

# CalPERS Health Plan Benefit Comparison— HMO AND EPO Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare		<b>N/A TO OUSD EMPLOYEES</b>		
<b>Calendar Year Deductible</b>							
Individual	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)</b>							
Individual	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)	\$1,500 (copay)
Family	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)	\$3,000 (copay)
<b>Hospital (including Mental Health and Substance Abuse)</b>							
Deductible (per admission)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery Services	No Charge	No Charge	No Charge	\$15	No Charge	No Charge	No Charge

# CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare		<b>N/A TO OUSD EMPLOYEES</b>		
<b>Emergency Services</b>							
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	\$50	\$50	\$50	\$50	\$50	\$50	\$50
<b>Physician Services (including Mental Health and Substance Abuse)</b>							
Office Visits (copay for each service provided)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Urgent Care Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
<b>Diagnostic X-Ray/Lab</b>							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

# CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare		<b>N/A TO OUSD EMPLOYEES</b>		
<b>Prescription Drugs</b>							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic/Tier 1 <sup>1</sup> : \$5 Preferred Brand/ Tier 2 <sup>1</sup> : \$20 Non-Preferred/ Tier 3 <sup>1</sup> : \$50 Tier 4 <sup>1</sup> : \$30	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Brand: \$20	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50
Retail Preferred Pharmacy Maintenance Medications (90-day supply)	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic/Tier 1 <sup>1</sup> : \$10 Preferred Brand/ Tier 2 <sup>1</sup> : \$40 Non-Preferred/ Tier 3 <sup>1</sup> : \$100 Tier 4 <sup>1</sup> : \$60	Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100	N/A	Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100	Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100	Generic: \$10 Brand Formulary: \$40 Non-Preferred Brand: \$100
Mail Order Pharmacy Program (not to exceed 90- day supply for maintenance drugs)	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic/Tier 1 <sup>1</sup> : \$10 Preferred Brand/ Tier 2 <sup>1</sup> : \$40 Non-Preferred/ Tier 3 <sup>1</sup> : \$100 Tier 4 <sup>1</sup> : \$60	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Brand: \$40 (31-100 day supply)	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100
Mail order maximum copayment per person per calendar year	\$1,000	\$1,000	\$1,000	N/A	\$1,000	\$1,000	\$1,000
<b>Durable Medical Equipment</b>							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

<sup>1</sup> Tier Formulary is for BSC Trio HMO only

# CalPERS Health Plan Benefit Comparison—Basic Plans, *Continued*

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	EPO & HMO Basic Plans						
	Anthem Blue Cross	Blue Shield	Health Net	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	UnitedHealthcare SignatureValue Harmony
	EPO Select HMO Traditional HMO	Access+ HMO & Access+ EPO Trio HMO	Salud y Más & SmartCare		<b>N/A TO OUSD EMPLOYEES</b>		
<b>Infertility Testing/Treatment</b>							
	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
<b>Occupational / Physical / Speech Therapy</b>							
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	\$15	\$15	\$15	\$15	\$15	\$15	\$15
<b>Diabetes Services</b>							
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
Self-management training	\$15	\$15	\$15	\$15	\$15	\$15	\$15
<b>Acupuncture</b>							
	\$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/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/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)
<b>Chiropractic</b>							
	\$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/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/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)

# CalPERS Health Plan Benefit Comparison— PPO Basic Plans

BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
<b>Not Applicable to OUSD Employees</b>								
<b>Calendar Year Deductible</b>								
Individual	\$1,000 <sup>1,3</sup>		\$500 <sup>3</sup>		N/A		\$300	\$600
Family	\$2,000 <sup>1,3</sup>		\$1,000 <sup>3</sup>		N/A		\$900	\$1,800
<b>Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)</b>								
Individual	\$3,000 (coinsurance)	Unlimited	\$2,000 (coinsurance)	Unlimited	\$3,000 (coinsurance)	Unlimited	\$2,000	Unlimited
Family	\$6,000 (coinsurance)	Unlimited	\$4,000 (coinsurance)	Unlimited	\$6,000 (coinsurance)	Unlimited	\$4,000	Unlimited
<b>Hospital (including Mental Health and Substance Abuse)</b>								
Deductible (per admission)	N/A		\$250		N/A		N/A	
Inpatient	20% <sup>2</sup>	40% <sup>4</sup>	10%	40% <sup>4</sup>	10%	Varies	20%	20% <sup>4</sup>
Outpatient Facility/ Surgery Services	20%	40% <sup>4</sup>	10%	40% <sup>4</sup>	10%	40% <sup>4</sup>	20%	20% <sup>4</sup>

<sup>1</sup> Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include: getting a biometric 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).

<sup>2</sup> Coinsurance waived for deliveries if enrolled in Future Moms Program.

