

# 2025 Health Benefit Summary

Helping you make an informed decision about your health plan





## About CalPERS

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CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits for 1.5 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO)  
(for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and copayments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

## About This Publication

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The *2025 Health Benefit Summary* provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

The *2025 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, copayments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2025 health plan premiums are available at the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov). Check with your employer to find out how much they contribute toward your premium.

We recommend that you only use this publication in conjunction with the current year's health premium rate schedule and EOCs. To obtain a copy of the health premium schedule for any health plan, please go to the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or contact CalPERS at 888 CalPERS (or 888-225-7377).

## Other Health Publications

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **Health Program Guide:** Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **Medicare Enrollment Guide:** Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov) or by calling CalPERS at 888 CalPERS (or 888-225-7377).

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# Considering Your Health Plan Choices

Selecting a health plan for you and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.<sup>1</sup>
- What are the costs (premiums, copayments, deductibles, and coinsurance)? Beginning on page 16 of this publication, you will find information about benefits, copayments, and covered services. Visit the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the “Health Plan Directory” on page 14 of this publication for health plan contact information.

<sup>1</sup> Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

## Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

| Features                                 | HMO                                                                                                                                                                                                                                                                                         | PPO                                                                                                                                                                                                                                                                                                               | EPO                                                                                                                                                                                                                                                                               |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accessing health care providers          | Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price                                                                                                                                                              | Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers                                                                                                                                                                                  | Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.)                                                                                                                                                                         |
| Selecting a primary care physician (PCP) | Most HMOs require you to select a PCP who will work with you to manage your health care needs <sup>1</sup>                                                                                                                                                                                  | All PPO plan members will have an assigned PCP; however, you can choose not to go through your PCP <sup>2</sup>                                                                                                                                                                                                   | All EPO plan members will have an assigned PCP; however, you can choose not to go through your PCP                                                                                                                                                                                |
| Seeing a specialist                      | Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests                                                                                                                                              | Allows you access to many types of services without receiving a referral or advance approval                                                                                                                                                                                                                      | Allows you access to many types of services without receiving a referral or advance approval                                                                                                                                                                                      |
| Obtaining care                           | Generally requires you to obtain care from providers who are a part of the plan network<br><br>Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services) | Encourages you to seek services from preferred providers to ensure your coinsurance and copayments are counted toward your calendar year out-of-pocket maximums <sup>3</sup><br><br>Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill <sup>4</sup> | Requires you to obtain care from providers who are a part of the plan network<br><br>Requires you to pay the total cost of services if you obtain care outside the EPO's provider network without a referral from the health plan (except for emergency and urgent care services) |
| Paying for services                      | Requires you to make a small copayment for most services                                                                                                                                                                                                                                    | Limits the amount preferred providers can charge you for services<br><br>Considers the PPO plan payment plus any deductibles and copayments you make as payment in full for services rendered by a preferred provider                                                                                             | Requires you to make a small copayment for most services                                                                                                                                                                                                                          |

<sup>1</sup> Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

<sup>2</sup> Members enrolled in the PERS Gold plan may access a lower copayment if they select a personal doctor.

<sup>3</sup> Once you meet your annual deductible and maximum coinsurance, the plan pays 100% of medical services/claims from Preferred Providers for the remainder of the calendar year; however, you will continue to be responsible for copayments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

<sup>4</sup> 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.

## CalPERS Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

| Basic HMO & EPO Health Plans                                                         | Basic PPO Health Plans                                                                                                                                                                                                                                                                                                  | Supplement to Medicare PPO & HMO Health Plans  | Medicare Managed Care Plans (Medicare Advantage) | Out-of-State Plan Choices                            |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------|------------------------------------------------------|
| Anthem Blue Cross Select HMO                                                         | California Association of Highway Patrolmen (CAHP) Health Plan <sup>1</sup><br><br>PERS Gold<br><br>PERS Platinum<br><br>PORAC Police and Fire Health Plan <sup>1</sup><br><br>PERS Gold<br><br>PERS Platinum<br><br>Peace Officers Research Association of California (PORAC) Police and Fire Health Plan <sup>1</sup> | CAHP Health Plan <sup>1</sup>                  | Anthem Medicare Preferred (PPO)                  | Blue Shield Medicare (PPO)                           |
| Anthem Blue Cross Traditional HMO                                                    |                                                                                                                                                                                                                                                                                                                         | PERS Gold                                      | Blue Shield Medicare (PPO)                       | CCPOA Medical Plan Medicare (PPO)                    |
| Blue Shield Access+ HMO                                                              |                                                                                                                                                                                                                                                                                                                         | PERS Platinum                                  | CCPOA Medical Plan Medicare (PPO)                | Kaiser Permanente (HMO) <sup>2</sup>                 |
| Blue Shield EPO                                                                      |                                                                                                                                                                                                                                                                                                                         | PORAC Police and Fire Health Plan <sup>1</sup> | Kaiser Permanente Senior Advantage               | Kaiser Permanente Senior Advantage <sup>2</sup>      |
| Blue Shield Trio HMO                                                                 |                                                                                                                                                                                                                                                                                                                         |                                                | Kaiser Permanente Senior Advantage Summit        | PERS Platinum (PPO)                                  |
| California Correctional Peace Officers Association (CCPOA) Medical Plan <sup>1</sup> |                                                                                                                                                                                                                                                                                                                         |                                                | Sharp Direct Advantage (HMO)                     | PORAC Police and Fire Health Plan (PPO) <sup>1</sup> |
| Health Net Salud y Más                                                               |                                                                                                                                                                                                                                                                                                                         |                                                | UnitedHealthcare Group Medicare Advantage (PPO)  | UnitedHealthcare Group Medicare Advantage (PPO)      |
| Kaiser Permanente                                                                    |                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |                                                      |
| Sharp Performance Plus                                                               |                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |                                                      |
| UnitedHealthcare SignatureValue Alliance                                             |                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |                                                      |
| UnitedHealthcare SignatureValue Harmony                                              |                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |                                                      |
| Western Health Advantage                                                             |                                                                                                                                                                                                                                                                                                                         |                                                |                                                  |                                                      |

### Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 14 for health plan contact information.

<sup>1</sup> You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).

<sup>2</sup> Plan only available in certain states. Benefits out-of-state may differ from those in California.

## Choosing Your Doctor and Hospital

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Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the **Search Health Plans** tool (described on page 11), which is available by logging into your

myCalPERS account at [my.calpers.ca.gov](https://my.calpers.ca.gov). Before you choose a health plan, you should call the health plan's member services to inquire about physician availability. When choosing an HMO plan, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 15 for a list of resources that can help you evaluate and select a doctor and hospital.

## Enrolling in a Health Plan Using Your Residential or Work ZIP Code

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Some of our health plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

To enroll in a Medicare Advantage plan, you must use your residential address. In addition, Medicare Part D Employer Group Waiver plans require you to provide a physical address.

If you have a combination of Basic and Medicare members on your health plan, you must choose a health plan that has both Basic and Medicare plan options available within your residential ZIP Code area.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the **Health Plan Search by ZIP Code**, which is available on the CalPERS website at [www.calpers.ca.gov](https://www.calpers.ca.gov), to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage*, contact the health plans using the "Health Plan Directory" on page 14.

## Health Plan Availability by County: Basic Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Marked health plans cover all or part of the county. Contact the plan before enrolling to make sure

they cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the **Health Plan Search by ZIP Code**, available at [www.calpers.ca.gov](http://www.calpers.ca.gov). All counties subject to regulatory approval.

