

	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 - CLASSIFIED					
MEDICAL - CALENDAR YEAR Deductible & Maxiums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
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 - 12THLY 7-8 HOURS					
Single	\$519.32	\$125.31	\$371.53	\$209.09	\$151.22
2Party	\$998.64	\$210.62	\$703.06	\$378.18	\$262.44
Family	\$1,294.24	\$269.81	\$909.98	\$487.64	\$337.18
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
PAYROLL DEDUCTION - 12THLY 6-6.99 HOURS					
Single	\$611.75	\$217.74	\$463.96	\$301.52	\$243.65
2Party	\$1,188.50	\$400.48	\$892.92	\$568.04	\$452.30
Family	\$1,541.56	\$517.13	\$1,157.30	\$734.96	\$584.50
PAYROLL DEDUCTION - 10THLY 6-6.99 HOURS					
Single	\$734.10	\$261.29	\$556.75	\$361.82	\$292.38
2Party	\$1,426.20	\$480.58	\$1,071.50	\$681.65	\$542.76
Family	\$1,849.87	\$620.55	\$1,388.76	\$881.95	\$701.40
PAYROLL DEDUCTION - 12THLY 5-5.99 HOURS					
Single	\$704.18	\$310.17	\$556.39	\$393.95	\$336.08
2Party	\$1,378.36	\$590.34	\$1,082.78	\$757.90	\$642.16
Family	\$1,788.88	\$764.45	\$1,404.62	\$982.28	\$831.82
PAYROLL DEDUCTION - 10THLY 5-5.99 HOURS					
Single	\$845.02	\$372.20	\$667.67	\$472.74	\$403.30
2Party	\$1,654.03	\$708.41	\$1,299.34	\$909.48	\$770.59
Family	\$2,146.65	\$917.33	\$1,685.54	\$1,178.73	\$998.18
PAYROLL DEDUCTION - 12THLY 4-4.99 HOURS					
Single	\$796.61	\$402.60	\$648.82	\$486.38	\$428.51
2Party	\$1,568.22	\$780.20	\$1,272.64	\$947.76	\$832.02
Family	\$2,036.19	\$1,011.76	\$1,651.93	\$1,229.59	\$1,079.13
PAYROLL DEDUCTION - 10THLY 4-4.99 HOURS					
Single	\$955.93	\$483.12	\$778.58	\$583.66	\$514.21
2Party	\$1,881.86	\$936.24	\$1,527.17	\$1,137.31	\$998.42
Family	\$2,443.43	\$1,214.12	\$1,982.32	\$1,475.51	\$1,294.96
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 ***					