

CalPERS Health Plan Benefit Comparison – 2018

This chart is not intended to cover all situations and services. Please see each plan's evidence of coverage for complete coverage information.

	HMO	HMO	PPO		PPO		PPO	
BENEFITS	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	PERS Select		PERS Choice		PERS Care	
			PPO	Non-PPO ¹	PPO	Non-PPO ¹	PPO	Non-PPO ¹

Calendar Year Deductible

Individual	N/A	N/A	\$500 (not transferable between plans)	\$500 (not transferable between plans)	\$500 (not transferable between plans)
Family	N/A	N/A	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)	\$1,000 (not transferable between plans)

Maximum Calendar Year Co-pay (excluding pharmacy)

Individual	\$1,500	\$1,500	\$3,000	N/A	\$3,000	N/A	\$2,000	N/A
Family	\$3,000	\$3,000	\$6,000	N/A	\$6,000	N/A	\$4,000	N/A

Hospital (including Mental Health and Substance Abuse)

Deductible (per admission)	N/A	N/A	N/A		N/A		\$250	
Inpatient	No Charge	No Charge	20–30% hospital tiers ²	40%	20%	40%	10%	40%
Outpatient Facility/Surgery Services	No Charge	No Charge	20–30% hospital tiers ²	40%	20%	40%	10%	40%

Emergency Services

Emergency Room Deductible	N/A	N/A	\$50 (applies to hospital emergency room charges only)		\$50 (applies to hospital emergency room charges only)		\$50 (applies to hospital emergency room charges only)	
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	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)	
Non-emergency (Co-pay Waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	20%	40%	20%	40%	10%	40%
			(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)	

¹ Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

² Mad River Community Hospital is currently the only the local tier 1 hospital contracted with PERS Select. Service received at other local hospitals will be covered at a lower level.

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			PPO	Non-PPO ¹	PPO	Non-PPO ¹	PPO	Non-PPO ¹

Physician Services (including Mental Health and Substance Abuse)

Office Visits (co-pay for each service provided)	\$15	\$15	\$20	40%	\$20	40%	\$20	40%
Inpatient Visits	No Charge	No Charge	20%	40%	20%	40%	10%	40%
Outpatient Visits	\$15	\$15	\$20	40%	\$20	40%	\$20	40%
Urgent Care Visits	\$15	\$15	\$20	40%	\$20	40%	\$20	40%
Vision Exam/Screening	No Charge	No Charge	Not Covered		Not Covered		Not Covered	
Surgery/Anesthesia	No Charge	No Charge	20%	40%	20%	40%	10%	40%

Diagnostic X-Ray/Lab

	No Charge	No Charge	20%	40%	20%	40%	10%	40%
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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	20%	40%; Occupational Therapy: 20%	20%	40%; Occupational Therapy: 20%	20%	
			(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)			

Diabetes Services

Glucose Monitors, test strips	No Charge	No Charge	Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training	\$15	\$15	\$20		\$20		\$20	

Acupuncture

\$15/visit	\$15/visit	20%	40%	20%	40%	10%	40%
(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 15 visits per calendar year)		(acupuncture/chiropractic; combined 15 visits per calendar year)		(acupuncture/chiropractic; combined 15 visits per calendar year)	

Chiropractic

\$15/visit	\$15/visit	20%	40%	20%	40%	10%	40%
(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 20 visits per calendar year)	(acupuncture/chiropractic; combined 15 visits per calendar year)		(acupuncture/chiropractic; combined 15 visits per calendar year)		(acupuncture/chiropractic; combined 15 visits per calendar year)	

Infertility Testing/Treatment

50% of Covered Charges	50% of Covered Charges	Not Covered		Not Covered		Not Covered	
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