| County       | Anthem Blue Cross Select HMO | Anthem Blue Cross Traditional HMO | Blue Shield Access+ HMO | Blue Shield EPO | Blue Shield Trio HMO | CAHP | CCPOA Medical Plan | Health Net Salud y Más | Kaiser Permanente | PERS Gold & PERS Platinum | PORAC | Sharp Performance Plus | UnitedHealthcare SignatureValue Alliance | UnitedHealthcare SignatureValue Harmony | Western Health Advantage HMO |
|--------------|------------------------------|-----------------------------------|-------------------------|-----------------|----------------------|------|--------------------|------------------------|-------------------|---------------------------|-------|------------------------|------------------------------------------|-----------------------------------------|------------------------------|
| Alameda      | ●                            | ●                                 | ●                       |                 |                      | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        |                                         |                              |
| Alpine       |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Amador       |                              |                                   |                         |                 |                      | ●    |                    |                        | ●                 | ●                         | ●     |                        |                                          |                                         |                              |
| Butte        |                              | ●                                 | ●                       |                 | ●                    | ●    | ●                  |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Calaveras    |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Colusa       |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         | ●                            |
| Contra Costa | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        | ●                                       |                              |
| Del Norte    |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| El Dorado    | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  |                        | ●                 | ●                         | ●     |                        |                                          |                                         | ●                            |
| Fresno       | ●                            | ●                                 | ●                       |                 |                      | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        |                                         |                              |
| Glenn        |                              |                                   | ●                       |                 |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Humboldt     |                              | ●                                 | ●                       |                 |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         | ●                            |
| Imperial     | ●                            | ●                                 | ●                       |                 |                      | ●    | ●                  | ●                      |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Inyo         |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Kern         | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  | ●                      | ●                 | ●                         | ●     |                        | ●                                        |                                         |                              |
| Kings        |                              | ●                                 | ●                       |                 | ●                    | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        |                                         |                              |
| Lake         |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Lassen       |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Los Angeles  | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  | ●                      | ●                 | ●                         | ●     |                        | ●                                        | ●                                       |                              |
| Madera       |                              | ●                                 | ●                       |                 |                      | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        |                                         |                              |
| Marin        |                              | ●                                 | ●                       |                 |                      | ●    | ●                  |                        | ●                 | ●                         | ●     |                        | ●                                        |                                         | ●                            |
| Mariposa     |                              |                                   | ●                       |                 |                      | ●    | ●                  |                        | ●                 | ●                         | ●     |                        |                                          |                                         |                              |
| Mendocino    |                              | ●                                 |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Merced       | ●                            | ●                                 | ●                       |                 |                      | ●    | ●                  |                        |                   | ●                         | ●     |                        | ●                                        |                                         |                              |
| Modoc        |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Mono         |                              |                                   |                         | ●               |                      | ●    |                    |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Monterey     | ●                            |                                   |                         |                 | ●                    | ●    |                    |                        | ● <sup>1</sup>    | ●                         | ●     |                        |                                          |                                         |                              |
| Napa         |                              | ●                                 |                         |                 |                      | ●    |                    |                        | ●                 | ●                         | ●     |                        |                                          | ●                                       | ●                            |
| Nevada       | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  |                        |                   | ●                         | ●     |                        |                                          |                                         |                              |
| Orange       | ●                            | ●                                 | ●                       |                 | ●                    | ●    | ●                  | ●                      | ●                 | ●                         | ●     |                        | ●                                        | ●                                       |                              |

<sup>1</sup> Limited to 14 approved ZIP codes in Monterey County.

| County          | Anthem Blue Cross<br>Select HMO | Anthem Blue Cross<br>Traditional HMO | Blue Shield<br>Access+ HMO | Blue Shield EPO | Blue Shield Trio HMO | CAHP | CCPOA Medical Plan | Health Net<br>Salud y Más | Kaiser Permanente | PERS Gold &<br>PERS Platinum | PORAC | Sharp Performance<br>Plus | UnitedHealthcare<br>SignatureValue Alliance | UnitedHealthcare<br>SignatureValue Harmony | Western Health<br>Advantage HMO |
|-----------------|---------------------------------|--------------------------------------|----------------------------|-----------------|----------------------|------|--------------------|---------------------------|-------------------|------------------------------|-------|---------------------------|---------------------------------------------|--------------------------------------------|---------------------------------|
| Placer          | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            | ●                               |
| Plumas          |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Riverside       | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  | ●                         | ●                 | ●                            | ●     |                           | ●                                           | ●                                          |                                 |
| Sacramento      | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            | ●                               |
| San Benito      |                                 | ●                                    |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| San Bernardino  | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  | ●                         | ●                 | ●                            | ●     |                           | ●                                           | ●                                          |                                 |
| San Diego       | ●                               |                                      | ●                          |                 |                      | ●    | ●                  | ●                         | ●                 | ●                            | ●     | ●                         | ●                                           | ●                                          |                                 |
| San Francisco   | ●                               | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            |                                 |
| San Joaquin     | ●                               | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            |                                 |
| San Luis Obispo |                                 | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           |                   | ●                            | ●     |                           | ●                                           |                                            |                                 |
| San Mateo       |                                 | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            |                                 |
| Santa Barbara   |                                 | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Santa Clara     | ●                               | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           | ●                                          |                                 |
| Santa Cruz      | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           | ●                                          |                                 |
| Shasta          |                                 |                                      |                            | ●               | ●                    | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Sierra          |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Siskiyou        |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Solano          |                                 | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           | ●                                          | ●                               |
| Sonoma          |                                 | ●                                    | ●                          |                 |                      | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            | ●                               |
| Stanislaus      | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            |                                 |
| Sutter          |                                 |                                      |                            |                 |                      | ●    |                    |                           | ●                 | ●                            | ●     |                           |                                             |                                            |                                 |
| Tehama          |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Trinity         |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Tulare          | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           |                                             |                                            |                                 |
| Tuolumne        |                                 |                                      |                            | ●               |                      | ●    |                    |                           |                   | ●                            | ●     |                           |                                             |                                            |                                 |
| Ventura         | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            |                                 |
| Yolo            | ●                               | ●                                    | ●                          |                 | ●                    | ●    | ●                  |                           | ●                 | ●                            | ●     |                           | ●                                           |                                            | ●                               |
| Yuba            |                                 |                                      |                            |                 |                      | ●    |                    |                           | ●                 | ●                            | ●     |                           |                                             |                                            |                                 |
| Out-of-State    |                                 |                                      |                            |                 |                      |      |                    |                           | ●                 | ● <sup>2</sup>               | ●     |                           |                                             |                                            |                                 |

<sup>2</sup> Only PERS Platinum is available out of state.

## Health Plan Availability by County: Medicare Plans

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Marked health plans cover all or part of the county. Contact the plan before enrolling to make sure

they cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the [Health Plan Search by ZIP Code](#), available at [www.calpers.ca.gov](http://www.calpers.ca.gov). All counties subject to regulatory approval.

| County       | Anthem Medicare Preferred PPO | Blue Shield Medicare PPO | CAHP Medicare Supplement | CCPOA Medical Plan Medicare (PPO) | Kaiser Permanente Senior Advantage | Kaiser Permanente Senior Advantage Summit | PERS Gold Medicare Supplement | PERS Platinum Medicare Supplement | PORAC Medicare Supplement | Sharp Direct Advantage HMO | UnitedHealthcare Group Medicare Advantage PPO |
|--------------|-------------------------------|--------------------------|--------------------------|-----------------------------------|------------------------------------|-------------------------------------------|-------------------------------|-----------------------------------|---------------------------|----------------------------|-----------------------------------------------|
| Alameda      | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Alpine       | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Amador       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Butte        | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Calaveras    | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Colusa       | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Contra Costa | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Del Norte    | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| El Dorado    | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Fresno       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Glenn        | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Humboldt     | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Imperial     | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Inyo         | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Kern         | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Kings        | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Lake         | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Lassen       | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Los Angeles  | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Madera       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Marin        | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Mariposa     | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Mendocino    | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Merced       | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Modoc        | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Mono         | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Monterey     | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Napa         | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Nevada       | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Orange       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |

| County          | Anthem Medicare Preferred PPO | Blue Shield Medicare PPO | CAHP Medicare Supplement | CCPOA Medical Plan Medicare (PPO) | Kaiser Permanente Senior Advantage | Kaiser Permanente Senior Advantage Summit | PERS Gold Medicare Supplement | PERS Platinum Medicare Supplement | PORAC Medicare Supplement | Sharp Direct Advantage HMO | UnitedHealthcare Group Medicare Advantage PPO |
|-----------------|-------------------------------|--------------------------|--------------------------|-----------------------------------|------------------------------------|-------------------------------------------|-------------------------------|-----------------------------------|---------------------------|----------------------------|-----------------------------------------------|
| Placer          | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Plumas          | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Riverside       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Sacramento      | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Benito      | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Bernardino  | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Diego       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         | ●                          | ●                                             |
| San Francisco   | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Joaquin     | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Luis Obispo | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| San Mateo       | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Santa Barbara   | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Santa Clara     | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Santa Cruz      | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Shasta          | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Sierra          | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Siskiyou        | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Solano          | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Sonoma          | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Stanislaus      | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Sutter          | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Tehama          | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Trinity         | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Tulare          | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Tuolumne        | ●                             | ●                        | ●                        | ●                                 |                                    |                                           | ●                             | ●                                 | ●                         |                            | ●                                             |
| Ventura         | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Yolo            | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Yuba            | ●                             | ●                        | ●                        | ●                                 | ●                                  | ●                                         | ●                             | ●                                 | ●                         |                            | ●                                             |
| Out-of-State    |                               | ●                        | ●                        | ●                                 | ●                                  | ●                                         |                               | ●                                 | ●                         |                            | ●                                             |

# Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using your myCalPERS account, the **Search Health Plans** tool, and the **Health Plan Choice Worksheet**.

## Accessing Health Plan Information with myCalPERS

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You can use myCalPERS at [my.calpers.ca.gov](https://my.calpers.ca.gov), our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to shop for other health plans that are available in your area, compare health plans, access CalPERS Health Program

forms, and find additional information about CalPERS health plans. If you are a **retiree**, CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at **888 CalPERS** (or 888-225-7377) or by using your myCalPERS account.

