

## Medical Insurance Plans - Summary of Covered Services – 2017

Please refer to the Evidence of Coverage booklets for exact terms and conditions (available on the [www.calpers.ca.gov](http://www.calpers.ca.gov) website)

Category Description	HMO		PPO			
	Blue Shield Access+ HMO United Healthcare HMO Anthem Blue Cross Traditional HMO		PERS Choice & PERS Select PPO		PERS Care PPO	
			Contracting Provider (in network)	Non-Contracting Provider (out-of-network)	Contracting Provider (in network)	Non Contracting Provider (out-of-network)
Calendar Year Deductible	None		Member: \$500 / Family: \$1,000		Member: \$500 / Family: \$1,000	
Maximum Annual Co-Pay	Member: \$1,500 / Family: \$3,000		Member: \$3,000 / Family: \$6,000	None	Member: \$2,000 / Family: \$4,000	None
Lifetime Maximum Benefit	None		None		None	
<b>Emergency Services</b>						
Ambulance	No Charge		20%	20%	20%	20%
Emergency Services	\$50/visit - waived if hospitalized		20% + \$50 deductible	20% + \$50 deductible	10% + \$50 deductible	10% + \$50 deductible
Hospital (Inpatient & Outpatient)	No Charge		PERS Choice: 20% PERS Select: 20% or 30% (depending on hospital)	40%	10%	40% (\$250 deductible)
<b>Surgery/Anesthesia - Physician</b>						
Physician Services	No Charge		20%	40%	10%	40%
<b>Office Visits (including Urgent Care)</b>						
Office Visits (including Urgent Care)	\$15/visit		\$20/visit	40%	\$20/visit	40%
Allergy Testing/Treatment	No Charge		20%	40%	10%	40%
Annual Well-Woman Exam	No Charge		No Charge	40%	No Charge	40%
Chiropractic/Acupuncture	\$15/visit, 20 annual visits combined		\$15/visit, 20 annual visits combined	40%	\$15/visit, 20 annual visits combined	40%
Diagnostic X-ray/Lab	No Charge (outpatient services)		20%	40%	10%	40%
Durable Medical Equipment	No Charge		20% (pre-cert required)	40% (pre-cert required)	10% (pre-cert required)	40% (pre-cert required)
Hearing Exam/Screening	No Charge		20%	40%	10%	40%
Hearing Aid Exam	No Charge		20%	40%	10%	40%
Hearing Aid	\$1,000 maximum benefit every 36 months		\$1,000 maximum benefit every 36 months		\$1,000 maximum benefit every 36 months	
Home Health Services (excludes Custodial Care)	No Charge		20%	40%	10%	40%
Hospice	No Charge		20%	20%	10%	10%
Immunization/Inoculation	No Charge		No Charge	40%	No Charge	40%
Infertility Testing & Treatment	50% of covered charges		This benefit is not available		This benefit is not available	
<b>Mental Health</b>						
Inpatient	No Charge		20%	40%	10%	40%
Outpatient	\$15/visit		\$20/visit	40%	\$20/visit	40%
Periodic Health Exam	No Charge		No Charge	40%	No Charge	40%
<b>Speech /Physical Therapy</b>						
Inpatient	No Charge		No charge	No charge	No charge	No charge
Outpatient	\$15/visit		20%	40%	10%	40%
<b>Substance Abuse</b>						
Inpatient	No Charge		20%	40%	10%	40%
Outpatient	\$15/visit		\$20/visit	40%	\$20/visit	40%
Urgent Care	\$15/visit		\$20/visit	40%	\$20/visit	40%
Well Baby Care	No Charge		No Charge	40%	No Charge	40%
<b>Prescription Drugs</b>						
Retail pharmacy:	<b>Maximum co-pay per person/per calendar year - varies by Plan Type (HMO/PPO)</b>					
Generic	(Up to a 30-day supply, limited to 2 months)			(Up to a 30-day supply, after 2nd month on same prescription)		
Formulary Brand	\$5 per prescription			\$10 per prescription		
Non-Formulary	\$20 per prescription			\$40 per prescription		
Mail Order Prescriptions:	(Up to a 90-day supply)					
Generic	\$50 per prescription			\$10 per prescription		
Formulary Brand	\$50 per prescription			\$40 per prescription		
Non-Formulary	\$50 per prescription			\$100 per prescription		
Pharmacy Benefits Manager: Optum Rx (PERS PPO's, United Healthcare HMO, Anthem Blue Cross HMO); Blue Shield Access+ HMO will administer their own prescription drug benefits						