2015 Health Benefit Summary

Helping you make an informed choice
about your health plan

CalPERS

About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits to more than 1.3 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO) (for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and co-payments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, State retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

About This Publication

The *2015 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, co-payments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2015 health plan premiums are available at CalPERS On-Line at **www.calpers.ca.gov**. Check with your employer to find out how much they contribute toward your premium.

The *2015 Health Benefit Summary* provides only a general overview of certain benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

This publication is to be used only in conjunction with the current year's rate schedule and EOCs. To obtain a copy of the rate schedule for any health plan, please go to CalPERS On-Line at **www.calpers.ca.gov** or contact CalPERS at **888 CalPERS** (or **888**-225-7377).

Other Health Publications

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- ***Health Program Guide:*** Describes Basic and Medicare health plan eligibility, enrollment, and choices
- ***CalPERS Medicare Enrollment Guide:*** Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at **my.calpers.ca.gov** or by calling CalPERS at **888 CalPERS** (or **888**–225–7377).

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CalPERS health plans are administered under the Public Employees' Medical Hospital Care Act, a California State law. Nevertheless, as federal regulations related to the various elements of health care reform are released, CalPERS may need to modify benefits. For up-to-date information about your CalPERS health benefits and health care reform, please refer to the Health Benefits Program link on CalPERS On-Line at **www.calpers.ca.gov.**

Considering Your Health Plan Choices

Selecting a health plan for yourself and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.[1]
- What are the costs (premiums, co-payments, deductibles, and out-of-pocket costs)? Beginning on page 16 of this booklet, you will find information about benefits, co-payments, and covered services. Visit CalPERS On-Line at **www.calpers.ca.gov** to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the "Health Plan Directory" on page 14 of this booklet for health plan contact information.

[1] Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

Understanding How CalPERS Health Plans Work

The following chart will help you understand some important differences among health plan types.

Features	HMO	PPO	EPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers	Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.)
Selecting a primary care physician (PCP)	Most HMOs require you to select a PCP who will work with you to manage your health care needs [1]	Does not require you to select a PCP	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your deductibles and co-payments are counted toward your calendar year out-of-pocket maximums [2] Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill [3]	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the EPO's provider network without a referral from the health plan (except for emergency and urgent care services)
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider	Requires you to make a small co-payment for most services

[1] Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

[2] Once you meet your annual deductible and co-insurance, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services.

[3] Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or co-payments, plus any amount in excess of the allowed amount.

CalPERS Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic EPO & HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare EPO & HMO Health Plans	Supplement to Medicare PPO Health Plans	HMO Medicare Managed Care Plans (Medicare Advantage)	Out-of-State Plan Choices
Anthem Blue Cross EPO	California Association of Highway Patrolmen (CAHP) Health Plan[1]	Blue Shield Access+	CAHP Health Plan[1]	Anthem Blue Cross Medicare Preferred	Kaiser Permanente (HMO)
Anthem Blue Cross Select HMO	PERS Select	Blue Shield Access+ EPO	PERS Select	Anthem Blue Cross Senior Secure	PERS Choice (PPO)
Anthem Blue Cross Traditional HMO	PERS Choice	Blue Shield NetValue	PERS Choice	Blue Shield 65 Plus	PERSCare (PPO)
Blue Shield Access+	PERSCare	CCPOA Medical Plan[1]	PERSCare	Health Net Seniority Plus	PORAC Police and Fire Health Plan (PPO)[1]
Blue Shield Access+ EPO	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan[1]	Sharp Performance Plus	PORAC Police and Fire Health Plan[1]	Kaiser Permanente Senior Advantage	
Blue Shield NetValue				United Healthcare Group Medicare Advantage	
California Correctional Peace Officers Association (CCPOA) Medical Plan[1]					
Health Net Salud y Más					
Health Net SmartCare					
Kaiser Permanente					
Sharp Performance Plus					
UnitedHealthcare SignatureValue Alliance					

Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 14 for health plan contact information.