## myCalPERS Health Plan Comparison Feature

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### Health Plan Resources

Choosing a health plan that's right for you is unique for every person or family. myCalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you when selecting what is most important to you in determining the plan that best fits your needs.

### Evaluate Plan Features

Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP Code in our system. Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and copayments for up to three plans at one time
- Search for your doctor, specialist, behavioral health providers, medical groups, and Medicare doctors and see which health plans they are available in
- Member satisfaction ratings for each health plan

### Your myCalPERS Account

Log in to your myCalPERS account at [my.calpers.ca.gov](https://my.calpers.ca.gov) and select the **Health** tab and then select **Search Health Plans** to see what's available to you. To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or 888-225-7377).

## Comparing Your Options: Search Health Plans

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Access your myCalPERS account for a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use health plan comparison tool, you can weigh plan benefits and costs, and view how the plans compare.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment
- Evaluate your health plan options and estimate costs
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program
- Search doctors, specialists, behavioral health providers, medical groups, and Medicare doctors to see which plans they participate in
- Review health plan options due to changes in your marital status or enrollment area
- Explore health plan options because you are planning for retirement or have become Medicare eligible

Be sure to tell us what you think about your myCalPERS plan search experience by completing a survey at the end of your research.

Get customized assistance selecting the health plan that is right for you and your family by logging into your myCalPERS account at [my.calpers.ca.gov](https://my.calpers.ca.gov), selecting the **Health** tab and then selecting **Search Health Plans**.

## Comparing Your Options: Health Plan Choice Worksheet

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An alternative tool we provide to help you choose the best plan for yourself and your family is *Your Guide to Choosing a Health Plan*, which you can find on page 12 of this publication. This worksheet can be used to consider factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column of the Worksheet. Some questions can be answered with a simple “yes” or “no,” while others will require you to review information or call the health plan. Some of the information can be found on the CalPERS website at [www.calpers.ca.gov](https://www.calpers.ca.gov).

## Your Guide to Choosing a Health Plan

Only you can decide which health plan is right for you and your family. CalPERS offers a variety of Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Exclusive Provider Organization (EPO) plans to choose from. Use this checklist and available resources for factors to consider as you explore your options.

|           | Cost                                                                                                                                                                                                                                                                                                                                                                                         | Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Availability                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Research  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan Rates</li> <li><input type="checkbox"/> Your Employer's Contribution</li> <li><input type="checkbox"/> Your Contribution</li> <li><input type="checkbox"/> Copays</li> <li><input type="checkbox"/> Out-of-Pocket Costs</li> </ul>                                                                                                                                                                       | <ul style="list-style-type: none"> <li><input type="checkbox"/> Plan Benefits</li> <li><input type="checkbox"/> Special Medical Needs</li> <li><input type="checkbox"/> Prescription Drug Services</li> <li><input type="checkbox"/> Behavioral Health</li> <li><input type="checkbox"/> Medicare Supplemental Benefits</li> <li><input type="checkbox"/> Health &amp; Wellness Programs</li> </ul>                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li><input type="checkbox"/> Plans Available in Your Home or Work ZIP Codes<sup>1</sup></li> <li><input type="checkbox"/> Plan Types</li> <li><input type="checkbox"/> Networks and Doctors</li> </ul>                                                                                                                                                                                                                                                                     |
| Resources | <ul style="list-style-type: none"> <li>• <a href="https://mycalpers.ca.gov">myCalPERS</a><br/>my.calpers.ca.gov</li> <li>• <a href="#">CalPERS Health Plan Statement</a></li> <li>• <a href="https://www.calpers.ca.gov/healthplanrates">Plans &amp; Rates</a><br/>www.calpers.ca.gov/healthplanrates</li> <li>• <a href="#">Your Employer</a></li> <li>• <a href="https://www.calpers.ca.gov/HBS">Health Benefit Summary</a> (HBD-110)<br/>www.calpers.ca.gov/HBS</li> </ul> | <ul style="list-style-type: none"> <li>• <a href="https://mycalpers.ca.gov">myCalPERS</a><br/>my.calpers.ca.gov</li> <li>• <a href="https://www.calpers.ca.gov/HBS">Health Benefit Summary</a> (HBD-110)<br/>www.calpers.ca.gov/HBS</li> <li>• <a href="https://www.calpers.ca.gov/HPG">Health Program Guide</a> (HBD-120)<br/>www.calpers.ca.gov/HPG</li> <li>• <a href="https://www.calpers.ca.gov/MEG">Medicare Enrollment Guide</a> (HBD-65)<br/>www.calpers.ca.gov/MEG</li> <li>• <a href="#">Evidence of Coverage</a></li> <li>• <a href="https://www.calpers.ca.gov/healthwellnessprograms">Health &amp; Wellness Programs</a><br/>www.calpers.ca.gov/healthwellnessprograms</li> </ul> | <ul style="list-style-type: none"> <li>• <a href="#">Search Health Plans tool</a> in myCalPERS</li> <li>• <a href="https://www.calpers.ca.gov/healthplansearchbyzipcode">Health Plan Search by ZIP Code</a><br/>www.calpers.ca.gov/healthplansearchbyzipcode</li> <li>• <a href="#">Your Preferred Doctor</a></li> <li>• <a href="#">Health Plan's Customer Service Center</a></li> <li>• <a href="https://www.calpers.ca.gov/HBS">Health Benefit Summary</a> (HBD-110)<br/>www.calpers.ca.gov/HBS</li> </ul> |
| Decision  | <p>Have you decided to change your health plan based on cost, coverage, and availability? Then the time to take action is during CalPERS' annual Open Enrollment or within 60 days of a qualifying life event.</p>                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Action    | <p><b>Active members<sup>2</sup></b></p> <p>With your employer's approval, you can submit most health enrollment changes, along with supporting documentation, online through your myCalPERS account (select <b>Open Enrollment</b> under the <b>Health</b> tab).</p>                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           | <p><b>Retirees</b></p> <p>Retirees and survivors can submit changes through myCalPERS (select <b>Open Enrollment</b> under the <b>Health</b> tab).</p>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|           | <p>Plan changes during Open Enrollment take effect January 1 of the upcoming year. For Special Enrollments, the effective date is the first day of the month following the date your request is received.</p>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

<sup>1</sup> If you are an active employee or a working CalPERS retiree, you can enroll in a health plan using either your residential or work ZIP code.

<sup>2</sup> Use of this functionality is at the discretion of your employer. Confirm with them before you submit changes online.

# CalPERS Health Plan Member Survey Results

CalPERS conducts an annual Health Plan Member Survey to assess members’ satisfaction with their health plans during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect health plan satisfaction during the 2023 plan year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ. The health plan ratings are based on the experience of the individuals who participated in the survey.

## Member Rating of Health Plans

Members were asked to rate their health plan on a 10-point scale with 10 being the best health plan possible. The following charts show the average rating by plan respondents in eligible Basic and Medicare health plans.

### Basic Plan Ratings

|                               |     |
|-------------------------------|-----|
| Average Basic Plan Rating     | 7.6 |
| Anthem Blue Cross Select      | 7.5 |
| Anthem Blue Cross Traditional | 7.6 |
| Blue Shield Access+           | 8.0 |
| Blue Shield Trio              | 7.7 |
| CAHP                          | 8.3 |
| CCPOA                         | 7.9 |
| Health Net Salud y Más        | 7.1 |
| Kaiser Permanente             | 7.6 |
| PERS Platinum                 | 7.7 |
| PERS Gold                     | 6.7 |
| PORAC                         | 7.8 |
| Sharp Performance Plus        | 8.5 |
| UnitedHealthcare Alliance     | 8.1 |
| UnitedHealthcare Harmony      | 7.8 |
| Western Health Advantage      | 8.1 |

### Medicare Plan Ratings

|                                           |     |
|-------------------------------------------|-----|
| Average Medicare Plan Rating              | 8.8 |
| Anthem Blue Cross Medicare Preferred      | 8.6 |
| Blue Shield of California Medicare        | 8.6 |
| CAHP Medicare Supplement                  | 9.2 |
| Kaiser Permanente Senior Advantage        | 8.6 |
| Kaiser Permanente Senior Advantage Summit | 8.7 |
| PERS Platinum Medicare Supplement         | 9.0 |
| PERS Gold Medicare Supplement             | 8.7 |
| PORAC Medicare Supplement                 | 8.8 |
| UnitedHealthcare Group MA                 | 8.9 |

The CalPERS *Health Benefits Program Annual Report* displays other valuable information about the Health Program. To view the report, visit CalPERS online at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Association Plans (CCPOA, CAHP, and PORAC) are available only to members who belong to the applicable association. In 2022, PERS Choice and PERSCare transitioned to PERS Platinum and PERS Select transitioned to PERS Gold.

# Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Following is contact information for the health plans. Contact your health plan with questions about ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

## Health Plan Directory

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### **Anthem Blue Cross<sup>2</sup> HMO**

(855) 839-4524

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### **Anthem Medicare Preferred<sup>2</sup> PPO**

(855) 251-8825

[www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

### **Blue Shield of California**

Active Member Services: (800) 334-5847

Medicare Member Services: (888) 802-4599

[www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)

### **California Association of Highway Patrolmen (CAHP)**

(800) 734-2247

[www.thecahp.org/benefits](http://www.thecahp.org/benefits)

### **California Correctional Peace Officers Association (CCPOA)**

Active Member Services: (800) 257-6213

Medicare Member Services: (800) 776-4466

[www.ccpoabtf.org](http://www.ccpoabtf.org)

### **Health Net of California<sup>1</sup>**

(888) 926-4921

[www.healthnet.com/calpers](http://www.healthnet.com/calpers)

### **Kaiser Permanente**

(800) 464-4000

[www.kp.org/calpers](http://www.kp.org/calpers)

### **OptumRx**

#### **Pharmacy Benefit Manager**

Active Member Services: (855) 505-8110

Medicare Member Services: (855) 505-8106

[welcome.optumrx.com/calpers](http://welcome.optumrx.com/calpers)

### **PERS Gold<sup>2</sup> and PERS Platinum<sup>2</sup>**

Active Member Services

by Included Health: (855) 633-4436

[includedhealth.com/calpers](http://includedhealth.com/calpers)

Medicare Member Services

by Blue Shield of California: (800) 405-2127

[www.blueshieldca.com/calpers-retirees](http://www.blueshieldca.com/calpers-retirees)

### **Peace Officers Research Association of California (PORAC)**

(800) 655-6397

[ibtoforac.org](http://ibtoforac.org)

### **Sharp Health Plan<sup>1</sup>**

Active Member Services: (855) 955-5004

Retiree Member Services: (833) 346-4322

[calpers.sharphealthplan.com](http://calpers.sharphealthplan.com)

### **UnitedHealthcare**

Active Member Services: (877) 359-3714

[www.uhc.com/calpers](http://www.uhc.com/calpers)

Retiree Member Services: (888) 867-5581

[www.UHCRetiree.com/calpers](http://www.UHCRetiree.com/calpers)

### **Western Health Advantage<sup>2</sup>**

Active Member Services: (888) 942-7377

[www.westernhealth.com/calpers](http://www.westernhealth.com/calpers)

<sup>1</sup> Pharmacy benefits administered by OptumRx for the Basic plan only.

<sup>2</sup> Pharmacy benefits administered by OptumRx for both Basic and Medicare plans.

## Obtaining Health Care Quality Information

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Following is a list of resources you can use to evaluate and select a doctor and hospital.

### Hospitals

#### Cal Hospital Compare

[www.calhospitalcompare.org](http://www.calhospitalcompare.org)

Cal Hospital Compare makes it easy to find and compare the quality of hospitals in California.

#### U.S. Department of Health and Human Services

[www.medicare.gov/hospitalcompare](http://www.medicare.gov/hospitalcompare)

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country.

#### The Leapfrog Group

[www.leapfroggroup.org](http://www.leapfroggroup.org)

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

### Consumer Resources

#### California Department of Consumer Affairs

[www.dca.ca.gov](http://www.dca.ca.gov)

[search.dca.ca.gov](http://search.dca.ca.gov)

The California Department of Consumer Affairs (DCA) and its boards and bureaus license medical and mental-health professionals — including doctors, nurses, and other care providers — investigate complaints, discipline those who violate the law, conduct evaluations, and facilitate rehabilitation where appropriate.

Have you done a checkup on your care provider's license? Such a checkup is simple and helps you make an informed choice when choosing a medical or mental-health professional. To determine a licensee's status, go to DCA's license website at [search.dca.ca.gov](http://search.dca.ca.gov) or, if you do not have a computer, call (800) 952-5210 and DCA staff will check the professional's license for you.

#### Office of the Patient Advocate

[www.opa.ca.gov](http://www.opa.ca.gov)

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs, PPOs, and medical groups in California.

### Benefit Comparison Charts

The benefit comparison charts on pages 16–31 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

# CalPERS Health Plan Benefit Comparison

## Basic Plans (EPO & HMO)

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

All benefits subject to regulatory approval.

| Benefits                                                               | Anthem Blue Cross<br>Select HMO<br>Traditional HMO | Blue Shield<br>Access+ HMO<br>EPO<br>Trio HMO | Health Net         | Kaiser<br>Permanente | Sharp<br>Performance<br>Plus | UnitedHealthcare<br>SignatureValue<br>Alliance & Harmony | Western Health<br>Advantage<br>HMO |
|------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|--------------------|----------------------|------------------------------|----------------------------------------------------------|------------------------------------|
| <b>Calendar Year Deductible</b>                                        |                                                    |                                               |                    |                      |                              |                                                          |                                    |
| Individual                                                             | N/A                                                | N/A                                           | N/A                | N/A                  | N/A                          | N/A                                                      | N/A                                |
| Family                                                                 | N/A                                                | N/A                                           | N/A                | N/A                  | N/A                          | N/A                                                      | N/A                                |
| <b>Maximum Calendar Year Copay or Coinsurance</b> (excluding pharmacy) |                                                    |                                               |                    |                      |                              |                                                          |                                    |
| Individual                                                             | \$1,500<br>(copay)                                 | \$1,500<br>(copay)                            | \$1,500<br>(copay) | \$1,500<br>(copay)   | \$1,500<br>(copay)           | \$1,500<br>(copay)                                       | \$1,500<br>(copay)                 |
| Family                                                                 | \$3,000<br>(copay)                                 | \$3,000<br>(copay)                            | \$3,000<br>(copay) | \$3,000<br>(copay)   | \$3,000<br>(copay)           | \$3,000<br>(copay)                                       | \$3,000<br>(copay)                 |
| <b>Hospital</b> (including Mental Health and Substance Abuse)          |                                                    |                                               |                    |                      |                              |                                                          |                                    |
| Deductible<br>(per admission)                                          | N/A                                                | N/A                                           | N/A                | N/A                  | N/A                          | N/A                                                      | N/A                                |
| Inpatient                                                              | No Charge                                          | No Charge                                     | No Charge          | No Charge            | No Charge                    | No Charge                                                | No Charge                          |
| Outpatient Facility/<br>Surgery Services                               | No Charge                                          | No Charge                                     | No Charge          | \$15                 | No Charge                    | No Charge                                                | No Charge                          |

Continued on next page

| Benefits                                                                                                 | Anthem Blue Cross<br>Select HMO<br>Traditional HMO | Blue Shield<br>Access+ HMO<br>EPO<br>Trio HMO | Health Net | Kaiser<br>Permanente | Sharp<br>Performance<br>Plus | UnitedHealthcare<br>SignatureValue<br>Alliance & Harmony | Western Health<br>Advantage<br>HMO |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|------------|----------------------|------------------------------|----------------------------------------------------------|------------------------------------|
| <b>Emergency Services</b>                                                                                |                                                    |                                               |            |                      |                              |                                                          |                                    |
| Emergency Room<br>Deductible                                                                             | N/A                                                | N/A                                           | N/A        | N/A                  | N/A                          | N/A                                                      | N/A                                |
| Emergency<br>(copay waived if admitted<br>as an inpatient or for<br>observation as an<br>outpatient)     | \$50                                               | \$50                                          | \$50       | \$50                 | \$50                         | \$50                                                     | \$50                               |
| Non-Emergency<br>(copay waived if admitted<br>as an inpatient or for<br>observation as an<br>outpatient) | \$50                                               | \$50                                          | \$50       | \$50                 | \$50                         | \$50                                                     | \$50                               |
| <b>Physician Services</b> (including Mental Health and Substance Abuse)                                  |                                                    |                                               |            |                      |                              |                                                          |                                    |
| Office Visits<br>(copay for each<br>service provided)                                                    | \$15                                               | \$15                                          | \$15       | \$15                 | \$15                         | \$15                                                     | \$15                               |
| Inpatient Visits                                                                                         | No Charge                                          | No Charge                                     | No Charge  | No Charge            | No Charge                    | No Charge                                                | No Charge                          |
| Outpatient Visits                                                                                        | \$15                                               | \$15                                          | \$15       | \$15                 | \$15                         | \$15                                                     | \$15                               |
| Urgent Care Visits                                                                                       | \$15                                               | \$15                                          | \$15       | \$15                 | \$15                         | \$15                                                     | \$15                               |
| Preventive Services                                                                                      | No Charge                                          | No Charge                                     | No Charge  | No Charge            | No Charge                    | No Charge                                                | No Charge                          |
| Surgery/Anesthesia                                                                                       | No Charge                                          | No Charge                                     | 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                    | No Charge                                                | No Charge                          |

# CalPERS Health Plan Benefit Comparison

## Basic Plans (EPO & HMO), Continued

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

All benefits subject to regulatory approval.

