CalPERS Health Plan Benefit Comparison – 2017

BENEFITS	HMO Anthem Blue Cross Traditional HMO	HMO Blue Shield Access+ HMO	PPO PERS Select		PPO PERS Choice		PPO PERS Care	
			PPO	Non-PPO[1]	PPO	Non-PPO[1]	PPO	Non-PPO[1]
Calendar Year Deductible								
Individual	N/A	N/A	$500 (not transferable between plans)		$500 (not transferable between plans)		$500 (not transferable between plans)	
Family	N/A	N/A	$1,000 (not transferable between plans)		$1,000 (not transferable between plans)		$1,000 (not transferable between plans)	
Maximum Calendar Year Co-pay (excluding pharmacy)								
Individual	$1,500	$1,500	$3,000	N/A	$3,000	N/A	$2,000	N/A
Family	$3,000	$3,000	$6,000	N/A	$6,000	N/A	$4,000	N/A
Hospital (including Mental Health and Substance Abuse)								
Deductible (per admission)	N/A	N/A	N/A		N/A		$250	
Inpatient	No Charge	No Charge	20–30% hospital tiers[2]	40%	20%	40%	10%	40%
Outpatient Facility/Surgery Services	No Charge	No Charge	20–30% hospital tiers[2]	40%	20%	40%	10%	40%
Emergency Services								
Emergency Room Deductible	N/A	N/A	$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)	$50	$50	20% (applies to other services such as physician, x-ray, lab, etc)		20% (applies to other services such as physician, x-ray, lab, etc)		10% (applies to other services such as physician, x-ray, lab, etc)	
Non-emergency (Co-pay Waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	20%	40%	20%	40%	10%	40%
			(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)	

[1] Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

[2] Mad River Community Hospital is currently the only the local tier 1 hospital contracted with PERS Select. Service received at other local hospitals will be covered at a lower level.

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			PPO	Non-PPO[1]	PPO	Non-PPO[1]	PPO	Non-PPO[1]
Physician Services (including Mental Health and Substance Abuse)								
Office Visits (co-pay for each service provided)	$15	$15	$20	40%	$20	40%	$20	40%
Inpatient Visits	No Charge	No Charge	20%	40%	20%	40%	10%	40%
Outpatient Visits	$15	$15	$20	40%	$20	40%	$20	40%
Urgent Care Visits	$15	$15	$20	40%	$20	40%	$20	40%
Vision Exam/Screening	No Charge	No Charge	Not Covered		Not Covered		Not Covered	
Surgery/Anesthesia	No Charge	No Charge	20%	40%	20%	40%	10%	40%
Diagnostic X-Ray/Lab								
	No Charge	No Charge	20%	40%	20%	40%	10%	40%
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	20%	40%; Occupational Therapy: 20%	20%	40%; Occupational Therapy: 20%	20%	
			(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)			
Diabetes Services								
Glucose Monitors, test strips	No Charge	No Charge	Coverage Varies		Coverage Varies		Coverage Varies	
Self-management training	$15	$15	$20		$20		$20	
Acupuncture								
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	10% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%
Chiropractic								
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	10% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%
Infertility Testing/Treatment								
	50% of Covered Charges	50% of Covered Charges	Not Covered		Not Covered		Not Covered	