[1] You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP or PORAC)

Choosing Your Doctor and Hospital

Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the *Health Plan Chooser* tool (described on pages 10–11), which is available on the CalPERS website at **www.calpers.ca.gov** to find out which plans include your doctor. Once you choose a doctor, call the doctor's office and ask if he or she is affiliated with the plan you are selecting and the hospital you prefer to use. Either way, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 15 for a list of resources that can help you evaluate and select a doctor and hospital.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

Some of our health plans are available only in certain counties and/or ZIP Codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP Code in which you are enrolling.

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the CalPERS-covered employer from which you retired to establish ZIP Code eligibility.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the *Health Plan search by ZIP code*, which is available on the CalPERS website at **www.calpers.ca.gov**, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the *Evidence of Coverage,* contact the health plans using the "Health Plan Directory" on page 14.

Health Plan Availability by County: **Basic Plans**

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at **www.calpers.ca.gov**.

● Health plan covers all or part of county.
▲ Available out-of-state for PERS Choice and PERSCare, not available for PERS Select.

County	Anthem Blue Cross EPO	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+	Blue Shield Access+ EPO	Blue Shield Net Value	CAHP	CCPOA	Health Net Salud y Más	Health Net SmartCare	Kaiser Permanente	PERS Select, PERS Choice, & PERSCare	PORAC	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance
Alameda		●	●	●			●	●			●	●	●		●
Alpine							●					●	●		
Amador							●				●	●	●		
Butte			●	●			●	●				●	●		
Calaveras							●					●	●		
Colusa					●		●					●	●		
Contra Costa		●	●	●		●	●	●			●	●	●		●
Del Norte							●					●	●		
El Dorado		●	●	●		●	●	●			●	●	●		
Fresno		●	●	●		●	●	●			●	●	●		●
Glenn			●	●			●	●				●	●		
Humboldt			●	●			●					●	●		
Imperial		●	●	●		●	●	●				●	●		
Inyo							●					●	●		
Kern		●	●	●		●	●	●	●		●	●	●		●
Kings			●	●		●	●	●			●	●	●		
Lake							●					●	●		
Lassen							●					●	●		
Los Angeles		●	●	●		●	●	●	●	●	●	●	●		●
Madera			●	●		●	●	●			●	●	●		●
Marin			●	●		●	●	●			●	●	●		
Mariposa				●			●	●			●	●	●		
Mendocino			●		●		●					●	●		
Merced		●	●	●			●	●				●	●		●
Modoc							●					●	●		
Mono							●					●	●		
Monterey	●						●					●	●		
Napa			●				●				●	●	●		
Nevada		●	●	●		●	●	●				●	●		
Orange		●	●	●		●	●	●	●	●	●	●	●		●

County	Anthem Blue Cross EPO	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+	Blue Shield Access+ EPO	Blue Shield Net Value	CAHP	CCPOA	Health Net Salud y Más	Health Net SmartCare	Kaiser Permanente	PERS Select, PERS Choice, & PERSCare	PORAC	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance
Placer		●	●	●		●	●	●			●	●	●		●
Plumas							●					●	●		
Riverside		●	●	●		●	●	●	●	●	●	●	●		●
Sacramento		●	●	●		●	●	●			●	●	●		●
San Benito			●				●					●	●		
San Bernardino		●	●	●		●	●	●	●	●	●	●	●		●
San Diego				●		●	●	●	●	●	●	●	●	●	
San Francisco		●	●	●		●	●	●			●	●	●		●
San Joaquin		●	●	●		●	●	●			●	●	●		●
San Luis Obispo			●	●		●	●	●				●	●		
San Mateo			●	●		●	●	●			●	●	●		●
Santa Barbara			●	●			●	●				●	●		
Santa Clara		●	●	●		●	●	●			●	●	●		●
Santa Cruz		●	●	●		●	●	●				●	●		●
Shasta							●					●	●		
Sierra					●		●					●	●		
Siskiyou							●					●	●		
Solano			●	●			●	●			●	●	●		●
Sonoma			●	●		●	●	●			●	●	●		●
Stanislaus		●	●	●		●	●	●			●	●	●		●
Sutter							●				●	●	●		
Tehama							●					●	●		
Trinity							●					●	●		
Tulare		●	●	●			●	●			●	●	●		
Tuolumne							●					●	●		
Ventura		●	●	●		●	●	●			●	●	●		●
Yolo		●	●	●		●	●	●			●	●	●		●
Yuba							●				●	●	●		
Out-of-State											●	▲	●		

Health Plan Availability by County: **Medicare Plans**

Some health plans are available only in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Contact the plan before enrolling to make sure they cover your ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at **www.calpers.ca.gov**.

