

	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
<b>CalPERS 2025 Plan Comparison - CERTIFICATED</b>					
<b>MEDICAL - CALENDAR YEAR Deductible &amp; Maxiums</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>	<b>Member Pays</b>
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
<b>PROFESSIONAL SERVICES</b>					
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	\$30 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)
<b>HOSPITAL &amp; SKILLED NURSING FACILITY SERVICES</b>					
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
<b>MENTAL HEALTH &amp; SUBSTANCE ABUSE TREATMENT</b>					
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
<b>OTHER SERVICES</b>					
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
<b>PHARMACY BENEFITS</b>					
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					
<b>Single</b>	<b>\$ 711.39</b>	<b>\$ 238.58</b>	<b>\$ 534.04</b>	<b>\$ 339.12</b>	<b>\$ 269.67</b>
<b>2Party</b>	<b>\$ 1,398.79</b>	<b>\$ 453.17</b>	<b>\$ 1,044.10</b>	<b>\$ 654.24</b>	<b>\$ 515.35</b>
<b>Family</b>	<b>\$ 1,816.04</b>	<b>\$ 586.72</b>	<b>\$ 1,354.92</b>	<b>\$ 848.12</b>	<b>\$ 667.56</b>
This is a summary only. For more information about your coverage, you can get the complete terms in the policy or plan document at <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a> , <a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a> or <a href="https://myoptions.blueshieldca.com/calper">https://myoptions.blueshieldca.com/calper</a> .					
<b>This illustration is not the entire/formal benefits and should be used as a reference only - please refer to the SBC for more detail.</b>					

\*\*\* RATES ARE SUBJECT TO CHANGE \*\*\*