2027 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	Sutter Health	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	Sutter Health	PERS	
	Select	Traditional	Trio	Access+			Gold	Platinum
Employee Only	$1,487.63	$1,733.91	$1,203.53	$1,480.30	$1,188.58	$1,131.57	$1,216.14	$1,780.04
Employee +1	$2,975.26	$3,467.81	$2,407.06	$2,960.61	$2,377.16	$2,263.15	$2,432.28	$3,560.09
Employee +Family	$3,867.83	$4,508.15	$3,129.18	$3,848.79	$3,090.31	$2,942.09	$3,161.97	$4,628.11