● Health plan covers all or part of county.
▲ Available out-of-state for PERS Choice and PERSCare, not available for PERS Select.

County	Anthem Blue Cross Medicare Preferred	Anthem Blue Cross Senior Secure	Blue Shield 65 Plus	Blue Shield Access+ Medicare Supplement	Blue Shield Access+ EPO Medicare Supplement	Blue Shield NetValue Medicare Supplement	CAHP Medicare Supplement	CCPOA Medicare Supplement	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage	PERS Select, PERS Choice, & PERSCare Medicare Supplement	PORAC Medicare Supplement	Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance
Alameda	●			●			●	●		●	●	●		●
Alpine							●				●	●		
Amador							●			●	●	●		
Butte	●			●			●	●			●	●		
Calaveras							●				●	●		
Colusa				●	●		●				●	●		
Contra Costa	●		●	●		●	●	●		●	●	●		●
Del Norte							●				●	●		
El Dorado	●			●		●	●	●		●	●	●		
Fresno	●		●	●		●	●	●		●	●	●		●
Glenn	●			●			●	●			●	●		
Humboldt	●			●		●	●				●	●		
Imperial	●		●	●		●	●	●			●	●		
Inyo							●				●	●		
Kern		●	●	●		●	●	●	●	●	●	●		●
Kings	●			●		●	●	●		●	●	●		
Lake							●				●	●		
Lassen							●				●	●		
Los Angeles		●	●			●	●	●	●	●	●	●		●
Madera	●		●	●		●	●	●		●	●	●		●
Marin	●			●		●	●	●		●	●	●		
Mariposa				●			●	●		●	●	●		
Mendocino	●				●		●				●	●		
Merced	●			●			●	●			●	●		●
Modoc							●				●	●		
Mono							●				●	●		
Monterey	●						●				●	●		
Napa	●						●			●	●	●		
Nevada	●		●			●	●	●			●	●		
Orange		●	●			●	●	●	●	●	●	●		●

County	Anthem Blue Cross Medicare Preferred	Anthem Blue Cross Senior Secure	Blue Shield 65 Plus	Blue Shield Access+ Medicare Supplement	Blue Shield Access+ EPO Medicare Supplement	Blue Shield NetValue Medicare Supplement	CAHP Medicare Supplement	CCPOA Medicare Supplement	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage	PERS Select, PERS Choice, & PERSCare Medicare Supplement	PORAC Medicare Supplement	Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance
Placer	●			●		●	●	●		●	●	●		●
Plumas	●						●				●	●		
Riverside		●	●	●		●	●	●	●	●	●	●		●
Sacramento	●			●		●	●	●		●	●	●		●
San Benito	●						●				●	●		
San Bernardino		●	●	●		●	●	●	●	●	●	●		●
San Diego				●		●	●	●	●	●	●	●	●	
San Francisco	●		●			●	●	●		●	●	●		●
San Joaquin	●		●	●		●	●	●		●	●	●		●
San Luis Obispo	●		●			●	●	●			●	●		
San Mateo	●			●		●	●	●		●	●	●		●
Santa Barbara	●			●			●	●			●	●		
Santa Clara	●			●		●	●	●		●	●	●		●
Santa Cruz	●			●		●	●	●			●	●		●
Shasta	●						●				●	●		
Sierra	●				●		●				●	●		
Siskiyou	●						●				●	●		
Solano	●			●			●	●		●	●	●		●
Sonoma	●			●		●	●	●		●	●	●		●
Stanislaus	●			●		●	●	●		●	●	●		●
Sutter	●						●			●	●	●		
Tehama	●						●				●	●		
Trinity	●						●				●	●		
Tulare	●			●			●	●		●	●	●		
Tuolumne	●						●				●	●		
Ventura	●		●			●	●	●		●	●	●		●
Yolo	●			●		●	●	●		●	●	●		●
Yuba	●						●			●	●	●		
Out-of-State										●	▲	●		

Tools to Help You Choose Your Health Plan

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using my|CalPERS, the *Health Plan Chooser,* and the *Health Plan Choice Worksheet*.

