

CalPERS Health Plan Summary

	CalPERS	CalPERS	CalPERS	CalPERS	CalPERS	CalPERS	CalPERS	CalPERS		CalPERS	CalPERS
Plans >>>	Kaiser	UHC SV Alliance HMO	UHC SV Harmony HMO	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield Trio HMO	Health Net Salud y Mas HMO		PERS Gold PPO	PERS Platinum PPO
Overall Deductibles	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$1,000* / \$2,000	\$500 / \$1,000
Medical Out of Pocket Limit	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000		\$3,000 / \$6,000	\$2,000 / \$6,000
PCP Office Visit Copay	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15		\$35 / \$10	\$20
Specialist Visit Copay	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15		\$35 / \$10	\$35
Preventative Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Inpatient Hospital Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		20%	10%
Mental Health Services (outpatient/inpatient)	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0		\$35	\$20
Substance Abuse Services (outpatient/inpatient)	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0	\$15 / \$0		\$35	\$20
Outpatient Surgery	\$15	\$0	\$0	\$0	\$0	\$0	\$0	\$0		20%	10%
Outpatient Physical/Rehab Therapy	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15		20%	10%
Chiropractic & Acupuncture	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits	\$15 / 20 visits		\$15 / 20 visits	\$15 / 20 visits
Urgent Care (office only)	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15		\$35	\$35
Emergency Room (waive if admitted)	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50		\$50	\$50
Rx Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0
Rx Out-of-Pocket Max (indiv / fam)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000		\$1,000	\$1,000
Short-Term Prescription Drugs	G - \$5 PB - \$20	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50		G - \$5 PB - \$20 NPB - \$50	G - \$5 PB - \$20 NPB - \$50
Long-Term Prescription Drugs	G - \$10 PB - \$40	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100		G - \$10 PB - \$40 NPB - \$100	G - \$10 PB - \$40 NPB - \$100
*G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand											