CalPERS Health Plan Benefit Comparison—
Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans							
	Anthem Blue Cross EPO Select HMO Traditional HMO	Blue Shield Access+ HMO & Access+ EPO Trio HMO	Health Net Salud y Más & SmartCare	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CCPOA (Association Plan)	Western Health Advantage HMO
Calendar Year Deductible								
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maximum Calendar Year Copay or Co-insurance (excluding pharmacy)								
Individual	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)
Family	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$4,500 (copay)	$3,000 (copay)
Hospital (including Mental Health and Substance Abuse)								
Deductible (per admission)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	$100/ admission	No Charge
Outpatient Facility/ Surgery Services	No Charge	No Charge	No Charge	$15	No Charge	No Charge	$50	No Charge

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BENEFITS	PPO Basic Plans									
	PERS Select		PERS Choice		PERSCare		CAHP (Association Plan)		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Deductible										
Individual	$1,000[1,3]		$500[3]		$500[3]		N/A		$300	$600
Family	$2,000[1,3]		$1,000[3]		$1,000[3]		N/A		$900	$1,800
Maximum Calendar Year Copay or Co-insurance (excluding pharmacy)										
Individual	$3,000 (coinsurance)	Unlimited	$3,000 (coinsurance)	Unlimited	$2,000 (coinsurance)	Unlimited	$3,000 (coinsurance)	Unlimited	$2,000	Unlimited
Family	$6,000 (coinsurance)	Unlimited	$6,000 (coinsurance)	Unlimited	$4,000 (coinsurance)	Unlimited	$6,000 (coinsurance)	Unlimited	$4,000	Unlimited
Hospital (including Mental Health and Substance Abuse)										
Deductible (per admission)	N/A		N/A		$250		N/A		N/A	
Inpatient	20%[2]	40%[4]	20%	40%[4]	10%	40%[4]	10%	Varies	20%	20%[4]
Outpatient Facility/ Surgery Services	20%	40%[4]	20%	40%[4]	10%	40%[4]	10%	40%[4]	20%	20%[4]

[1] Incentives available to reduce individual deductible (max. $500) or family deductible (max. $1,000) include: getting a biometric screening ($100 credit); receiving a flu shot ($100 credit); getting a non-smoking certification ($100 credit); getting a virtual second opinion ($100 credit); and getting a condition care certification ($100 credit).

[2] Coinsurance waived for deliveries if enrolled in Future Moms Program.

[3] Deductible is transferable between PERS Select, PERS Choice, and PERS Care.

[4] Of the allowable amount as defined in the EOC.

CalPERS Health Plan Benefit Comparison—**Basic Plans,** *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans							
	Anthem Blue Cross	**Blue Shield**	**Health Net**	**Kaiser Permanente**	**Sharp Performance Plus**	**UnitedHealthcare SignatureValue Alliance**	**CCPOA** (Association Plan)	**Western Health Advantage HMO**
	EPO Select HMO Traditional HMO	**Access+ HMO & Access+ EPO Trio HMO**	**Salud y Más & SmartCare**					
Emergency Services								
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	$50	$50	$50	$75	$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	$50	$50	$50	$75	$50
Physician Services (including Mental Health and Substance Abuse)								
Office Visits (copay for each service provided)	$15	$15	$15	$15	$15	$15	$15	$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	$15	$15	$15	$15	$15	$15	$15	$15
Urgent Care Visits	$15	$15	$15	$15	$15	$15	$15	$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-Ray/Lab								
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

Continued on next page

BENEFITS	PPO Basic Plans									
	PERS Select		PERS Choice		PERSCare		CAHP (Association Plan)		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Emergency Services										
Emergency Room Deductible	$50 (applies to hospital emergency room facility charge only)		$50 (applies to hospital emergency room charges only)		$50 (applies to hospital emergency room charges only)		$50 (copay reduced to $25 if admitted on an inpatient basis)		N/A	
Emergency	20% (applies to other services such as physician, x-ray, lab, etc.)		20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		20%	
Non-Emergency	20%	40%	20%	40%	10%	40%	$50+10%	$50+40%	50% (for non-emergency services provided by hospital emergency room)	
	(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)		(copay reduced to $25 if admitted on an inpatient basis)			
Physician Services (including Mental Health and Substance Abuse)										
Office Visits (copay for each service provided)	$35[1]	40%[3]	$20[2]	40%[3]	$20[2]	40%[3]	$20	40%[3]	$10/$35[2]	20%[3]
Inpatient Visits	20%	40%[3]	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]
Outpatient Visits	$35	40%[3]	$20	40%[3]	$20	40%[3]	10%	40%[3]	20%	20%[3]
Urgent Care Visits	$35	40%[3]	$35	40%[3]	$35	40%[3]	$20	40%[3]	$35	20%[3]
Preventive Services	No Charge	40%[3]	No Charge	40%[3]	No Charge	40%[3]	No Charge	40%[3]	No Charge	
Surgery/Anesthesia	20%	40%[3]	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]
Diagnostic X-Ray/Lab										
	20%	40%[3]	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]

[1] Reduced to $10 if enrolled with personal doctor.