Accessing Health Plan Information with my|CalPERS

You can use my|CalPERS at my.calpers.ca.gov, our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to search for other health plans that are available in your area, access CalPERS Health Program forms, and find additional information about CalPERS health plans. If you are a **retiree,** CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at **888 CalPERS** (or **888**-225-7377).

Comparing Your Options: Health Plan Chooser

The *Health Plan Chooser* ("The Chooser") is an online tool that provides a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use tool, you can weigh plan benefits and costs, and view how the plans compare based on objective quality of care measures and patient experience.

The Chooser is available to help you make health plan decisions at any time. You can use it to:

- Find a new health plan during Open Enrollment.
- Select your primary care physician or find a new specialist.
- Evaluate your health plan options and estimate costs.
- Choose a health plan when your employer first begins offering the CalPERS Health Benefits Program.
- Review health plan options due to changes in your marital status or enrollment area.
- Explore health plan options because you are planning for retirement or have become Medicare eligible.

The Chooser takes you through five steps that provide you with key information about each health plan. At each step, you can rate the plans. When you finish, the Chooser gives you a Results Summary chart highlighting the plan(s) you rated as the best fit in each category. This chart allows you to easily determine which plan meets your needs.

Be sure to tell us what you think about the *Health Plan Chooser* by completing a survey located in the Chooser's "Results" page.

The *Health Plan Chooser* provides customized help in selecting the health plan that is right for you and your family. You can find the *Health Plan Chooser* by visiting CalPERS On-Line at **www.calpers.ca.gov**. Select *Health Benefits* program under "Quick Links" and then find the *Health Plan Chooser* under the "Shortcuts" menu.

How to Use the Health Plan Chooser

Step 1. Estimate Your Costs

Your out-of-pocket costs will differ from plan to plan depending on several factors, including how much your employer contributes toward your premium, how often you go to the doctor, and how many prescriptions you fill each year. A chronic illness (e.g., heart disease, asthma, diabetes) can also affect your out-of-pocket costs. When you enter specific information about these variables into the Chooser, you will receive an estimate of how much your out-of-pocket costs will be each year. (Remember that any dollar amounts indicated on the Chooser are estimates only.)

Step 2. Find a Physician

Unless you moved recently, you probably already have a primary care physician. You can use the health plan links on the Chooser to see if your physician is in the health plan you are considering. If your physician is not in the plan you are considering or if you would like to change physicians, you can search for physicians in your area by name or by specialty.

Step 3. Review Quality of Care and Patient Experience Ratings

The Chooser links you to important resources and information about health care quality and patient experience, and allows you to see how consumers rate their health plan's clinical performance. You can consider a plan's overall rating in providing recommended care in key areas such as diabetes, asthma, heart disease and lung disease.

Step 4. Evaluate Plan Features

On the surface, you may think that all health plans are pretty much the same—but if you look more closely, you will find differences in several areas. The Chooser helps you identify the differences by allowing you to evaluate features in three categories:

- Help to Stay Healthy
- Medical Conditions
- How to Save Money

For example, if you smoke and would like to quit, you can find out what type of smoking cessation program each plan offers. If your child has asthma, you can find out about asthma management programs. If you fill multiple prescriptions each year, you can get helpful tips on how to save money on your medications.

Step 5. Compare Plan Costs and Covered Services

This part of the Chooser provides a summary of your costs for doctor visits and hospital stays, deductibles (if applicable), and the yearly maximum for each plan. To see more detailed information about your cost for various services, select any of the plan names.

For more information about CalPERS health plans and access to the *Health Plan Chooser,* visit our website at **www.calpers.ca.gov**. To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or **888**-225-7377).

Comparing Your Options: Health Plan Choice Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is the *Health Plan Choice Worksheet,* which you can find on page 13 of this booklet. Like the Chooser, this worksheet can be used to compare factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column of the Worksheet. Several questions can be answered with a simple "yes" or "no," while others will require you to insert information or call the health plan. Some of the information can be found at CalPERS On-Line at **www.calpers.ca.gov**. If you need assistance completing the form, contact CalPERS at **888 CalPERS** (or **888**-225-7377).

