

Medical Insurance Plans - Summary of Covered Services – 2020

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

Category Description	HMO		PPO					
	Blue Shield Access+ HMO United Healthcare HMO Anthem Blue Cross Traditional HMO		PERS Select <i>Value-Based</i> PPO		PERS Choice PPO		PERS Care PPO	
			Contracting Provider	Non-Contracting Provider	Contracting Provider	Non-Contracting	Contracting Provider	Non Contracting Provider
Calendar Year Deductible	None		Member: \$1000 / Family: \$2,000 (credits available)		Member: \$500 / Family: \$1,000		Member: \$500 / Family: \$1,000	
Maximum Annual Co-Insurance <small>(excludes prescription drugs and co-pays)</small>	Member: \$1,500 / Family: \$3,000		Member: \$3,000 / Family: \$6,000	None	Member: \$3,000 / Family: \$6,000	None	Member: \$2,000 / Family: \$4,000	None
Lifetime Maximum Benefit	None		None		None		None	
Emergency Services								
Ambulance	No Charge		20%	20%	20%	20%	10%	10%
Emergency Services	\$50/visit - waived if hospitalized		20% + \$50 deductible	20% + \$50 deductible	20% + \$50 deductible	20% + \$50 deductible	10% + \$50 deductible	10% + \$50 deductible
Hospital (Inpatient & Outpatient)	No Charge		20%	40%	20%	40%	10% (\$250 deductible)	40% (\$250 deductible)
Surgery/Anesthesia - Physician	No Charge		20%	40%	20%	40%	10%	40%
Physician Services								
Office Visits	\$15/visit		\$10/visit-PCP; \$35/visit	40%	\$20/visit	40%	\$20/visit	40%
Allergy Testing/Treatment	No Charge		20%	40%	20%	40%	10%	40%
Annual Well-Woman Exam	No Charge		No Charge	40%	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%	\$15/visit, 20 annual visits combined	40%
Diagnostic X-ray/Lab	No Charge (outpatient services)		20%	40%	20%	40%	10%	40%
Durable Medical Equipment	No Charge		20% (pre-cert req)	40% (pre-cert req)	20% (pre-cert req)	40% (pre-cert req)	10% (pre-cert req)	40% (pre-cert req)
Hearing Exam/Screening	No Charge		20%	40%	20%	40%	10%	40%
Hearing Aid Exam	No Charge		20%	40%	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		\$1,000 maximum benefit every 36 months	
Home Health Services <small>(excludes Custodial Care)</small>	No Charge		20%	40%	20%	40%	10%	40%
Hospice	No Charge		20%	20%	20%	40%	10%	10%
Immunization/Inoculation	No Charge		No Charge	40%	No Charge	40%	No Charge	40%
Infertility Testing & Treatment	50% of covered charges		This benefit is not available		This benefit is not available		This benefit is not available	
Mental Health								
Inpatient	No Charge		20%	40%	20%	40%	10%	40%
Outpatient	\$15/visit		\$10/visit	40%	\$20/visit	40%	\$20/visit	40%
Periodic Health Exam	No Charge		No Charge	40%	No Charge	40%	No Charge	40%
Speech /Physical Therapy								
Inpatient	No Charge		No charge	No charge	No charge	No charge	No charge	No charge
Outpatient	\$15/visit		20%	40%	20%	40%	10%	40%
Substance Abuse								
Inpatient	No Charge		20%	40%	20%	40%	10%	40%
Outpatient	\$15/visit		\$10/visit	40%	\$20/visit	40%	\$20/visit	40%
Urgent Care	\$15/visit		\$35/visit	40%	\$35/visit	40%	\$35/visit	40%
Well Baby Care	No Charge		No Charge	40%	No Charge	40%	No Charge	40%
Prescription Drugs	Maximum co-pay per person/per calendar year - varies by Plan Type (HMO/PPO)							
Retail pharmacy:	(Up to a 30-day supply, limited to 2 months)				(Up to a 30-day supply, after 2nd month on same prescription)			
Generic	\$5 per prescription				\$10 per prescription			
Formulary Brand	\$20 per prescription				\$40 per prescription			
Non-Formulary	\$50 per prescription				\$100 per prescription			
Mail Order Prescriptions:	(Up to a 90-day supply)							
Generic	\$10 per prescription							
Formulary Brand	\$40 per prescription							
Non-Formulary	\$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								

NOTE: For Maximum Out-of-Pocket (MOOP) limits the amount an individual shall pay for their medical/pharmacy expenses, see your Plan's EOC for details