| Benefits                                                                                    | Anthem Blue Cross<br>Select HMO<br>Traditional HMO | Blue Shield<br>Access+ HMO<br>EPO<br>Trio HMO                 | Health Net                                    | Kaiser<br>Permanente                                | Sharp<br>Performance<br>Plus                  | UnitedHealthcare<br>SignatureValue<br>Alliance & Harmony | Western Health<br>Advantage<br>HMO            |
|---------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|-----------------------------------------------|
| <b>Prescription Drugs</b>                                                                   |                                                    |                                                               |                                               |                                                     |                                               |                                                          |                                               |
| Deductible                                                                                  | N/A                                                | N/A                                                           | N/A                                           | N/A                                                 | N/A                                           | N/A                                                      | N/A                                           |
| Retail Pharmacy<br>(30-day supply)                                                          | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50        | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50<br>Tier 4: \$30   | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   | Generic: \$5<br>Brand: \$20                         | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50              | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   |
| Retail Preferred<br>Pharmacy<br>Maintenance<br>Medications<br>(90-day supply)               | N/A                                                | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100<br>Tier 4: \$60 | N/A                                           | N/A                                                 | N/A                                           | N/A                                                      | N/A                                           |
| Mail Order<br>Pharmacy Program<br>(not to exceed 90-day<br>supply for maintenance<br>drugs) | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100      | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100<br>Tier 4: \$60 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 | Generic: \$10<br>Brand: \$40<br>(31-100 day supply) | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100            | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 |
| Mail order maximum<br>copayment per person<br>per calendar year                             | \$1,000                                            | \$1,000                                                       | \$1,000                                       | N/A                                                 | \$1,000                                       | \$1,000                                                  | \$1,000                                       |
| <b>Durable Medical<br/>Equipment</b>                                                        | No Charge                                          | No Charge                                                     | No Charge                                     | No Charge                                           | No Charge                                     | No Charge                                                | No Charge                                     |

| <b>Benefits</b>                                               | <b>Anthem Blue Cross</b><br>Select HMO<br>Traditional HMO                                | <b>Blue Shield</b><br>Access+ HMO<br>EPO<br>Trio HMO                                     | <b>Health Net</b>                                                                        | <b>Kaiser<br/>Permanente</b>                                                             | <b>Sharp<br/>Performance<br/>Plus</b>                                                    | <b>UnitedHealthcare</b><br>SignatureValue<br>Alliance & Harmony                          | <b>Western Health<br/>Advantage<br/>HMO</b>                                              |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Infertility Testing/<br/>Treatment</b>                     | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                | 50% of Covered<br>Charges                                                                |
| <b>Occupational / Physical / Speech Therapy</b>               |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |
| <b>Inpatient</b><br>(hospital or skilled<br>nursing facility) | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                |
| <b>Outpatient</b><br>(office and home visits)                 | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     |
| <b>Diabetes Services</b>                                      |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |                                                                                          |
| <b>Glucose monitors</b>                                       | Coverage varies                                                                          | No Charge                                                                                | Coverage varies                                                                          | No Charge                                                                                | Coverage varies                                                                          | Coverage varies                                                                          | Coverage varies                                                                          |
| <b>Self-management<br/>training</b>                           | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     | \$15                                                                                     |
| <b>Acupuncture</b>                                            | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) |
| <b>Chiropractic</b>                                           | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/<br>chiropractic;<br>combined 20 visits<br>per calendar year) |
| <b>Pregnancy &amp;<br/>Maternity Care</b>                     | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                | No Charge                                                                                |

# CalPERS Health Plan Benefit Comparison

## Basic Plans (PPO & Association Plans)

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

All benefits subject to regulatory approval.

| Benefits                                                        | PPO Basic Plans          |                      |                          |                      | Association Plans        |                  |         |                  |                    |
|-----------------------------------------------------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|------------------|---------|------------------|--------------------|
|                                                                 | PERS Gold                |                      | PERS Platinum            |                      | CAHP                     |                  | PORAC   |                  | CCPOA              |
|                                                                 | PPO                      | Non-PPO              | PPO                      | Non-PPO              | PPO                      | Non-PPO          | PPO     | Non-PPO          |                    |
| Calendar Year Deductible                                        |                          |                      |                          |                      |                          |                  |         |                  |                    |
| Individual                                                      | \$1,000 <sup>1,3</sup>   | \$2,500 <sup>3</sup> | \$500 <sup>3</sup>       | \$2,000 <sup>3</sup> | N/A                      |                  | \$300   | \$600            | N/A                |
| Family                                                          | \$2,000 <sup>1,3</sup>   | \$5,000 <sup>3</sup> | \$1,000 <sup>3</sup>     | \$4,000 <sup>3</sup> | N/A                      |                  | \$900   | \$1,800          | N/A                |
| Maximum Calendar Year Copay or Coinsurance (excluding pharmacy) |                          |                      |                          |                      |                          |                  |         |                  |                    |
| Individual                                                      | \$3,000<br>(coinsurance) | Unlimited            | \$2,000<br>(coinsurance) | Unlimited            | \$3,000<br>(coinsurance) | Unlimited        | \$2,000 | \$2,000          | \$1,500<br>(copay) |
| Family                                                          | \$6,000<br>(coinsurance) | Unlimited            | \$4,000<br>(coinsurance) | Unlimited            | \$6,000<br>(coinsurance) | Unlimited        | \$4,000 | \$4,000          | \$4,500<br>(copay) |
| Hospital (including Mental Health and Substance Abuse)          |                          |                      |                          |                      |                          |                  |         |                  |                    |
| Deductible<br>(per admission)                                   | N/A                      |                      | \$250                    |                      | N/A                      |                  | N/A     |                  | N/A                |
| Inpatient                                                       | 20% <sup>2</sup>         | 40% <sup>4</sup>     | 10%                      | 40% <sup>4</sup>     | 10%                      | Varies           | 20%     | 20% <sup>4</sup> | \$100/admission    |
| Outpatient Facility/<br>Surgery Services                        | 20%                      | 40% <sup>4</sup>     | 10%                      | 40% <sup>4</sup>     | 10%                      | 40% <sup>4</sup> | 20%     | 20% <sup>4</sup> | \$50               |

<sup>1</sup> Incentives available to reduce individual deductible (max. \$500) or family deductible (max. \$1,000) include getting a biometric screening (\$100 credit), receiving a flu shot (\$100 credit), getting a non-smoking certification (\$100 credit), getting a virtual second opinion (\$100 credit), and getting a condition care certification (\$100 credit).

<sup>2</sup> Coinsurance waived for deliveries if enrolled in Included Health's maternity program.

<sup>3</sup> Deductible is not transferable between PERS Gold and PERS Platinum.

<sup>4</sup> Of the allowable amount as defined in the EOC.

| Benefits                                                         | PPO Basic Plans                                                                     |                  |                                                                                     |                  | Association Plans                                                      |                  |                                                                  |                  |           |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------|------------------|------------------------------------------------------------------|------------------|-----------|
|                                                                  | PERS Gold                                                                           |                  | PERS Platinum                                                                       |                  | CAHP                                                                   |                  | PORAC                                                            |                  | CCPOA     |
|                                                                  | PPO                                                                                 | Non-PPO          | PPO                                                                                 | Non-PPO          | PPO                                                                    | Non-PPO          | PPO                                                              | Non-PPO          |           |
| Emergency Services                                               |                                                                                     |                  |                                                                                     |                  |                                                                        |                  |                                                                  |                  |           |
| Emergency Room Deductible                                        | \$50<br>(applies to hospital emergency room facility charge only)                   |                  | \$50<br>(applies to hospital emergency room charges only)                           |                  | \$50<br>(copay reduced to \$25 if admitted on an inpatient basis)      |                  | N/A                                                              |                  | N/A       |
| Emergency                                                        | 20%<br>(applies to other services such as physician, X-ray, lab, etc.)              |                  | 10%<br>(applies to other services such as physician, X-ray, lab, etc.)              |                  | 10%<br>(applies to other services such as physician, X-ray, lab, etc.) |                  | 20%                                                              |                  | \$75      |
| Non-Emergency                                                    | 20%                                                                                 | 40%              | 10%                                                                                 | 40%              | \$50+10%                                                               | \$50+40%         | 50%                                                              |                  | \$75      |
|                                                                  | (payment for physician charges only; emergency room facility charge is not covered) |                  | (payment for physician charges only; emergency room facility charge is not covered) |                  | (copay reduced to \$25 if admitted on an inpatient basis)              |                  | (for non-emergency services provided by hospital emergency room) |                  |           |
| Physician Services (including Mental Health and Substance Abuse) |                                                                                     |                  |                                                                                     |                  |                                                                        |                  |                                                                  |                  |           |
| Office Visits<br>(copay for each service provided)               | \$35 <sup>1</sup>                                                                   | 40% <sup>3</sup> | \$20 <sup>2</sup>                                                                   | 40% <sup>3</sup> | \$20 <sup>5</sup>                                                      | 10% <sup>3</sup> | \$10/\$35 <sup>2</sup>                                           | 20% <sup>3</sup> | \$15      |
| Inpatient Visits                                                 | 20%                                                                                 | 40% <sup>3</sup> | 10%                                                                                 | 40% <sup>3</sup> | 10%                                                                    | 40% <sup>3</sup> | 20%                                                              | 20% <sup>3</sup> | No Charge |
| Outpatient Visits                                                | \$35                                                                                | 40% <sup>3</sup> | \$20                                                                                | 40% <sup>3</sup> | 10% <sup>5</sup>                                                       | 40% <sup>3</sup> | 20%                                                              | 20% <sup>3</sup> | \$15      |
| Urgent Care Visits                                               | \$35                                                                                | 40% <sup>3</sup> | \$35                                                                                | 40% <sup>3</sup> | \$20 <sup>5</sup>                                                      | 40% <sup>3</sup> | \$35                                                             | 20% <sup>3</sup> | \$15      |
| Preventive Services                                              | No Charge                                                                           | 40% <sup>3</sup> | No Charge                                                                           | 40% <sup>3</sup> | No Charge                                                              | 40% <sup>3</sup> | No Charge                                                        |                  | No Charge |
| Surgery/Anesthesia                                               | 20%                                                                                 | 40% <sup>3</sup> | 10%                                                                                 | 40% <sup>3</sup> | 10%                                                                    | 40% <sup>3</sup> | 20%                                                              | 20% <sup>3</sup> | No Charge |
| Diagnostic X-ray/Lab                                             | 20% <sup>4</sup>                                                                    | 40% <sup>3</sup> | 10% <sup>4</sup>                                                                    | 40% <sup>3</sup> | 10%                                                                    | 40% <sup>3</sup> | 20%                                                              | 20% <sup>3</sup> | No Charge |