<sup>3</sup> Deductible is transferable between PERS Gold and PERS Platinum.

<sup>4</sup> Of the allowable amount as defined in the EOC.

BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
	<b>Not Applicable to OUSD Employees</b>							
<b>Emergency Services</b>								
Emergency Room Deductible	\$50 (applies to hospital emergency room facility charge only)		\$50 (applies to hospital emergency room charges only)		\$50 (copay reduced to \$25 if admitted on an inpatient basis)		N/A	
Emergency	20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		20%	
Non-Emergency	20%	40%	10%	40%	\$50+10%	\$50+40%	50% (for non-emergency services provided by hospital emergency room)	
	(payment for physician charges only; emergency room facility charge is not covered)							
<b>Physician Services (including Mental Health and Substance Abuse)</b>								
Office Visits (copay for each service provided)	\$35 <sup>1</sup>	40% <sup>3</sup>	\$20 <sup>2</sup>	40% <sup>3</sup>	\$20	40% <sup>3</sup>	\$10/\$35 <sup>2</sup>	20% <sup>3</sup>
Inpatient Visits	20%	40% <sup>3</sup>	10%	40% <sup>3</sup>	10%	40% <sup>3</sup>	20%	20% <sup>3</sup>
Outpatient Visits	\$35	40% <sup>3</sup>	\$20	40% <sup>3</sup>	10%	40% <sup>3</sup>	20%	20% <sup>3</sup>
Urgent Care Visits	\$35	40% <sup>3</sup>	\$35	40% <sup>3</sup>	\$20	40% <sup>3</sup>	\$35	20% <sup>3</sup>
Preventive Services	No Charge	40% <sup>3</sup>	No Charge	40% <sup>3</sup>	No Charge	40% <sup>3</sup>	No Charge	
Surgery/Anesthesia	20%	40% <sup>3</sup>	10%	40% <sup>3</sup>	10%	40% <sup>3</sup>	20%	20% <sup>3</sup>
<b>Diagnostic X-Ray/Lab</b>								
	20%	40% <sup>3</sup>	10%	40% <sup>3</sup>	10%	40% <sup>3</sup>	20%	20% <sup>3</sup>

<sup>1</sup> Reduced to \$10 when seen by primary physician.

<sup>2</sup> \$35 for specialist visit.

<sup>3</sup> Of the allowable amount as defined in the EOC.

BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP <i>(Association Plan)</i>		PORAC <i>(Association Plan)</i>	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
	<b>Not Applicable to OUSD Employees</b>							
<b>Prescription Drugs</b>								
Deductible	N/A		N/A		N/A		N/A	
Retail Pharmacy (30-day supply)	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50		Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50		Generic: \$5 Formulary: \$20 Non-Formulary: \$50		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45	
Retail Preferred Pharmacy Maintenance Medications	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100		Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		N/A	
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100		Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100		Generic: \$10 Formulary: \$40 Non-Formulary: \$100		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	
Mail order maximum copayment per person per calendar year	\$1,000		\$1,000		N/A		N/A	
<b>Durable Medical Equipment</b>								
	20%	40% <sup>1</sup>	10%	40% <sup>1</sup>				
	(pre-certification required for specific equipment)		(pre-certification required for the purchase of equipment priced at \$1,000 or more)		10%	40% <sup>1</sup>	20%	20% <sup>1</sup>

<sup>1</sup> Of the allowable amount as defined in the EOC

BENEFITS	PPO Basic Plans							
	PERS Gold		PERS Platinum		CAHP (Association Plan)		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
	<b>Not Applicable to OUSD Employees</b>							
<b>Infertility Testing/Treatment</b>								
	50%		50%		Not Covered		50%	50% <sup>2</sup>
<b>Occupational / Physical / Speech Therapy</b>								
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		10%	40%	20% (no copay for in-patient PT/OT by a PAR provider)	20% <sup>2</sup>
Outpatient (office and home visits)	20%  (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	10%  (pre-certification required for more than 24 visits)	40%; Occupational therapy: 10%	10%  (pre-certification required for more than 24 visits)	40%	\$15/visit (combined 20 visits per calendar year)	20% <sup>2</sup>
<b>Diabetes Services</b>								
Glucose monitors	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training	\$20 <sup>1</sup>	40% <sup>2</sup>	\$20 <sup>1</sup>	40% <sup>2</sup>	\$20	60% <sup>2</sup>	\$20	60% <sup>2</sup>
<b>Acupuncture</b>								
	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	\$15 copay (all other services 20%)	20% <sup>2</sup>
<b>Chiropractic</b>								
	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40% <sup>2</sup>	\$15/visit (combined 20 visits per calendar year)	20% <sup>2</sup>

<sup>1</sup> \$35 for specialist visit.<sup>2</sup> Of the allowable amount as defined in the EOC