

**MEDICAL PLANS & RATES - 2020**

Monthly premiums listed below are effective January 1, 2020 through December 31, 2020 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: \$671.60 • Employee +1: \$1343.20 • Employee +2 or more: \$1746.16**

MEDICAL PLAN	GENERAL INFORMATION	MONTHLY PREMIUMS FOR EMPLOYEES			
		Employee Only	Employee +1	Employee 2+	
<b>HMO</b>	<b>Anthem Blue Cross 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>	\$263.35	\$526.70	\$684.71
	<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> * Sansum Clinic (Central and South) <b>(800) 334-5847</b> <a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>	\$238.27	\$476.54	\$619.50
	<b>United Healthcare SignatureValue Alliance 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 (Dignity Health) * 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>PPO</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>	\$64.68	\$129.36	\$168.17
	<b>PERS - Select Value-Based 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>	\$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>	\$315.06	\$630.12	\$819.16

**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**