CalPERS Health Plan Benefit Comparison – 2023

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

BENEFITS	HMO Anthem Blue Cross Traditional HMO	HMO Blue Shield Access+ HMO	HMO Western Health Advantage	PPO PERS Gold		PPO PERS Platinum	
				PPO	Non-PPO[1]	PPO	Non-PPO[1]
Calendar Year Deductible							
Individual	N/A	N/A	N/A	$500 (not transferable between plans)		$500 (not transferable between plans)	
Family	N/A	N/A	N/A	$2,000 ($500 towards the deductible may be available if you complete certain activities. See EOC for more info)		$1,000 (not transferable between plans)	
Maximum Calendar Year Co-pay (excluding pharmacy)							
Individual	$1,500	$1,500	$1,500	$3,000	N/A	$2,000	N/A
Family	$3,000	$3,000	$3,000	$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 and Outpatient Facility/ Surgery Services	No Charge	No Charge	No Charge	20%	40%	10%	40%
Mental/Behavioral Health, or Substance Abuse Services	outpatient services: $15/ office visit; inpatient services: no charge	outpatient services: $15/ office visit; inpatient services: no charge	outpatient services: $15/ office visit; inpatient services: no charge	20%	40%	10%	40%
Emergency Services							
Emergency Room Deductible	N/A	N/A	N/A	$50 (waived if admitted as an inpatient or for observation as an outpatient)		$50 (waived if admitted as an inpatient or for observation as an outpatient)	
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	20% (applies to other services such as x-ray, labs, etc.)		10% (applies to other services such as x-ray, labs, etc.)	
Non-emergency (Co-pay Waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	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 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 n excess of the contracted amount.

BENEFITS	HMO Anthem Blue Cross Traditional HMO	HMO Blue Shield Access+ HMO	HMO Western Health Advantage	PPO PERS Gold		PPO PERS Platinum	
				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 - $30	$15	$20 - $35	40%	$20 -$35	40%
Inpatient Visits	No Charge	No Charge	No charge	20%	40%	10%	40%
Outpatient Visits	$15	$15	$15	$20	40%	$20	40%
Urgent Care Visits	$15	$15	$15	$20	40%	$20	40%
Vision Exam/Screening	No Charge	No Charge	No Charge	Not Covered		Not Covered	
Surgery/Anesthesia	No Charge	No Charge	No Charge	20%	40%	10%	40%
Diagnostic X-Ray/Lab							
	No Charge	No Charge	No Charge	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	$15	20%	40%; Occupational Therapy: 20%	10%	40%; Occupational Therapy: 10%
				(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	No Charge	Coverage Varies		Coverage Varies	
Self-management training	$15	$15	$15	$20-$35 | 40%		$20-$35 | 40%	
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 (acupuncture/ chiropractic; combined 20 visits per calendar year)	40%	$15 (acupuncture/ chiropractic; combined 20 visits per calendar year)	40%
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 (acupuncture/ chiropractic; combined 20 visits per calendar year)	40%	$15 (acupuncture/ chiropractic; combined 20 visits per calendar year)	40%
Infertility Treatment	Not Covered (unless medically necessary)	Not Covered (unless medically necessary)	Not Covered (unless medically necessary)	Not Covered (unless medically necessary)		Not Covered (unless medically necessary)	

revised: 9/2022