

2024 CALPERS HEALTH BENEFITS COMPARISON - CONDENSED
 (prepared for TUSD purposes only and not all benefits listed)
 In-Network Coverage

BENEFITS	CALPERS HMO					CALPERS PPO		
	Anthem Blue Cross		Blue Shield		Kaiser	United Healthcare	PERS	
	Select	Traditional	Trio	Access+			Gold	Platinum
Deductible								
Individual							\$1,000	\$500
Family							\$2,000	\$1,000
Maximum Calendar Coins Out of Pocket								
Individual	\$1,500		\$1,500		\$1,500		\$3,000	\$2,000
Family	\$3,000		\$3,000		\$3,000		\$6,000	\$4,000
Hospital								
Deductible (per admission)	N/A		N/A		N/A		N/A	\$250
Inpatient	No Charge		No Charge		No Charge		20%	10%
Outpatient Facility / Surgery Services	No Charge		No Charge		\$15		\$15	20% 10%
Physician Services								
Office Visits	\$15		\$15		\$15		\$15	\$35 \$20
Inpatient Visits	No Charge		No Charge		No Charge		No Charge	20% 10%
Outpatient Visits	\$15		\$15		\$15		\$15	\$35 \$20
Urgent Care Visits	\$15		\$15		\$15		\$15	\$35 \$35
Preventative Services	No Charge		No Charge		No Charge		No Charge	No Charge
Surgery/Anesthesia	No Charge		No Charge		No Charge		No Charge	20% 10%
X-ray or Lab	No Charge		No Charge		No Charge		No Charge	20% 10%
Emergency Services								
ER Deductible	N/A		N/A		N/A		N/A	\$50
Emergency	\$50		\$50		\$50		\$50	20% 10%
Non-Emergency	\$50		\$50		\$50		\$50	20% 10%
Prescription Drugs								
Retail Pharmacy (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand: \$20		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand: \$40 (31-100 day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100

CalPERS Monthly Premiums	Anthem Blue Cross		Blue Shield		Kaiser	United Healthcare	PERS	
	Select	Traditional	Trio	Access+			Gold	Platinum
Employee Only	\$1,142.50	\$1,343.99	\$949.87	\$1,080.29	\$1,024.68	\$1,094.62	\$917.75	\$1,318.48
Employee +1	\$2,285.01	\$2,687.97	\$1,899.74	\$2,160.57	\$2,049.36	\$2,189.24	\$1,835.49	\$2,636.95
Employee +Family	\$2,970.52	\$3,494.37	\$2,469.66	\$2,808.74	\$2,644.17	\$2,846.02	\$2,386.14	\$3,428.03