Health Plan Choice Worksheet

Plan name and phone numbers:								
Select the type of plan: *(circle choice)*	HMO	PPO	EPO	Assoc. Plan[1]	HMO	PPO	EPO	Assoc. Plan[1]
Step 1 — Cost								
Calculate your monthly cost. Enter the monthly premium (see current year's rate schedule). Premium amounts will vary based on 1-party/2-party/family and Basic/Medicare.								
Enter your employer's contribution. For contribution amounts, active members should contact their employer; retired members should contact CalPERS.								
Calculate your cost. Subtract your employer's contribution from the monthly premium. If the total is $0 or less, your cost is $0.								
Step 2 — Availability								
Search available plans online. Use our online service, the Health Plan Search by Zip Code, at www.calpers.ca.gov to find out if the plan is available in your residential or work ZIP Code. You may also call the plan's customer service center.								
Call the doctor's office. Confirm that they contract with the plan and are accepting new patients. Ask what specialists are available and the hospitals with which they are affiliated.								
Step 3 — Comparisons								
How does the plan rate in quality of care measures? See page 15 to find out.								
Compare the benefits. See pages 16–31. CalPERS plans offer a standard package of benefits, but there are some differences: acupuncture, chiropractic, etc.								
Step 4 — Other								
Other considerations: Does the plan offer health education? Do you or your family have special medical needs? What services are available when you travel? Are the provider locations convenient?								
What changes are you planning in the upcoming year (e.g., retirement, transfer, move, etc.)?								
Other information								
Compare and select a plan.								

[1] You must belong to the specific employee association and pay applicable dues to enroll in the Association Plans.

Additional Resources

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Health Plan Directory

Following is contact information for the health plans. Contact your health plan with questions about: ID cards; verification of provider participation; service area boundaries (covered ZIP Codes); benefits, deductibles, limitations, exclusions; and *Evidence of Coverage* booklets.

Anthem Blue Cross[1]
(855) 839-4524
Actives Member Services
(800) 225-2273
Senior Secure (HMO)
(855) 251-8825
Medicare Preferred (PPO)
www.anthem.com/ca/calpers/HMO

Blue Shield of California
(800) 334-5847
www.blueshieldca.com/calpers

California Association of Highway Patrolmen (CAHP)
(800) 759-5758
www.thecahp.org

California Correctional Peace Officers Association (CCPOA)
Medical Plan
(800) 257-6213
www.ccpoabtf.org

Health Net of California[1]
(888) 926-4921
www.healthnet.com/calpers

CVS Caremark
Pharmacy Benefit Manager
(877) 542-0284
www.caremark.com/calpers

Kaiser Permanente
(800) 464-4000
www.kp.org/calpers

PERS Select,[2] PERS Choice,[2] PERSCare[2]
Administered by
Anthem Blue Cross
(877) 737-7776
www.anthem.com/ca/calpers

Peace Officers Research Association of California (PORAC)
(800) 937-6722
www.porac.org

Sharp Health Plan[2]
(855) 995-5004
www.sharphealthplan.com/calpers

UnitedHealthcare[1]
(877) 359-3714
Actives Member Services
(888) 867-5581
Retiree Member Services
www.uhc.com/calpers

[1] Pharmacy benefits administered by CVS Caremark for the Basic plan only.

[2] Pharmacy benefits administered by CVS Caremark for both Basic and Medicare plans.

Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Hospitals

CalQualityCompare

www.CalQualityCompare.org

CalHospitalCompare is a standardized, universal performance report card for California hospitals that includes patient experience and clinical quality measures.

U.S. Department of Health and Human Services

www.hospitalcompare.hhs.gov

This site provides publicly-reported hospital quality information, including measures on heart attacks, pneumonia, heart failure, and surgery.

HealthGrades

www.healthgrades.com

HealthGrades uses data from Medicare and states to compare outcomes of care for common procedures.

