CalPERS HMO Health Plan Benefits Summary

Category Description	Anthem Blue Cross		Blue Shield	Health Net		Sharp	United HealthCare	Kaiser Permanente
	Select	*Traditional*	*Access+*	*Salud y Mas*	*SmartCare*			
Calendar Year Deductible	N/A		N/A	N/A		N/A	N/A	N/A
Maximum Calendar Year Co-Pay								
Individual	$1,500 (see EOC for other items not covered toward co-pay max limit. Co-pay excludes pharmacy)							
Family	$3,000 (see EOC for other items not covered toward co-pay max limit. Co-pay excludes pharmacy)							
Lifetime Maximum Benefit	N/A		N/A	N/A		N/A	N/A	N/A
Hospital Admission Deductible								
Per Admission	N/A		N/A	N/A		N/A	N/A	N/A
Hospital								
Inpatient (medical & behvorial)	No Charge		No Charge	No Charge		No Charge		No Charge
Outpatient Services (medical & behavorial)	No Charge		No Charge	No Charge		No Charge		$15
Outpatient Surgery	No Charge		No Charge	No Charge		No Charge		$15
Emergency Services	$50 (waived if admitted as impatient or observation as an outpatient)							
Ambulance Services	No Charge		No Charge	No Charge		No Charge		No Charge
Physicians Services								
Office Visits	$15		$15	$15		$15		$15
Urgent Care Visits	$15		$15	$15		$15		$15
Inpatient Visits	No Charge		No Charge	No Charge		No Charge		No Charge
Outpatient Visits	$15		$15	$15		$15		$15
Periodic Health Exams/Preventive Care	No Charge		No Charge	No Charge		No Charge		No Charge
Annual Gynecological Exam	No Charge		No Charge	No Charge		No Charge		No Charge
Immunization/Inoculation	No Charge		No Charge	No Charge		No Charge		No Charge
Allergy Testing	No Charge		No Charge	No Charge		No Charge		$15
Allergy Treatment	No Charge		No Charge	No Charge		No Charge		No Charge
Baby Well Care	No Charge		No Charge	No Charge		No Charge		No Charge
Pregnancy & Maternity Care	No Charge		No Charge	No Charge		No Charge		No Charge
Vision Exam/Screening	No Charge (varies by plan for age 18 and over and may be limited)							No Charge
Diabetes Prevention	No Charge		No Charge	No Charge		No Charge		No Charge
Diagnostic X-Ray/Lab	No Charge		No Charge	No Charge		No Charge		May require co-pay
Prescription Drugs								
Retail Pharmacy (less than 30 days)	Generic: $5 Preferred: $20 Non-Preferred: $50							Generic $5 Preferred $20
Retain Pharmacy Maintenance Medication filled after 2nd fill (i.e. medication 60+ days)	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 30-day supply)							N/A
Mail Order Pharmacy Program	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 90-day supply for maintance medication)							Generic $10 Preferred $40 (31-100 day supply)
Maximum co-pay per person per year	$1,000 (excludes non-preferred brands)							N/A
Occupational / Physical / Speech Therapy								
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge	No Charge		No Charge		No Charge
Outpatient (office and home visits)	$15		$15	$15		$15		$15
Druable Medical Equipment	No Charge		No Charge	No Charge		No Charge		No Charge
Acupuncture	$15 per visit (acupuncture/chiropractic; combined 20 visits per calendar year)							
Chiropractic								

CalPERS PPO Health Plan Benefits Summary

Category Description	PERS Select		PERS Choice		PERS Care	
	PPO	***Non-PPO***	***PPO***	***Non-PPO***	***PPO***	***Non-PPO***
Calendar Year Deductible[0]	Individual $1,000 / Family $2,000 (not transferable between plans)		Individual $500 / Family $1,000 (not transferable between plans)			
Maximum Calendar Year Co-Pay	Individual $3,000/Family $6,000	N/A	Individual $3,000/Family $6,000	N/A	Individual $2,000/Family $4,000	N/A
Lifetime Maximum Benefit	N/A				N/A	
Hospital Admission Deductible						
Per Admission	N/A		N/A		$250	
Hospital						
Inpatient (medical & behavorial)	20%*	40%	20%	40%	10%	40%
Outpatient Services (medical & behavorial)						
Outpatient Surgery						
Emergency Room Deductible	$50 (applies to hospital emergency room charges only)					
Emergency Services	20% (applies to other services rendered)		20% (applies to other services rendered)		10% (applies to other services rendered)	
Non-Emgerency Services (waived if admitted as inpatient or for observation as an outpatient)	20% (payment for physician charges only; not emergency room)	40% (payment for physician charges only; not emergency room)	20% (payment for physician charges only; not emergency room)	40% (payment for physician charges only; not emergency room)	10% (payment for physician charges only; not emergency room)	40% (payment for physician charges only; not emergency room)
Ambulance Services	20%	40%	20%	40%	10%	40%
Physicians Services						
Office Visits	$35 ($10 for primary physician)	40%	$20 ($35 for specialist)	40%	$20 ($35 for specialist)	40%
Urgent Care Visits	$35	40%	$35	40%	$35	40%
Outpatient Visits	$20	40%	$20	40%	$20	40%
Inpatient Visits	20%	40%	20%	40%	10%	40%
Periodic Health Exams/Preventive Care	No Charge	40%	No Charge	40%	No Charge	40%
Annual Gynecological Exam	No Charge	40%	No Charge	40%	No Charge	40%
Immunization/Inoculation	No Charge	40%	No Charge	40%	No Charge	40%
Allergy Testing	20%	40%	20%	40%	10%	40%
Allergy Treatment	20%	40%	20%	40%	10%	40%
Baby Well Care	No Charge	40%	No Charge	40%	No Charge	40%
Pregnancy & Maternity Care	20%	40%	20%	40%	10%	40%
Diabetes Prevention	No Charge	40%	No Charge	40%	No Charge	40%
Infertility Testing/Treatment	Not Covered					
Diagnostic X-Ray/Lab	20%	40%	20%	40%	10%	40%
Prescription Drugs						
Retail Pharmacy (less than 30 days)	Generic: $5 Preferred: $20 Non-Preferred: $50					
Retail Pharmacy Maintenance Medication filled after 2nd fill (i.e. medication 60+ days)	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 30-day supply)					
Mail Order Pharmacy Program	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 90-day supply for maintance medication)					
Maximum co-pay per person per year	$1,000					
Occupational / Physical / Speech Therapy						
Inpatient (hospital or skilled nursing facility)	No Charge					
Outpatient (office and home visits)	20%	20% - 40%	20%	20% - 40%	10%	10% - 40%
Durabule Medical Equipment	20%	40%	20%	40%	10%	40%
Acupuncture	$15 per visit (acupuncture/chiropractic: combined 20 visits per calendar year)					
Chiropractic						

[0] Incentives available to reduce individual deductible (max. $500) or family deductible (max. $1,000) include: getting a biometic 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).

* Coinsurance waived for deliveries if enrolled in Future Moms Program