

2025 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	\$1,500	\$3,000	\$2,000
Family	\$3,000		\$3,000		\$3,000	\$3,000	\$6,000	\$4,000
Hospital								
Deductible (per admission)	N/A		N/A		N/A	N/A	N/A	\$250
Inpatient	No Charge		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	\$1,259.67	\$1,504.00	\$1,137.51	\$1,172.98	\$1,115.57	\$1,187.42	\$1,016.13	\$1,479.64
Employee +1	\$2,519.33	\$3,008.00	\$2,275.03	\$2,345.96	\$2,231.14	\$2,374.85	\$2,032.27	\$2,959.29
Employee +Family	\$3,275.13	\$3,910.40	\$2,957.53	\$3,049.74	\$2,900.48	\$3,087.30	\$2,641.95	\$3,847.07