The Leapfrog Group

www.leapfroggroup.org

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

Doctors and Medical Groups

Medical Board of California

www.mbc.ca.gov

This is the State agency that licenses medical doctors, investigates complaints, disciplines those who violate the law, conducts physician evaluations, and facilitates rehabilitation where appropriate.

Office of the Patient Advocate

www.opa.ca.gov

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs and medical groups in California.

Benefit Comparison Charts

The benefit comparison charts on pages 16–31 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

CalPERS Health Plan Benefit Comparison—**Basic Plans**

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans									
	Anthem Blue Cross			Blue Shield			CCPOA *(Association Plan)*	Health Net		Kaiser Permanente
BENEFITS	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
Calendar Year Deductible										
Individual	N/A			N/A			N/A	N/A		N/A
Family	N/A			N/A			N/A	N/A		N/A
Maximum Calendar Year Co-pay *(excluding pharmacy)*										
Individual	$1,500			$1,500			$1,500	$1,500		$1,500
Family	$3,000			$3,000			$4,500	$3,000		$3,000
Hospital *(including Mental Health and Substance Abuse)*										
Deductible (per admission)	N/A			N/A			N/A	N/A		N/A
Inpatient	No Charge			No Charge			$100/ admission	No Charge		No Charge
Outpatient Facility/ Surgery Services	No Charge			No Charge			$50	No Charge		$15

Continued on next page

EPO & HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CAHP *(Association Plan)*		PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	N/A	N/A		$500 (not transferable between plans)		$500 (not transferable between plans)		$500 (not transferable between plans)		$300	$600
N/A	N/A	N/A		$1,000 (not transferable between plans)		$1,000 (not transferable between plans)		$1,000 (not transferable between plans)		$900	$1,800
$1,500	$1,500	$2,000	N/A	$4,600	N/A	$4,600	N/A	$4,600	N/A	$3,300	$3,300
$3,000	$3,000	$4,000	N/A	$9,200	N/A	$9,200	N/A	$9,200	N/A	$6,600	$6,600
N/A	N/A	N/A		N/A		N/A		$250		N/A	
No Charge	No Charge	10%	Varies	20–30% (hospital tiers)	40%	20%	40%	10%	40%	10%	
No Charge	No Charge	$50 (exceptions may apply)		20–30% (hospital tiers)	40%	20%	40%	10%	40%	10%	

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans									
	Anthem Blue Cross			Blue Shield			CCPOA *(Association Plan)*	Health Net		Kaiser Permanente
BENEFITS	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
Emergency Services										
Emergency Room Deductible	N/A			N/A			N/A	N/A		N/A
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	$50			$50			$75	$50		$50
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	$50			$50			$75	$50		$50
Physician Services *(including Mental Health and Substance Abuse)*										
Office Visits (co-pay for each service provided)	$15			$15			$15	$15		$15
Inpatient Visits	No Charge			No Charge			No Charge	No Charge		No Charge
Outpatient Visits	$15			$15			$15	$15		$15
Urgent Care Visits	$15			$15			$15	$15		$15
Vision Exam/Screening	No Charge			No Charge			$15	No Charge		No Charge
Surgery/Anesthesia	No Charge			No Charge			No Charge	No Charge		No Charge
Diagnostic X-Ray/Lab										
	No Charge			No Charge			No Charge	No Charge		No Charge

