

# CalPERS Health Plan Benefit Comparison— Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

BENEFITS	HMO Basic Plans								
	Anthem Blue Cross		Blue Shield			CCPOA <i>(Association Plan)</i>	Health Net		Kaiser Permanente
	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
<b>Calendar Year Deductible</b>									
Individual	N/A		N/A			N/A	N/A		N/A
Family	N/A		N/A			N/A	N/A		N/A
<b>Maximum Calendar Year Co-pay (excluding pharmacy)</b>									
Individual	\$1,500		\$1,500			\$1,500	\$1,500		\$1,500
Family	\$3,000		\$3,000			\$4,500	\$3,000		\$3,000
<b>Hospital (including Mental Health and Substance Abuse)</b>									
Deductible (per admission)	N/A		N/A			N/A	N/A		N/A
Inpatient	No Charge		No Charge			\$100/admission	No Charge		No Charge
Outpatient Facility/Surgery Services	No Charge		No Charge			\$50	No Charge		\$15

HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare Alliance HMO	CAHP (Association Plan)		PERS Select		PERS Choice		PERSCare		PORAC (Association Plan)	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	N/A	N/A		\$500 (not transferable between plans)		\$500 (not transferable between plans)		\$500 (not transferable between plans)		\$300	\$600
N/A	N/A	N/A		\$1,000 (not transferable between plans)		\$1,000 (not transferable between plans)		\$1,000 (not transferable between plans)		\$900	\$1,800
\$1,500	\$1,500	\$2,000	N/A	\$3,000	N/A	\$3,000	N/A	\$2,000	N/A	\$3,000	\$3,000
\$3,000	\$3,000	\$4,000	N/A	\$6,000	N/A	\$6,000	N/A	\$4,000	N/A	\$6,000	\$6,000
N/A	N/A	N/A		N/A		N/A		\$250		N/A	
No Charge	No Charge	10%	Varies	20–30% (hospital tiers)	40%	20%	40%	10%	40%	10%	
No Charge	No Charge	\$50 (exceptions may apply)		20–30% (hospital tiers)	40%	20%	40%	10%	40%	10%	

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	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
<b>Emergency Services</b>									
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			\$75	\$50		\$50
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	\$50		\$50			\$75	\$50		\$50
<b>Physician Services (including Mental Health and Substance Abuse)</b>									
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			\$15	No Charge		No Charge
Surgery/Anesthesia	No Charge		No Charge			No Charge	No Charge		No Charge
<b>Diagnostic X-Ray/Lab</b>									
	No Charge		No Charge			No Charge	No Charge		No Charge

HMO Basic Plans		PPO Basic Plans									
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		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	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)		N/A	
\$50	\$50	\$50+10% (co-pay reduced to \$25 if admitted on an inpatient basis)		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.)		10%	
\$50	\$50	\$50+10% (co-pay reduced to \$25 if admitted on an inpatient basis)	\$50+40%	20%	40%	20%	40%	10%	40%	50% (for non-emergency services provided by hospital emergency room)	
\$15	\$15	\$15	40%	\$20	40%	\$20	40%	\$20	40%	\$20	10%
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
\$15	\$15	10%	40%	\$20	40%	\$20	40%	\$20	40%	10%	10%
\$15	\$15	\$15	40%	\$20	40%	\$20	40%	\$20	40%	10%	10%
No Charge	No Charge	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%

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BENEFITS	HMO Basic Plans								
	Anthem Blue Cross		Blue Shield			CCPOA <i>(Association Plan)</i>	Health Net		Kaiser Permanente
	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
<b>Prescription Drugs</b>									
Deductible	N/A		N/A			Brand Formulary: \$50 <i>(not to exceed \$150/family)</i>	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: \$10 Brand Formulary: \$25 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand: \$20
Retail Pharmacy Maintenance Medications filled after 2 <sup>nd</sup> fill <i>(i.e. a medication taken longer than 60 days)</i> (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: \$25 Non-Formulary: \$50	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		N/A
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: \$20 Brand Formulary: \$50 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand: \$40 <i>(31-100 day supply)</i>
Maximum co-payment per person per calendar year	\$1,000		\$1,000			N/A	\$1,000		N/A
<b>Durable Medical Equipment</b>									
	No Charge		No Charge			No Charge	No Charge		No Charge
<b>Infertility Testing/Treatment</b>									
	50% of Covered Charges		50% of Covered Charges			50% of Allowed Charges	50% of Covered Charges		50% of Covered Charges

HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare Alliance HMO	CAHP (Association Plan)		PERS Select		PERS Choice		PERSCare		PORAC (Association Plan)	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Single Source: \$20 Multi Source: \$25	Generic: \$5 Preferred: \$20 Non-Preferred: \$50	Generic: \$5 Preferred: \$20 Non-Preferred: \$50	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)	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45			
Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Single Source: \$40 Multi Source: \$50	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	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)	N/A			
Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Single Source: \$40 Multi Source: \$50	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$10 Preferred: \$40 Non-Preferred: \$100	Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A		
\$1,000	\$1,000	N/A	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	N/A			
No Charge	No Charge	10%	40%	20% (pre-certification required for equipment)	40%	20% (pre-certification required for equipment)	40%	10% (pre-certification required for equipment \$1,000 or more)	40%	20%	20%
50% of Covered Charges	50% of Covered Charges	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	50%	

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	Anthem Blue Cross		Blue Shield			CCPOA <i>(Association Plan)</i>	Health Net		Kaiser Permanente
	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
<b>Occupational / Physical / Speech Therapy</b>									
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge			No Charge	No Charge		No Charge
Outpatient (office and home visits)	\$15		\$15			No Charge	\$15		\$15
<b>Diabetes Services</b>									
Glucose monitors, test strips	No Charge		No Charge			No Charge	No Charge		No Charge
Self-management training	\$15		\$15			\$15	\$15		\$15
<b>Acupuncture</b>									
	N/A		N/A			N/A	N/A		N/A
<b>Chiropractic</b>									
	N/A		N/A			\$15 exam (up to 20 visits)  No Charge diagnostic services; chiropractic appliances (up to \$50)	N/A		N/A

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		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

No Charge	No Charge	10%	40%	No Charge		No Charge		No Charge		10%	10%
\$15	\$15	10% (pre-certification required for more than 24 visits)	40%	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%		\$20	10%

No Charge	No Charge	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
\$15	\$15	\$20		\$20		\$20		\$20		\$20	

N/A	N/A	10% (acupuncture/chiropractic; combined 20 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	10% (acupuncture/chiropractic; combined 20 visits)	40%	\$20 (10% for all other services)	10%
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N/A	N/A	10% (acupuncture/chiropractic; combined 20 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	10% (acupuncture/chiropractic; combined 20 visits)	40%	\$20/up to 20 visits	\$35/visit
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