

	CalPERS PERS Platinum Basic PPO Plan (Anthem)	CalPERS PERS Gold Basic PPO Plan (Anthem)	CalPERS Traditional HMO (Anthem)	CalPERS Access+ HMO (Blue Shield)	CalPERS CA SignatureValue Alliance HMO (UnitedHealth Care) SLO County Residents ONLY
CalPERS 2024 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 (GOP) 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	\$412.06	\$60.00	\$294.94	\$129.70	\$98.44
2Party	\$784.12	\$80.00	\$549.88	\$219.40	\$156.88
Family	\$1,015.36	\$100.00	\$710.85	\$281.22	\$199.95
PAYROLL DEDUCTION - 10THLY 7-8 HOURS					
Single	\$494.47	\$72.00	\$353.93	\$155.64	\$118.13
2Party	\$940.94	\$96.00	\$659.86	\$263.28	\$188.26
Family	\$1,218.43	\$120.00	\$853.02	\$337.46	\$239.94
PAYROLL DEDUCTION - 12THLY 6-6.99 HOURS					
Single	\$504.49	\$152.43	\$387.37	\$222.13	\$190.87
2Party	\$973.98	\$269.86	\$739.74	\$409.26	\$346.74
Family	\$1,262.68	\$347.32	\$958.17	\$528.54	\$447.27
PAYROLL DEDUCTION - 10THLY 6-6.99 HOURS					
Single	\$605.39	\$182.92	\$464.84	\$266.56	\$229.04
2Party	\$1,168.78	\$323.83	\$887.69	\$491.11	\$416.09
Family	\$1,515.21	\$416.78	\$1,149.80	\$634.25	\$536.72
PAYROLL DEDUCTION - 12THLY 5-5.99 HOURS					
Single	\$596.92	\$244.86	\$479.80	\$314.56	\$283.30
2Party	\$1,163.84	\$459.72	\$929.60	\$599.12	\$536.60
Family	\$1,510.00	\$594.64	\$1,205.49	\$775.86	\$694.59
PAYROLL DEDUCTION - 10THLY 5-5.99 HOURS					
Single	\$716.30	\$293.83	\$575.76	\$377.47	\$339.96
2Party	\$1,396.61	\$551.66	\$1,115.52	\$718.94	\$643.92
Family	\$1,811.99	\$713.56	\$1,446.58	\$931.03	\$833.50
PAYROLL DEDUCTION - 12THLY 4-4.99 HOURS					
Single	\$689.35	\$337.29	\$572.23	\$406.99	\$375.73
2Party	\$1,353.70	\$649.58	\$1,119.46	\$788.98	\$726.46
Family	\$1,757.31	\$841.95	\$1,452.80	\$1,023.17	\$941.90
PAYROLL DEDUCTION - 10THLY 4-4.99 HOURS					
Single	\$827.22	\$404.75	\$686.68	\$488.39	\$450.88
2Party	\$1,624.44	\$779.50	\$1,343.35	\$946.78	\$871.75
Family	\$2,108.78	\$1,010.34	\$1,743.36	\$1,227.81	\$1,130.28

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 for the Access+ plan blueshield.com/ca/calpers or for the UHC www.uhc.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 PENDING BOARD APPROVAL ON SEPTEMBER 12, 2023***