

| | 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 |

Physician Services (including Mental Health and Substance Abuse)

| | | | | | | | | |
|--|-----------|-----------|-------------|-----|-------------|-----|-------------|-----|
| Office Visits (co-pay for each service provided) | \$15 | \$15 | \$10 - \$35 | 40% | \$20 - \$35 | 40% | \$20 | 40% |
| Inpatient Visits | No Charge | No Charge | 20% | 40% | 20% | 40% | 10% | 40% |
| Outpatient Visits | \$15 | \$15 | \$10-\$35 | 40% | \$20 | 40% | \$20 | 40% |
| Urgent Care Visits | \$15 | \$15 | \$35 | 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% |
|--|-----------|-----------|-----|-----|-----|-----|-----|-----|

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% | 1 | 40%; Occupational Therapy: 10% |
| | | | (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, test strips | No Charge | No Charge | Coverage Varies | | Coverage Varies | | Coverage Varies | |
| Self-management training | \$15 | \$15 | \$0 | | \$0 | | \$20 | |

Acupuncture

| | | | | | | | |
|--|--|--|-----|--|-----|--|-----|
| \$15/visit | \$15/visit | 0 | 40% | 0 | 40% | 0 | 40% |
| (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) | | (acupuncture/chiropractic; combined 20 visits per calendar year) | |

Chiropractic

| | | | | | | | |
|--|--|--|-----|--|-----|--|-----|
| \$15/visit | \$15/visit | 0 | 40% | 0 | 40% | \$15 | 40% |
| (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) | | (acupuncture/chiropractic; combined 20 visits per calendar year) | |

Infertility Treatment

| | | | | | | | |
|-------------|------------------------|-------------|--|-------------|--|-------------|--|
| Not Covered | 50% of Covered Charges | Not Covered | | Not Covered | | Not Covered | |
|-------------|------------------------|-------------|--|-------------|--|-------------|--|