[2] $35 for specialist visit.

[3] Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison—**Basic Plans,** *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans							
BENEFITS	**Anthem Blue Cross** **EPO Select HMO Traditional HMO**	**Blue Shield** **Access+ HMO & Access+ EPO Trio HMO**	**Health Net** **Salud y Más & SmartCare**	**Kaiser Permanente**	**Sharp Performance Plus**	**UnitedHealthcare SignatureValue Alliance**	**CCPOA** (Association Plan)	**Western Health Advantage HMO**
Prescription Drugs								
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	Tier 2, 3, and 4: $50 (not to exceed $150/family)	N/A
Retail Pharmacy (not to exceed 30-day supply)	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand: $20	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Tier 1: $10 Tier 2: $25 Tier 3 and 4: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50
Retail Preferred Pharmacy Maintenance Medications	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	N/A	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Tier 1: $20 Tier 2: $50 Tier 3 and 4: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand: $40 (31-100 day supply)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Tier 1: $20 Tier 2: $50 Tier 3 and 4: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100
Mail order maximum copayment per person per calendar year	$1,000	$1,000	$1,000	N/A	$1,000	$1,000	N/A	$1,000
Durable Medical Equipment								
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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BENEFITS	PPO Basic Plans									
	PERS Select		PERS Choice		PERSCare		CAHP (Association Plan)		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Prescription Drugs										
Deductible	N/A		N/A		N/A		N/A		N/A	
Retail Pharmacy (not to exceed 30-day supply)	Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Formulary: $20 Non-Formulary: $50		Generic: $10 Brand Formulary: $25 Non-Formulary: $45 Compound: $45	
Retail Preferred Pharmacy Maintenance Medications	Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Formulary: $40 Non-Formulary: $100		N/A	
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Formulary: $40 Non-Formulary: $100		Generic: $20 Brand Formulary: $40 Non-Formulary: $75	N/A
Mail order maximum copayment per person per calendar year	$1,000		$1,000		$1,000		N/A		N/A	
Durable Medical Equipment										
	20%	40%[1]	20%	40%[1]	10%	40%[1]	10%	40%[1]	20%	20%[1]
	(pre-certification required for equipment)		(pre-certification required for equipment)		(pre-certification required for equipment $1,000 or more)					

[1] Of the allowable amount as defined in the EOC

CalPERS Health Plan Benefit Comparison—**Basic Plans,** *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans							
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CCPOA (Association Plan)	Western Health Advantage HMO
BENEFITS	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare					
Infertility Testing/Treatment								
	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Allowed Charges	50% of Covered Charges
Occupational / Physical / Speech Therapy								
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	$15	$15	$15	$15	$15	$15	No Charge	$15
Diabetes Services								
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies	Coverage varies
Self-management training	$15	$15	$15	$15	$15	$15	$15	$15
Acupuncture								
	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	N/A	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
Chiropractic								
	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: $50	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

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BENEFITS	PPO Basic Plans									
	PERS Select		PERS Choice		PERSCare		CAHP (Association Plan)		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Infertility Testing/Treatment										
	50%		50%		50%		Not Covered		50%	50%[2]
Occupational / Physical / Speech Therapy										
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		No Charge		10%	40%	$20 occupational/ speech; no charge	20%[2]
Outpatient (office and home visits)	20%	40%; Occupational therapy: 20%	20%	40%; Occupational therapy: 20%	10%	40%; Occupational therapy: 10%	10%	40%	$20	20%[2]
	(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)			
Diabetes Services										
Glucose monitors	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training	$20[1]	40%[2]	$20[1]	40%[2]	$20[1]	40%[2]	$20	60%[2]	$20	60%[2]
Acupuncture										
	$15/visit	40%[2]	$15/visit	40%[2]	$15/visit	40%[2]	10%	40%[2]	$15 (10% for all other services)	20%[2]
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)			
Chiropractic										
	$15/visit	40%[2]	$15/visit	40%[2]	$15/visit	40%[2]	10%	40%[2]	$15/up to 20 visits	20%[2]
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)			

[1] 35 for specialist visit.

[2] Of the allowable amount as defined in the EOC