Continued on next page

EPO & HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CAHP *(Association Plan)*		PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	N/A	N/A		$50 (applies to hospital emergency room charges only)		$50 (applies to hospital emergency room charges only)		$50 (applies to hospital emergency room charges only)		N/A	
$50	$50	$50+10% (co-pay reduced to $25 if admitted on an inpatient basis)		20% (applies to other services such as physician, x-ray, lab, etc.)		20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10%	
$50	$50	$50+10% (co-pay reduced to $25 if admitted on an inpatient basis)	$50+40%	20% (payment for physician charges only; emergency room facility charge is not covered)	40%	20% (payment for physician charges only; emergency room facility charge is not covered)	40%	10% (payment for physician charges only; emergency room facility charge is not covered)	40%	50% (for non-emergency services provided by hospital emergency room)	
$15	$15	$15	40%	$20	40%	$20	40%	$20	40%	$20	10%
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
$15	$15	10%	40%	$20	40%	$20	40%	$20	40%	10%	10%
$15	$15	$15	40%	$20	40%	$20	40%	$20	40%	10%	10%
No Charge	No Charge	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans									
	Anthem Blue Cross			Blue Shield			CCPOA *(Association Plan)*	Health Net		Kaiser Permanente
BENEFITS	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
Prescription Drugs										
Deductible	N/A			N/A			Brand Formulary: $50 (not to exceed $150/family)	N/A		N/A
Retail Pharmacy (not to exceed 30-day supply)	Generic: $5 Brand Formulary: $20 Non-Formulary: $50			Generic: $5 Brand Formulary: $20 Non-Formulary: $50			Generic: $10 Brand Formulary: $25 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50		Generic: $5 Brand: $20
Retail Pharmacy Maintenance Medications filled after 2nd fill *(i.e. a medication taken longer than 60 days)* (not to exceed 30-day supply)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100			Generic: $10 Brand Formulary: $40 Non-Formulary: $100			Generic: $10 Brand Formulary: $25 Non-Formulary: $50	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		N/A
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: $10 Brand Formulary: $40 Non-Formulary: $100			Generic: $10 Brand Formulary: $40 Non-Formulary: $100			Generic: $20 Brand Formulary: $50 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100		Generic: $10 Brand: $40 (31-100 day supply)
Maximum co-payment per person per calendar year	$1,000			$1,000			N/A	$1,000		N/A
Durable Medical Equipment										
	No Charge			No Charge			No Charge	No Charge		No Charge
Infertility Testing/Treatment										
	50% of Covered Charges			50% of Covered Charges			50% of Allowed Charges	50% of Covered Charges		50% of Covered Charges

Continued on next page

EPO & HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CAHP *(Association Plan)*		PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
N/A	N/A	N/A		N/A		N/A		N/A		N/A	
Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Brand Formulary: $20 Non-Formulary: $50	Generic: $5 Single Source: $20 Multi Source: $25		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50 (not to exceed 34-day supply)		Generic: $10 Brand Formulary: $25 Non-Formulary: $45 Compound: $45	
Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Single Source: $40 Multi Source: $50		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 34-day supply)		N/A	
Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Brand Formulary: $40 Non-Formulary: $100	Generic: $10 Single Source: $40 Multi Source: $50		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $20 Brand Formulary: $40 Non-Formulary: $75	N/A
$1,000	$1,000	N/A		$1,000		$1,000		$1,000		N/A	
No Charge	No Charge	10%	40%	20% (pre-certification required for equipment)	40%	20% (pre-certification required for equipment)	40%	10% (pre-certification required for equipment $1,000 or more)	40%	20%	20%
50% of Covered Charges	50% of Covered Charges	Not Covered		Not Covered		Not Covered		Not Covered		50%	

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Basic Plans									
	Anthem Blue Cross			Blue Shield			CCPOA *(Association Plan)*	Health Net		Kaiser Permanente
BENEFITS	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare	
Occupational / Physical / Speech Therapy										
Inpatient (hospital or skilled nursing facility)	No Charge			No Charge			No Charge	No Charge		No Charge
Outpatient (office and home visits)	$15			$15			No Charge	$15		$15
Diabetes Services										
Glucose monitors, test strips	No Charge			No Charge			No Charge	No Charge		No Charge
Self-management training	$15			$15			$15	$15		$15
Acupuncture										
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)			$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)			N/A	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)
Chiropractic										
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)			$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)			$15 exam (up to 20 visits) No Charge diagnostic services; chiropractic appliances (up to $50)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)

EPO & HMO Basic Plans		PPO Basic Plans									
Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CAHP *(Association Plan)*		PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
No Charge	No Charge	10%	40%	No Charge		No Charge		No Charge		10%	10%
$15	$15	10% (pre-certification required for more than 24 visits)	40%	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	20% (pre-certification required for more than 24 visits)	40%; Occupational therapy: 20%	20%		$20	10%
No Charge	No Charge	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies	
$15	$15	$20		$20		$20		$20		$20	
$15/visit (combined 20 visits per calendar year)	$15/visit (combined 20 visits per calendar year)	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40%	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	20% (acupuncture/chiropractic; combined 15 visits per calendar year)	40%	10% (acupuncture/chiropractic; combined 20 visits per calendar year)	40%	$20 (10% for all other services)	10%
$15/visit (up to 20 visits per calendar year)	$15/visit (up to 20 visits per calendar year)	10% (acupuncture/chiropractic; combined 20 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	20% (acupuncture/chiropractic; combined 15 visits)	40%	10% (acupuncture/chiropractic; combined 20 visits)	40%	$20/up to 20 visits	$35/visit