<sup>1</sup> Reduced to \$10 when seen by primary physician.<sup>2</sup> \$35 for specialist visit.<sup>3</sup> Of the allowable amount as defined in the EOC.<sup>4</sup> For lab services only — no charge when using Quest Diagnostic or Labcorp.<sup>5</sup> For non-mental health visits only — no charge for visits with a mental health provider.

# CalPERS Health Plan Benefit Comparison

## Basic Plans (PPO & Association Plans), *Continued*

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

All benefits subject to regulatory approval.

| Benefits                                                                              | PPO Basic Plans                                     |                  |                                                                                      |                  | Association Plans                                        |                  |                                                                                 |                  |                                                     |
|---------------------------------------------------------------------------------------|-----------------------------------------------------|------------------|--------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------------------|------------------|-----------------------------------------------------|
|                                                                                       | PERS Gold                                           |                  | PERS Platinum                                                                        |                  | CAHP                                                     |                  | PORAC                                                                           |                  | CCPOA                                               |
|                                                                                       | PPO                                                 | Non-PPO          | PPO                                                                                  | Non-PPO          | PPO                                                      | Non-PPO          | PPO                                                                             | Non-PPO          |                                                     |
| Prescription Drugs                                                                    |                                                     |                  |                                                                                      |                  |                                                          |                  |                                                                                 |                  |                                                     |
| Deductible                                                                            | N/A                                                 |                  | N/A                                                                                  |                  | N/A                                                      |                  | N/A                                                                             |                  | Tier 2, 3, and 4: \$50 (not to exceed \$150/family) |
| Retail Pharmacy<br>(30-day supply)                                                    | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50         |                  | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50                                          |                  | Generic: \$5<br>Formulary: \$20<br>Non-Formulary: \$50   |                  | Generic: \$10<br>Brand Formulary: \$25<br>Non-Formulary: \$45<br>Compound: \$45 |                  | Tier 1: \$10<br>Tier 2: \$25<br>Tier 3 and 4: \$50  |
| Retail Preferred Pharmacy<br>Maintenance Medications<br>(90-day supply)               | N/A                                                 |                  | N/A                                                                                  |                  | Generic: \$10<br>Formulary: \$40<br>Non-Formulary: \$100 |                  | N/A                                                                             |                  | Tier 1: \$30<br>Tier 2: \$75<br>Tier 3 and 4: \$150 |
| Mail Order<br>Pharmacy Program<br>(not to exceed 90-day supply for maintenance drugs) | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100       |                  | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100                                        |                  | Generic: \$10<br>Formulary: \$40<br>Non-Formulary: \$100 |                  | Generic: \$20<br>Brand Formulary: \$40<br>Non-Formulary: \$75                   | N/A              | Tier 1: \$20<br>Tier 2: \$50<br>Tier 3 and 4: \$100 |
| Mail order maximum copayment per person per calendar year                             | \$1,000                                             |                  | \$1,000                                                                              |                  | N/A                                                      |                  | N/A                                                                             |                  | N/A                                                 |
| Durable Medical<br>Equipment                                                          | 20%                                                 | 40% <sup>1</sup> | 10%                                                                                  | 40% <sup>1</sup> | 10%                                                      | 40% <sup>1</sup> | 20%                                                                             | 20% <sup>1</sup> | No Charge                                           |
|                                                                                       | (pre-certification required for specific equipment) |                  | (pre-certification required for the purchase of equipment priced at \$1,000 or more) |                  |                                                          |                  |                                                                                 |                  |                                                     |

<sup>1</sup> Of the allowable amount as defined in the EOC.

| Benefits                                            | PPO Basic Plans                                                  |                                   |                                                                  |                                   | Association Plans                                                |                  |                                                                  |                  |                                                                                        |
|-----------------------------------------------------|------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|------------------|------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|
|                                                     | PERS Gold                                                        |                                   | PERS Platinum                                                    |                                   | CAHP                                                             |                  | PORAC                                                            |                  | CCPOA                                                                                  |
|                                                     | PPO                                                              | Non-PPO                           | PPO                                                              | Non-PPO                           | PPO                                                              | Non-PPO          | PPO                                                              | Non-PPO          |                                                                                        |
| Infertility Testing/<br>Treatment                   | 50%                                                              |                                   | 50%                                                              |                                   | Not Covered                                                      |                  | 50%                                                              | 50% <sup>2</sup> | 50% of Allowed Charges                                                                 |
| Occupational / Physical / Speech Therapy            |                                                                  |                                   |                                                                  |                                   |                                                                  |                  |                                                                  |                  |                                                                                        |
| Inpatient<br>(hospital or skilled nursing facility) | No Charge                                                        |                                   | No Charge                                                        |                                   | 10%                                                              | 40%              | 20%                                                              | 20% <sup>2</sup> | No Charge                                                                              |
| Outpatient<br>(office and home visits)              | 20%                                                              | 40%;<br>Occupational therapy: 20% | 10%                                                              | 40%;<br>Occupational therapy: 10% | 10%                                                              | 40%              | 20%                                                              | 20% <sup>2</sup> | No Charge                                                                              |
|                                                     | (pre-certification required for more than 24 visits)             |                                   | (pre-certification required for more than 24 visits)             |                                   | (pre-certification required for more than 24 visits)             |                  |                                                                  |                  |                                                                                        |
| Diabetes Services                                   |                                                                  |                                   |                                                                  |                                   |                                                                  |                  |                                                                  |                  |                                                                                        |
| Glucose monitors                                    | Coverage Varies                                                  |                                   | Coverage Varies                                                  |                                   | Coverage Varies                                                  |                  | Coverage Varies                                                  |                  | No Charge                                                                              |
| Self-management training                            | \$20 <sup>1</sup>                                                | 40% <sup>2</sup>                  | \$20 <sup>1</sup>                                                | 40% <sup>2</sup>                  | \$20                                                             | 60% <sup>2</sup> | \$20                                                             | 60% <sup>2</sup> | \$15                                                                                   |
| Acupuncture                                         | \$15/visit                                                       | 40% <sup>2</sup>                  | \$15/visit                                                       | 40% <sup>2</sup>                  | 10%                                                              | 40% <sup>2</sup> | 20%                                                              | 20% <sup>2</sup> | N/A                                                                                    |
|                                                     | (acupuncture/chiropractic; combined 20 visits per calendar year) |                                   | (acupuncture/chiropractic; combined 20 visits per calendar year) |                                   | (acupuncture/chiropractic; combined 30 visits per calendar year) |                  | (acupuncture/chiropractic; combined 20 visits per calendar year) |                  |                                                                                        |
|                                                     | \$15/visit                                                       | 40% <sup>2</sup>                  | \$15/visit                                                       | 40% <sup>2</sup>                  | 10%                                                              | 40% <sup>2</sup> | 20%                                                              | 20% <sup>2</sup> |                                                                                        |
| Chiropractic                                        | (acupuncture/chiropractic; combined 20 visits per calendar year) |                                   | (acupuncture/chiropractic; combined 20 visits per calendar year) |                                   | (acupuncture/chiropractic; combined 30 visits per calendar year) |                  | (acupuncture/chiropractic; combined 20 visits per calendar year) |                  | \$15 exam (up to 20 visits per calendar year)<br>chiropractic appliances benefit: \$50 |
|                                                     |                                                                  |                                   |                                                                  |                                   |                                                                  |                  |                                                                  |                  |                                                                                        |
| Pregnancy & Maternity Care                          | 20%                                                              | 40%                               | 10%                                                              | 40%                               | 90%                                                              | 60%              | 80%                                                              | 80%              | No Charge                                                                              |

<sup>1</sup> \$35 for specialist visit.

