2017 CalPERS Health Plan Benefit Comparison

HMO PLANS

BENEFITS	Anthem Blue Cross		Blue Shield	Health Net		Kaiser Permanente	UnitedHealthcare
	Select	Traditional	Access+	Salud y Más	SmartCare		SignatureValue Alliance
Calendar Year Deductible							
Individual	N/A		N/A	N/A		N/A	N/A
Family	N/A		N/A	N/A		N/A	N/A
Maximum Calendar Year Co-pay (excluding pharmacy)							
Individual	$1,500		$1,500	$1,500		$1,500	$1,500
Family	$3,000		$3,000	$3,000		$3,000	$3,000
Hospital (including Mental Health and Substance Abuse)							
Deductible (per admission)	N/A		N/A	N/A		N/A	N/A
Inpatient	No Charge		No Charge	No Charge		No Charge	No Charge
Outpatient/ Facility/ Surgery Services	No Charge		No Charge	No Charge		$15	No Charge
Emergency Services							
Emergency Room Deductible	N/A		N/A	N/A		N/A	N/A
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	$50		$50	$50		$50	$50
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	$50		$50	$50		$50	$50
Physician Services *(including Mental Health and Substance Abuse)*							
Office Visits (co-pay for each service provided)	$15		$15	$15		$15	$15
Inpatient Visits	No Charge		No Charge	No Charge		No Charge	No Charge
Outpatient Visits	$15		$15	$15		$15	$15
Urgent Care Visits	$15		$15	$15		$15	$15
Vision Exam/Screening	No Charge		No Charge	No Charge		No Charge	No Charge
Surgery/Anesthesia	No Charge		No Charge	No Charge		No Charge	No Charge
Diagnostic X-Ray/Lab							
	No Charge		No Charge	No Charge		No Charge	No Charge
Prescription Drugs							
Deductible	N/A		N/A	N/A		N/A	N/A
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 Formulary: $20 Non-Formulary: $50		Generic: $5 Brand: $20	Generic: $5 Brand Formulary: $20 Non-Formulary: $50
Retail Pharmacy Maintenance Medications filed after 2nd fill (i.e. a medication taken longer than 60 days) (not to exceed 30-day supply)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		N/A	Generic: $10 Brand Formulary: $40 Non-Formulary: $100
Mail Order Pharmacy Program (not to exceed 90 day supply for maintenance drugs)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		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
Mail order maximum co-payment per person per calendar year	$1,000		$1,000	$1,000		N/A	$1,000
Durable Medical Equipment							
Durable Medical Equipment	No Charge		No Charge	No Charge		No Charge	No Charge
Infertility Testing/Treatment							
Infertility Testing/Treatment	50% of Covered Charges		50% of Covered Charges	50% of Covered Charges		50% of Covered Charges	50% of Covered Charges
Occupational / Physical / Speech Therapy							
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge	No Charge		No Charge	No Charge
Outpatient (office and home visits)	$15		$15	$15		$15	$15
Diabetes Services							
Glucose monitors, test strips	No Charge		No Charge	No Charge		No Charge	No Charge
Self-management training	$15		$15	$15		$15	$15
Acupuncture							
Acupuncture	$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/ chiroropractic; combined 20 visits per calendar year)
Chiropractic							
Chiropractic	$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/ chiroropractic; combined 20 visits per calendar year)

2017 CalPERS Health Plan Benefit Comparison

PPO PLANS

BENEFITS	PERS Select		PERS Choice		PERSCare	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Deductible						
Individual	$500 (not transferable between plans)		$500 (not transferable between plans)		$500 (not transferable between plans)	
Family	$1000 (not transferable between plans)		$1000 (not transferable between plans)		$1000 (not transferable between plans)	
Maximum Calendar Year Co-pay (excluding pharmacy)						
Individual	$3,000 (co-insurance)	N/A	$3,000 (co-insurance)	N/A	$2,000 (co-insurance)	N/A
Family	$6,000 (co-insurance)	N/A	$6,000 (co-insurance)	N/A	$4,000 (co-insurance)	N/A
Hospital (including Mental Health and Substance Abuse)						
Deductible (per admission)	N/A		N/A		$250	
Inpatient	20-30% (hospital tiers)	40%	20%	40%	10%	40%
Outpatient/ Facility/ Surgery Services	20-30% (hospital tiers)	40%	20%	40%	10%	40%
Emergency Services						
Emergency Room Deductible	$50 (applies to hospital emergency room charges only)		$50 (applies to hospital emergency room charges only)		$50 (applies to hospital emergency room charges only)	
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	20% (applies to other services such as physicians, x-ray, lab, etc)		20% (applies to other services such as physicians, x-ray, lab, etc)		10% (applies to other services such as physicians, x-ray, lab, etc)	
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	20%	40%	20%	40%	10%	40%
	(payment for physician charges only, ER facility charge is not covered)		(payment for physician charges only, ER facility charge is not covered)		(payment for physician charges only, ER facility charge is not covered)	
Physician Services *(including Mental Health and Substance Abuse)*						
Office Visits (co-pay for each service provided)	$20	40%	$20	40%	$20	40%
Inpatient Visits	20%	40%	20%	40%	10%	40%
Outpatient Visits	$20	40%	$20	40%	$20	40%
Urgent Care Visits	$20	40%	$20	40%	$20	40%
Vision Exam/Screening	Not Covered		Not Covered		Not Covered	
Surgery/Anesthesia	20%	40%	20%	40%	10%	40%
Diagnostic X-Ray/Lab						
	20%	40%	20%	40%	10%	40%
Prescription Drugs						
Deductible	N/A		N/A		N/A	
Retail Pharmacy (not to exceed 30-day supply)	Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50 (not to exceed 34 day supply)	
Retail Pharmacy Maintenance Medications filed after 2nd fill (i.e. a medication taken longer than 60 days) (not to exceed 30-day supply)	Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 34 day supply)	
Mail Order Pharmacy Program (not to exceed 90 day supply for maintenance drugs)	Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100	
Mail order maximum co-payment per person per calendar year	$1,000		$1,000		$1,000	
Durable Medical Equipment						
Durable Medical Equipment	20%	40%	20%	40%	10%	40%
	(pre-certification required for equipment)		(pre-certification required for equipment)		(pre-certification required for equipment $1,000 or more)	
Infertility Testing/Treatment						
Infertility Testing/Treatment	Not Covered		Not Covered		Not Covered	
Occupational / Physical / Speech Therapy						
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		No Charge	
Outpatient (office and home visits)	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	20%	
Diabetes Services						
Glucose monitors, test strips	Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training	$20		$20		$20	
Acupuncture						
Acupuncture	$15/visit	40%	$15/visit	40%	$15/visit	40%
	(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic combined 20 visits per calendar year)	
Chiropractic						
Chiropractic	$15/visit	40%	$15/visit	40%	$15/visit	40%
	(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic combined 20 visits per calendar year)	