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	UnitedHealthcare SignatureValue Harmony
Calendar Year Deductible							
Individual	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
Maximum Calendar Year Copay or Coinsurance *(excluding pharmacy)*							
Individual	$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)	$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
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery Services	No Charge	No Charge	No Charge	$15	No Charge	No Charge	No Charge

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BENEFITS	Western Health Advantage HMO	CCPOA *(Association Plan)*	PERS Gold PPO	PERS Gold Non-PPO	PERS Platinum PPO	PERS Platinum Non-PPO	CAHP *(Association Plan)* PPO	CAHP *(Association Plan)* Non-PPO	PORAC *(Association Plan)* PPO	PORAC *(Association Plan)* Non-PPO
			PPO Basic Plans							
Calendar Year Deductible										
Individual	N/A	N/A	$1,000[1,3]		$500[3]		N/A		$300	$600
Family	N/A	N/A	$2,000[1,3]		$1,000[3]		N/A		$900	$1,800
Maximum Calendar Year Copay or Coinsurance *(excluding pharmacy)*										
Individual	$1,500 (copay)	$1,500 (copay)	$3,000 (coinsurance)	Unlimited	$2,000 (coinsurance)	Unlimited	$3,000 (coinsurance)	Unlimited	$2,000	Unlimited
Family	$3,000 (copay)	$4,500 (copay)	$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	N/A		$250		N/A		N/A	
Inpatient	No Charge	$100/ admission	20%[2]	40%[4]	10%	40%[4]	10%	Varies	20%	20%[4]
Outpatient Facility/ Surgery Services	No Charge	$50	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 Gold and PERS Platinum.

[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 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	UnitedHealthcare SignatureValue Harmony
Emergency Services							
Emergency Room Deductible	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	$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	$50	$50	$50	$50
Physician Services *(including Mental Health and Substance Abuse)*							
Office Visits (copay for each service provided)	$15	$15	$15	$15	$15	$15	$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	$15	$15	$15	$15	$15	$15	$15
Urgent Care Visits	$15	$15	$15	$15	$15	$15	$15
Preventive Services	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
Diagnostic X-Ray/Lab							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP *(Association Plan)*		PORAC *(Association Plan)*	
	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 (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.)		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% (payment for physician charges only; emergency room facility charge is not covered)	40%	10% (payment for physician charges only; emergency room facility charge is not covered)	40%	$50+10% (copay reduced to $25 if admitted on an inpatient basis)	$50+40%	50% (for non-emergency services provided by hospital emergency room)	
Physician Services *(including Mental Health and Substance Abuse)*								
Office Visits (copay for each service provided)	$35[1]	40%[3]	$20[2]	40%[3]	$20	40%[3]	$10/$35[2]	20%[3]
Inpatient Visits	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]
Outpatient Visits	$35	40%[3]	$20	40%[3]	10%	40%[3]	20%	20%[3]
Urgent Care Visits	$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	
Surgery/Anesthesia	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]
Diagnostic X-Ray/Lab								
	20%	40%[3]	10%	40%[3]	10%	40%[3]	20%	20%[3]

Western Health Advantage HMO	CCPOA *(Association Plan)*
N/A	N/A
$50	$75
$50	$75
$15	$15
No Charge	No Charge
$15	$15
$15	$15
No Charge	No Charge
No Charge	No Charge
No Charge	No Charge

[1] Reduced to $10 when seen by primary physician.

[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.

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	UnitedHealthcare SignatureValue Harmony
Prescription Drugs							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50	Generic/Tier 1[1]: $5 Preferred Brand/ Tier 2[1]: $20 Non-Preferred/ Tier 3[1]: $50 Tier 4[1]: $30	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50	Generic: $5 Brand: $20	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50
Retail Preferred Pharmacy Maintenance Medications (90-day supply)	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Generic/Tier 1[1]: $10 Preferred Brand/ Tier 2[1]: $40 Non-Preferred/ Tier 3[1]: $100 Tier 4[1]: $60	Generic: $10 Brand Formulary: $40 Non-Preferred Brand: $100	N/A	Generic: $10 Brand Formulary: $40 Non-Preferred Brand: $100	Generic: $10 Brand Formulary: $40 Non-Preferred Brand: $100	Generic: $10 Brand Formulary: $40 Non-Preferred Brand: $100
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Generic/Tier 1[1]: $10 Preferred Brand/ Tier 2[1]: $40 Non-Preferred/ Tier 3[1]: $100 Tier 4[1]: $60	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Generic: $10 Brand: $40 (31-100 day supply)	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100
Mail order maximum copayment per person per calendar year	$1,000	$1,000	$1,000	N/A	$1,000	$1,000	$1,000
Durable Medical Equipment							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

[1] Tier Formulary is for BSC Trio HMO only

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BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP *(Association Plan)*		PORAC *(Association Plan)*	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Prescription Drugs								
Deductible	N/A		N/A		N/A		N/A	
Retail Pharmacy (30-day supply)	Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50		Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $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 Brand: $40 Non-Preferred Brand: $100		Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $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 Brand: $40 Non-Preferred Brand: $100		Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $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		N/A		N/A	
Durable Medical Equipment								
	20% (pre-certification required for specific equipment)	40%[1]	10% (pre-certification required for the purchase of equipment priced at $1,000 or more)	40%[1]	10%	40%[1]	20%	20%[1]

Western Health Advantage HMO	CCPOA *(Association Plan)*
N/A	Tier 2, 3, and 4: $50 (not to exceed $150/family)
Generic: $5 Preferred Brand: $20 Non-Preferred Brand: $50	Tier 1: $10 Tier 2: $25 Tier 3 and 4: $50
Generic: $10 Brand Formulary: $40 Non-Preferred Brand: $100	Tier 1: $20 Tier 2: $50 Tier 3 and 4: $100
Generic: $10 Preferred Brand: $40 Non-Preferred Brand: $100	Tier 1: $20 Tier 2: $50 Tier 3 and 4: $100
$1,000	N/A
No Charge	No Charge

[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.

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	UnitedHealthcare SignatureValue Harmony
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 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
Outpatient (office and home visits)	$15	$15	$15	$15	$15	$15	$15
Diabetes Services							
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
Self-management training	$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)	$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/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

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

Western Health Advantage HMO	CCPOA *(Association Plan)*
50% of Covered Charges	50% of Allowed Charges
No Charge	No Charge
$15	No Charge
Coverage varies	Coverage varies
$15	$15
$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	N/A
$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: $50

[1] $35 for specialist visit.

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