

CalPERS 2025 Plan Comparison - CONF/MGMT/SUP	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
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
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 ***