	\$35 copay
Acupuncture	\$20 copay (10% for all other services)	10%
Durable Medical Equipment	20% of Negotiated Fee	
Mental Health/Substance Abuse Inpatient/Outpatient	10% of Negotiated Fee	10%
Prescription Rx: Retail (Up to 30 day supply)		
Generic Rx	\$10 copay	\$10 copay**
Brand Name Rx	\$25 copay	\$25 copay**
Non-Formulary Rx	\$45 copay	\$45 copay**
Prescription Rx: Mail Order (Up to 90 day supply)		
Generic Rx	\$20 copay	n/a
Brand Name Rx	\$40 copay	n/a
Non-Formulary	\$75 copay	n/a

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CalPERS PPO Medical Plan Options - Anthem Blue Cross

Medical Benefits	PERSCare PPO	
	Network	Non-Network*
Calendar Year Deductible	\$500 Individual / \$1,000 Family	
Annual Out-of-Pocket Maximum (Excluding Pharmacy)	\$2,000 Individual / \$4,000 Family	None
Physician Office Visit	\$20 / Visit (deductible waived)	40%
Preventive Care	No Charge (deductible waived)	40%
Diagnostic Lab and X-Ray	10% of Negotiated Fee	40%
Hospitalization	Inpatient	\$250 per admit deductible, then 10%
	Outpatient	10% of Negotiated Fee
Emergency Room Services & Supplies	\$50 copay, then 10% of Negotiated Fee (copay waived if admitted)	
Urgent Care	\$20 copay (deductible waived)	40%
Chiropractic and Acupuncture (20 visits per calendar year combined benefit)	\$15 / Visit (deductible waived)	40%
Durable Medical Equipment	10% of Negotiated Fee (pre-certification required for equipment \$1,000 or more)	40% (pre-certification required for equipment \$1,000 or more)
Mental Health/Substance Abuse	Inpatient	\$250 per admit deductible, then 10%
	Outpatient	10% of Negotiated Fee
Prescription Rx: Retail (Up to 30 day supply)	Generic Rx	\$5 copay
	Brand Name Rx	\$20 copay
	Non-Formulary Rx	\$50 copay
Prescription Rx: Mail Order (Up to 90 day supply)	Generic Rx	\$10 copay
	Brand Name Rx	\$40 copay
	Non-Formulary	\$100 copay

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