<sup>2</sup> Of the allowable amount as defined in the EOC.

# CalPERS Health Plan Benefit Comparison

## Medicare Advantage Plans

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

All benefits subject to regulatory approval.

| Benefits                                                        | Kaiser Permanente Senior Advantage (HMO) | Kaiser Permanente Senior Advantage Summit (HMO) | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) |
|-----------------------------------------------------------------|------------------------------------------|-------------------------------------------------|---------------------------------|----------------------------|------------------------------|-------------------------------------------------|
| Calendar Year Deductible                                        |                                          |                                                 |                                 |                            |                              |                                                 |
| Individual                                                      | N/A                                      | N/A                                             | N/A                             | N/A                        | N/A                          | N/A                                             |
| Family                                                          | N/A                                      | N/A                                             | N/A                             | N/A                        | N/A                          | N/A                                             |
| Maximum Calendar Year Copay or Coinsurance (excluding pharmacy) |                                          |                                                 |                                 |                            |                              |                                                 |
| Individual                                                      | \$1,500 (copay)                          | \$1,500 (copay)                                 | \$1,500 (copay/coinsurance)     | \$1,500 (copay)            | \$1,500 (copay/coinsurance)  | \$1,500 (copay)                                 |
| Family                                                          | N/A                                      | N/A                                             | N/A                             | N/A                        | N/A                          | N/A                                             |
| Hospital (including Mental Health and Substance Abuse)          |                                          |                                                 |                                 |                            |                              |                                                 |
| Inpatient                                                       | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| Outpatient Facility/ Surgery Services                           | \$10                                     | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| Skilled Nursing Facility (up to 100 days/ benefit period)       | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| Home Health Services                                            | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| Hospice                                                         | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |

Continued on next page

| Benefits                                                                           | Kaiser Permanente Senior Advantage (HMO) | Kaiser Permanente Senior Advantage Summit (HMO) | Anthem Medicare Preferred (PPO) | Blue Shield Medicare (PPO) | Sharp Direct Advantage (HMO) | UnitedHealthcare Group Medicare Advantage (PPO) |
|------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|---------------------------------|----------------------------|------------------------------|-------------------------------------------------|
| <b>Emergency Services</b><br>(waived if admitted or hospitalized as an outpatient) | \$50                                     | \$50                                            | \$50                            | \$50                       | \$50                         | \$50                                            |
| <b>Ambulance Services</b>                                                          | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| <b>Surgery/Anesthesia</b>                                                          | No Charge inpatient; \$10 outpatient     | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| <b>Physician Services</b> (including Mental Health and Substance Abuse)            |                                          |                                                 |                                 |                            |                              |                                                 |
| Office Visits                                                                      | \$10                                     | No Charge                                       | \$10                            | No Charge                  | No Charge                    | \$10                                            |
| Inpatient Visits                                                                   | No Charge                                | No Charge                                       | No Charge                       | No Charge                  | No Charge                    | No Charge                                       |
| Outpatient Visits                                                                  | \$10                                     | No Charge                                       | \$10                            | No Charge                  | No Charge                    | \$10                                            |
| Urgent Care Visits                                                                 | \$10                                     | No Charge                                       | \$25                            | No Charge                  | No Charge                    | \$25                                            |
| Preventive Services                                                                | No Charge                                | 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                    | No Charge                                       |
| <b>Durable Medical Equipment</b>                                                   | No Charge                                | No Charge                                       | 10% (coinsurance)               | No Charge                  | No Charge                    | No Charge                                       |

## CalPERS Health Plan Benefit Comparison

### Medicare Advantage Plans, *Continued*

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

All benefits subject to regulatory approval.

| Benefits                                                     | Kaiser Permanente Senior Advantage (HMO)                | Kaiser Permanente Senior Advantage Summit (HMO)         | Anthem Medicare Preferred (PPO)               | Blue Shield Medicare (PPO)                                   | Sharp Direct Advantage (HMO)                                                                                                    | UnitedHealthcare Group Medicare Advantage (PPO)                             |
|--------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>Prescription Drugs</b>                                    |                                                         |                                                         |                                               |                                                              |                                                                                                                                 |                                                                             |
| Deductible                                                   | N/A                                                     | N/A                                                     | N/A                                           | N/A                                                          | N/A                                                                                                                             | N/A                                                                         |
| Retail Pharmacy<br>(30-day supply)                           | Generic: \$5<br>Preferred: \$20                         | Generic: \$5<br>Preferred: \$20                         | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50<br>Tier 4: \$20  | Preferred Generic: \$5<br>Generic: \$5<br>Preferred Brand: \$20<br>Non-Preferred: \$50<br>Specialty: \$20<br>Select Care: \$0   | Generic: \$5<br>Preferred: \$20<br>Specialty: \$20<br>Non-Preferred: \$50   |
| Retail Preferred Pharmacy Long-Term Prescription Medications | N/A                                                     | N/A                                                     | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100<br>Tier 4: N/A | Preferred Generic: \$15<br>Generic: \$15<br>Preferred Brand: \$60<br>Non-Preferred: \$150<br>Specialty: N/A<br>Select Care: \$0 | Generic: \$10<br>Preferred: \$40<br>Specialty: \$40<br>Non-Preferred: \$100 |
| Mail Order Pharmacy Program<br>(not to exceed 90-day supply) | Generic: \$10<br>Preferred: \$40<br>(31-100 day supply) | Generic: \$10<br>Preferred: \$40<br>(31-100 day supply) | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100<br>Tier 4: N/A | Preferred Generic: \$10<br>Generic: \$10<br>Preferred Brand: \$40<br>Non-Preferred: \$100<br>Specialty: N/A<br>Select Care: \$0 | Generic: \$10<br>Preferred: \$40<br>Specialty: \$40<br>Non-Preferred: \$100 |
| Mail order maximum copayment per person per calendar year    | N/A                                                     | N/A                                                     | \$1,000                                       | \$1,000                                                      | N/A                                                                                                                             | \$1,000                                                                     |
| <b>Occupational / Physical / Speech Therapy</b>              |                                                         |                                                         |                                               |                                                              |                                                                                                                                 |                                                                             |
| Inpatient<br>(hospital or skilled nursing facility)          | No Charge                                               | No Charge                                               | No Charge                                     | No Charge                                                    | No Charge                                                                                                                       | No Charge                                                                   |
| Outpatient<br>(office and home visits)                       | \$10                                                    | No Charge                                               | \$10                                          | No Charge                                                    | No Charge                                                                                                                       | \$10                                                                        |

| Benefits | Kaiser<br>Permanente Senior<br>Advantage (HMO) | Kaiser Permanente<br>Senior Advantage<br>Summit (HMO) | Anthem Medicare<br>Preferred (PPO) | Blue Shield<br>Medicare (PPO) | Sharp Direct<br>Advantage (HMO) | UnitedHealthcare<br>Group Medicare<br>Advantage (PPO) |
|----------|------------------------------------------------|-------------------------------------------------------|------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|
|----------|------------------------------------------------|-------------------------------------------------------|------------------------------------|-------------------------------|---------------------------------|-------------------------------------------------------|

#### Diabetes Services

|                  |           |           |           |           |           |           |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Glucose monitors | No Charge | No Charge | No Charge | No Charge | No Charge | No Charge |
|------------------|-----------|-----------|-----------|-----------|-----------|-----------|

#### Hearing Services

|                      |                           |                           |                           |                           |                           |                           |
|----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Routine Hearing Exam | \$10                      | No Charge                 | No Charge                 | No Charge                 | No Charge                 | No Charge                 |
| Physician Services   | \$10                      | No Charge                 | \$10                      | \$10                      | \$10                      | \$10                      |
| Hearing Aids         | \$1,000 max/<br>36 months | \$1,000 max/<br>36 months | \$1,000 max/<br>36 months | \$1,000 max/<br>36 months | \$1,000 max/<br>36 months | \$1,000 max/<br>36 months |

#### Vision Care

|                                                |           |           |                      |           |           |           |
|------------------------------------------------|-----------|-----------|----------------------|-----------|-----------|-----------|
| Vision Exam                                    | \$10      | No Charge | \$10                 | \$10      | \$10      | \$10      |
| Eyeglasses<br>(following cataract surgery)     | No Charge | No Charge | 20%<br>(coinsurance) | No Charge | No Charge | No Charge |
| Contact Lenses<br>(following cataract surgery) | No Charge | No Charge | 20%<br>(coinsurance) | No Charge | No Charge | No Charge |

