

**MEDICAL PLANS & RATES - 2017**

Monthly premiums listed below are effective January 1, 2017 through December 31, 2017 and apply to the “Other Southern California Region” which includes the following counties: Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, and Tulare. Employee deductions are divided between the first two paychecks of the month and are paid one month in advance. For more information or to view Plan Summaries, go to: [www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates](http://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates)

**CPC Contribution: Employee Only: \$633.46 • Employee +1: \$1,266.92 • Employee +2 or more: \$1,647.00**

MEDICAL PLAN	GENERAL INFORMATION	2017 MONTHLY PREMIUMS FOR EMPLOYEES		
		Employee Only	Employee +1	Employee 2+

<b>H M O</b>	<b>Anthem Traditional HMO</b> <i>Other South*</i>	All care under this HMO must be provided by member’s primary care physician or referrals except for bona fide emergencies. <b>(855) 839-4524</b> <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	\$165.69	\$331.38	\$430.79
	<b>Blue Shield Access+ HMO</b> <i>Other South*</i>	All care under this HMO must be provided by member’s primary care physician or referrals except for bona fide emergencies. <b>SAN LUIS OBISPO COUNTY GROUPS:</b> * Physicians Choice Medical Group of SLO (aka – SLO Select IPA) * Coastal Communities Physicians Network (CCPN) <b>SANTA BARBARA COUNTY GROUPS:</b> * North Santa Barbara – BSC Administered * Sansum Clinic (Central and South) * Santa Barbara Select IPA Medical Group, Inc. <b>(800) 334-5847</b> <a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>	\$144.99	\$289.98	\$376.97
	<b>United Healthcare HMO</b> <i>Other South*</i>	All care under this HMO must be provided by member’s primary care physician or referrals except for bona fide emergencies. <b>SAN LUIS OBISPO COUNTY GROUPS:</b> * Coastal Communities Physicians Network (CCPN) <b>(877) 359-3714</b> <a href="http://www.uhc.com/calpers">www.uhc.com/calpers</a>	\$0.00	\$0.00	\$0.00

**HMO** – a Health Maintenance Organization (HMO) plan provides health care from specific doctors and hospitals under contract with the plan. You pay co-pays for some services, but there is no deductible, no claim forms, and a geographically restricted service area.

<b>P P O</b>	<b>PERS - Choice PPO</b> <i>Other South*</i>	Comprehensive benefits under this preferred provider plan provided world-wide. A higher percentage is paid if Blue Cross providers are used. <b>(877) 737-7776</b> <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	\$80.97	\$161.94	\$210.52
	<b>PERS - Select PPO</b> <i>Other South*</i>	PERS Select utilizes the Blue Cross of California Power Select PPO Network, which is a subset of the Blue Cross of California Prudent Buyer PPO Network. A higher percentage is paid if Power Select PPO Network physicians are used. <b>(877) 737-7776</b> <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	\$0.00	\$0.00	\$0.00
	<b>PERS - Care PPO</b> <i>Other South*</i>	Comprehensive benefits under this preferred provider plan provided world-wide. Higher percentage paid if Blue Cross providers used. <b>(877) 737-7776</b> <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	\$168.78	\$337.56	\$438.82

**PPO** – a Preferred Provider Organization (PPO) is similar to a traditional “fee-for-service” plan, but you must use doctors in the PPO provider network or pay higher co-insurance (% of charges). You must meet an annual deductible before some benefits apply. You are responsible for a certain co-pay amount and the plan pays the balance up to an allowable amount.

**Cash in lieu of benefits are as follows: Medical: \$200/mo Dental: \$15/mo Vision: \$10/mo**

