

| | CalPERS PERS Platinum Basic PPO Plan (Blue Shield) | CalPERS PERS Gold Basic PPO Plan (Blue Shield) | CalPERS Traditional HMO (Anthem) | CalPERS Access+ HMO (Blue Shield) | CalPERS CA SignatureValue Alliance HMO (UnitedHealth Care) SLO County Residents ONLY |
|---|--|--|---|---|--|
| CalPERS 2025 Plan Comparison - Unrepresented | Member Pays | Member Pays | Member Pays | Member Pays | Member Pays |
| MEDICAL - CALENDAR YEAR Deductible & Maxiums | | | | | |
| Individual/Family Deductible | \$500 / \$1000 | \$1000 / \$2000 | \$0 / \$00 | \$0 / \$00 | \$0 / \$00 |
| Individual/Family Out-of-Pocket (OOP) Max includes medical deductibles, co-insurance and co-pays | \$2000 / \$4000 | \$3000 / \$6000 | \$1500 / \$3000 | \$1500 / \$3000 | \$1500 / \$3000 |
| PROFESSIONAL SERVICES | | | | | |
| Office Visit (OV) co-pay | \$20 copay | \$35 copay* | \$15 copay | \$15 copay | \$15 copay |
| Urgent Care co-pay | \$35 copay | \$35 copay | \$15 copay | \$15 copay | \$15 copay |
| Specialists/Consultants co-pay | \$35 copay | \$35 copay | \$15 copay | \$15 copay | \$15 copay |
| Diagnostic X-ray & Laboratory Procedures | 10% | 20% | \$0 | \$0 | \$0 |
| Infertility (diagnosis/treatment of causes of infertility subject to lan benefits) | Not Covered | Not Covered | 50 % of Covered Charges | 50 % of Covered Charges | 50 % of Covered Charges |
| Preventive Care (includes physical exams & screenings) | \$0 (Deductible Waived) | \$0 (Deductible Waived) | \$0 (Deductible Waived) | \$0 (Deductible Waived) | \$0 (Deductible Waived) |
| HOSPITAL & SKILLED NURSING FACILITY SERVICES | | | | | |
| Emergency Room Services | \$50 deductible (waived if admitted) + 10% coinsurance | \$50 deductible (waived if admitted) + 20% coinsurance | \$50 copay / visit (waived if admitted) | \$50 copay / visit (waived if admitted) | \$50 copay / visit (waived if admitted) |
| Surgery, Outpatient (hospital) | 10% | 20% | \$0 | \$0 | \$0 |
| Surgery, Outpatient (surgeon fee) | 10% | 20% | \$0 | \$0 | \$0 |
| MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT | | | | | |
| Outpatient/Behavioral health services | \$20 per visit | \$10 per visit | \$15 per visit | \$15 per visit | \$15 per visit |
| Inpatient/Behavioral health services | 10% | 20% | \$0 | \$0 | \$0 |
| OTHER SERVICES | | | | | |
| Acupuncture (limits apply) | \$15 copay | \$15 copay | \$15 copay | \$15 copay | \$15 copay |
| Chiropractic (limits apply) | \$15 copay | \$15 copay | \$15 copay | \$15 copay | \$15 copay |
| Durable Medical Equipment (DME) | 10% | 20% | \$0 | \$0 | \$0 |
| Physical & Occupational Therapy (limits apply) | 10% | 20% | \$15 copay | \$15 copay | \$15 copay |
| PHARMACY BENEFITS | | | | | |
| Generic co-pay 30 days supply | \$5 30-day / \$10 90-day | \$5 30-day / \$10 90-day | \$5 30-day / \$10 90-day | \$5 30-day / \$10 90-day | \$5 30-day / \$10 90-day |
| Preferred co-pay 30 days supply | \$20 30-day / \$40 90-day | \$20 30-day / \$40 90-day | \$20 30-day / \$40 90-day | \$20 30-day / \$40 90-day | \$20 30-day / \$40 90-day |
| Non-preferred brand drugs | \$50 30-day / \$100 90-day | \$50 30-day / \$100 90-day | \$50 30-day / \$100 90-day | \$50 30-day / \$100 90-day | \$50 30-day / \$100 90-day |
| Specialty | N/A | N/A | N/A | \$30 copay | N/A |
| *Copay Reduced to \$10 if Enrolled with Personal Doctor | | | | | |
| PAYROLL DEDUCTION - 10THLY 7-8 HOURS | | | | | |
| Single | \$623.18 | \$150.37 | \$445.84 | \$250.91 | \$181.46 |
| 2Party | \$1,198.37 | \$252.74 | \$843.67 | \$453.82 | \$314.93 |
| Family | \$1,553.09 | \$323.77 | \$1,091.98 | \$585.17 | \$404.62 |
| This is a summary only. For more information about your coverage, you can get the complete terms in the policy or plan document at www.anthem.com/ca/calpers , www.uhc.com/calpers , or https://myoptions.blueshieldca.com/calpers . | | | | | |
| This illustration is not the entire/formal benefits and should be used as a reference only - please refer to the SBC for more detail. | | | | | |
| *** RATES ARE SUBJECT TO CHANGE *** | | | | | |