#### Benefits Beyond Medicare (Services covered beyond Medicare coverage)

|              |                                                                                      |                                                                                      |                                                                                      |                                                                                      |                                                                                      |                                                                                      |
|--------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Acupuncture  | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$10/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) |
| Chiropractic | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$10/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits per<br>calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) |

# CalPERS Health Plan Benefit Comparison

## Medicare Supplement Plans

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

All benefits subject to regulatory approval.

| Benefits                                                        | Medicare Supplement Plans |         |                                         |         | Medicare Association Plans |                                             |                           |
|-----------------------------------------------------------------|---------------------------|---------|-----------------------------------------|---------|----------------------------|---------------------------------------------|---------------------------|
|                                                                 | PERS Gold                 |         | PERS Platinum                           |         | CAHP Medicare Supplement   | CCPOA Medical Plan Medicare Advantage (PPO) | PORAC Medicare Supplement |
|                                                                 | PPO                       | Non-PPO | PPO                                     | Non-PPO |                            |                                             |                           |
| 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 Copay or Coinsurance (excluding pharmacy) |                           |         |                                         |         |                            |                                             |                           |
| Individual                                                      | N/A                       |         | \$3,000 <sup>1,2</sup><br>(coinsurance) | N/A     | N/A                        | \$1,500<br>(copay)                          | N/A                       |
| Family                                                          | N/A                       |         | N/A                                     |         | N/A                        | N/A                                         | N/A                       |
| Hospital (including Mental Health and Substance Abuse)          |                           |         |                                         |         |                            |                                             |                           |
| Inpatient                                                       | No Charge                 |         | No Charge                               |         | No Charge                  | \$100/admission                             | No Charge                 |
| Outpatient Facility/<br>Surgery Services                        | No Charge                 |         | No Charge                               |         | No Charge                  | No Charge                                   | No Charge                 |
| Skilled Nursing Facility<br>(up to 100 days/benefit period)     | No Charge                 |         | No Charge                               |         | No Charge                  | No Charge                                   | No Charge                 |
| Home Health Services                                            | No Charge                 |         | No Charge                               |         | No Charge                  | \$15/visit                                  | No Charge                 |
| Hospice                                                         | No Charge                 |         | No Charge                               |         | No Charge                  | No Charge                                   | No Charge                 |

<sup>1</sup> See EOC for additional details.

<sup>2</sup> For Benefits Beyond Medicare.

<sup>3</sup> Of the allowed amount.

| Benefits                                                                    | Medicare Supplement Plans |         |               |         | Medicare Association Plans |                                             |                           |
|-----------------------------------------------------------------------------|---------------------------|---------|---------------|---------|----------------------------|---------------------------------------------|---------------------------|
|                                                                             | PERS Gold                 |         | PERS Platinum |         | CAHP Medicare Supplement   | CCPOA Medical Plan Medicare Advantage (PPO) | PORAC Medicare Supplement |
|                                                                             | PPO                       | Non-PPO | PPO           | Non-PPO |                            |                                             |                           |
| Emergency Services<br>(waived if admitted or hospitalized as an outpatient) | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Ambulance Services                                                          | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Surgery/Anesthesia                                                          | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Physician Services (including Mental Health and Substance Abuse)            |                           |         |               |         |                            |                                             |                           |
| Office Visits                                                               | No Charge                 |         | No Charge     |         | \$10                       | \$10                                        | No Charge                 |
| Inpatient Visits                                                            | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Outpatient Visits                                                           | No Charge                 |         | No Charge     |         | No Charge                  | \$10                                        | No Charge                 |
| Urgent Care Visits                                                          | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Preventive Services                                                         | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Diagnostic X-ray/Lab                                                        | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |
| Durable Medical Equipment                                                   | No Charge                 |         | No Charge     |         | No Charge                  | No Charge                                   | No Charge                 |

# CalPERS Health Plan Benefit Comparison

## Medicare Supplement Plans, *Continued*

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

All benefits subject to regulatory approval.

| Benefits                                                        | Medicare Supplement Plans                     |         |                                               |         | Medicare Association Plans                               |                                                             |                                                         |
|-----------------------------------------------------------------|-----------------------------------------------|---------|-----------------------------------------------|---------|----------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|
|                                                                 | PERS Gold                                     |         | PERS Platinum                                 |         | CAHP Medicare Supplement                                 | CCPOA Medical Plan Medicare Advantage (PPO)                 | PORAC Medicare Supplement                               |
|                                                                 | PPO                                           | Non-PPO | PPO                                           | Non-PPO |                                                          |                                                             |                                                         |
| Prescription Drugs                                              |                                               |         |                                               |         |                                                          |                                                             |                                                         |
| Deductible                                                      | N/A                                           |         | N/A                                           |         | N/A                                                      | N/A                                                         | \$100                                                   |
| Retail Pharmacy<br>(30-day supply)                              | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   |         | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$50   |         | Generic: \$5<br>Formulary: \$20<br>Non-Formulary: \$50   | Tier 1: \$5<br>Tier 2: \$20<br>Tier 3: \$35<br>Tier 4: \$50 | Generic: \$10<br>Preferred: \$25<br>Non-Preferred: \$45 |
| Retail Preferred Pharmacy<br>Long-Term Prescription Medications | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 |         | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 |         | Generic: \$5<br>Formulary: \$20<br>Non-Formulary: \$50   | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$70<br>Tier 4: N/A | N/A                                                     |
| Mail Order Pharmacy Program<br>(not to exceed 90-day supply)    | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 |         | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$100 |         | Generic: \$10<br>Formulary: \$40<br>Non-Formulary: \$100 | Tier 1: \$10<br>Tier 2: \$40<br>Tier 3: \$70<br>Tier 4: N/A | Generic: \$20<br>Preferred: \$40<br>Non-Preferred: \$75 |
| Mail order maximum copayment per person per calendar year       | \$1,000                                       |         | \$1,000                                       |         | N/A                                                      | N/A                                                         | N/A                                                     |
| Occupational / Physical / Speech Therapy                        |                                               |         |                                               |         |                                                          |                                                             |                                                         |
| Inpatient<br>(hospital or skilled nursing facility)             | No Charge                                     |         | No Charge                                     |         | No Charge                                                | No Charge                                                   | No Charge                                               |
| Outpatient<br>(office and home visits)                          | No Charge                                     |         | No Charge                                     |         | No Charge                                                | No Charge                                                   | No Charge                                               |

| Benefits             | Medicare Supplement Plans                                          |         |                                                                    |         | Medicare Association Plans     |                                             |                                 |
|----------------------|--------------------------------------------------------------------|---------|--------------------------------------------------------------------|---------|--------------------------------|---------------------------------------------|---------------------------------|
|                      | PERS Gold                                                          |         | PERS Platinum                                                      |         | CAHP Medicare Supplement       | CCPOA Medical Plan Medicare Advantage (PPO) | PORAC Medicare Supplement       |
|                      | PPO                                                                | Non-PPO | PPO                                                                | Non-PPO |                                |                                             |                                 |
| Diabetes Services    |                                                                    |         |                                                                    |         |                                |                                             |                                 |
| Glucose monitors     | No Charge                                                          |         | No Charge                                                          |         | No Charge                      | No Charge                                   | \$25                            |
| Hearing Services     |                                                                    |         |                                                                    |         |                                |                                             |                                 |
| Routine Hearing Exam | No Charge                                                          |         | No Charge                                                          |         | No Charge                      | No Charge                                   | 20%                             |
| Physician Services   | No Charge                                                          |         | No Charge                                                          |         | No Charge                      | \$10                                        | 20%                             |
| Hearing Aids         | 20%<br>(\$1,000 max/36 months)                                     |         | 20%<br>(\$2,000 max/24 months)                                     |         | 10%<br>(\$1,000 max/36 months) | \$500 max/<br>12 months                     | 20%<br>(\$900 max/36 months)    |
| Vision Care          |                                                                    |         |                                                                    |         |                                |                                             |                                 |
| Vision Exam          | One exam per calendar year                                         |         | One exam per calendar year                                         |         | N/A                            | \$10                                        | 20%                             |
| Eyeglasses           | One set of frames during a 24-month period; \$30 maximum allowance |         | One set of frames during a 24-month period; \$30 maximum allowance |         | N/A                            | No Charge                                   | 20%<br>(\$40 maximum allowance) |
| Contact Lenses       | \$100 maximum allowance                                            |         | \$100 maximum allowance                                            |         | No Charge                      | No Charge                                   | 20%<br>(\$40 maximum allowance) |

### Benefits Beyond Medicare (Services covered beyond Medicare coverage)

|                     |                                                                                      |                                                                                      |     |                                                                                       |     |
|---------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------|-----|
| <b>Acupuncture</b>  | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | 20% | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year)  | 20% |
| <b>Chiropractic</b> | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | \$15/visit<br>(acupuncture/chiropractic;<br>combined 20 visits<br>per calendar year) | 20% | \$15/visit<br>(acupuncture/ chiropractic;<br>combined 20 visits<br>per calendar year) | 20% |







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