2026 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	$1,337.36	$1,613.37	$1,167.51	$1,302.99	$1,169.80	$1,291.09	$1,121.48	$1,671.48
Employee +1	$2,674.72	$3,226.74	$2,335.03	$2,605.98	$2,339.59	$2,582.18	$2,242.95	$3,342.95
Employee +Family	$3,477.13	$4,194.76	$3,035.54	$3,387.78	$3,041.47	$3,356.84	$2,915.84	$4,345.83