



MEDICAL PLANS & RATES - 2023

Monthly premiums listed below are effective January 1, 2023 through December 31, 2023 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

CPC Contribution: Employee Only: \$695.93 • Employee +1: \$1,391.86 • Employee +2 or more: \$1,809.42

MEDICAL PLAN	GENERAL INFORMATION	MONTHLY PREMIUMS FOR EMPLOYEES			
		Employee Only	Employee +1	Employee 2+	
H M O	Anthem Blue Cross Traditional HMO	All care under this HMO must be provided by member's primary care physician or referrals except for bona fide emergencies. (855) 839-4524 www.anthem.com/ca/calpers	\$239.19	\$478.38	\$621.89
	Blue Shield Access+ HMO	All care under this HMO must be provided by member's primary care physician or referrals except for bona fide emergencies. SAN LUIS OBISPO COUNTY GROUPS: * Physicians Choice Medical Group of SLO * Coastal Communities Physicians Network (CCPN) (800) 334-5847 www.blueshieldca.com/calpers	\$146.68	\$293.36	\$381.37
	United Healthcare HMO	All care under this HMO must be provided by member's primary care physician or referrals except for bona fide emergencies. SAN LUIS OBISPO COUNTY GROUPS: * Coastal Communities Physicians Network (CCPN) (877) 359-3714 www.uhc.com/calpers	\$97.70	\$195.40	\$254.02
	Blue Shield Trio HMO	All care under this HMO must be provided by member's primary care physician or referrals except for bona fide emergencies. SAN LUIS OBISPO COUNTY GROUPS: * Physicians Choice Medical Group of SLO (Dignity Health) (800) 334-5847 www.blueshieldca.com/calpers	\$64.78	\$129.56	\$168.43

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.

P P O	PERS – PLATINUM PPO	Comprehensive benefits under this preferred provider plan provided worldwide. A higher percentage is paid if Blue Cross providers are used. (877) 737-7776 www.anthem.com/ca/calpers	\$318.87	\$637.74	\$829.06
	PERS – GOLD PPO	Comprehensive benefits under this preferred provider plan provided worldwide. A higher percentage is paid if Blue Cross providers are used. (877) 737-7776 www.anthem.com/ca/calpers	\$0.00	\$0.00	\$0.00

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