CalPERS Health Plan Benefit Comparison—**Medicare Plans**

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Medicare Plans							
	Anthem Blue Cross		Blue Shield			CCPOA Medicare Supplement *(Association Plan)*	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage
BENEFITS	Medicare Preferred	Senior Secure	65 Plus	Access+/EPO Medicare Supplement	NetValue Medicare Supplement			
Calendar Year Deductible								
Individual	N/A		N/A			N/A	N/A	N/A
Family	N/A		N/A			N/A	N/A	N/A
Maximum Calendar Year Co-pay *(excluding pharmacy)*								
Individual	$1,500		$6,700	$1,500		$1,500	$6,700	$1,500
Family	$3,000		N/A	$3,000		$4,500 (3 or more)	N/A	$3,000
Hospital *(including Mental Health and Substance Abuse)*								
Inpatient	No Charge		No Charge			$100/ admission	No Charge	No Charge
Outpatient Facility/ Surgery Services	No Charge		No Charge			No Charge	No Charge	$10
Skilled Nursing Facility								
Medicare (up to 100 days/benefit period)	No Charge		No Charge			No Charge	No Charge	No Charge
Home Health Services								
Medicare	No Charge		No Charge			$15/visit (up to 100 visits per calendar year)	No Charge	No Charge
Hospice								
Medicare	No Charge		No Charge			No Charge	No Charge	No Charge

Continued on next page

EPO & HMO Medicare Plans		PPO Medicare Plans							
Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance	CAHP Medicare Supplement *(Association Plan)*	PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
N/A	N/A	N/A	N/A		N/A		N/A		N/A
N/A	N/A	N/A	N/A		N/A		N/A		N/A
$1,500	$1,500	N/A	N/A		N/A		$3,000	N/A	$15,000 calendar year stop-loss
$3,000	N/A	N/A	N/A		N/A		N/A		N/A
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No charge	No Charge	No Charge		No Charge		No Charge		No Charge

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Medicare Plans							
	Anthem Blue Cross		Blue Shield			CCPOA Medicare Supplement *(Association Plan)*	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage
BENEFITS	Medicare Preferred	Senior Secure	65 Plus	Access+/EPO Medicare Supplement	NetValue Medicare Supplement			
Emergency Services								
Medicare (waived if admitted or kept for observation)	$50		$50			No Charge	$50	$50
Ambulance Services								
Medicare	No Charge		No Charge			No Charge	No Charge	No Charge
Surgery/Anesthesia								
	No Charge		No Charge			No Charge	No Charge	No Charge inpatient; $10 outpatient
Physician Services *(including Mental Health and Substance Abuse)*								
Office Visits	$10		$10			$10	$10	$10
Inpatient Visits	No Charge		No Charge			No Charge	No Charge	No Charge
Outpatient Visits	$10		$10			$10	$10	$10
Urgent Care Visits	$25		$25			$10	$25	$25
Preventive Services	No Charge		No Charge			No Charge	No Charge	No Charge
Allergy Treatment	No Charge		No Charge			No Charge	No Charge	$3 (for allergy injections)
Diagnostic X-Ray/Lab								
	No Charge		No Charge			No Charge	No Charge	No Charge
Durable Medical Equipment								
Medicare	No Charge		No Charge			No Charge	No Charge	No Charge

Continued on next page

EPO & HMO Medicare Plans		PPO Medicare Plans							
Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance	CAHP Medicare Supplement *(Association Plan)*	PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
$50	$50	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
$10	$10	$10	No Charge		No Charge		No Charge		No Charge
No Charge	No charge	No Charge	No Charge		No Charge		No Charge		No Charge
$10	$10	No Charge	No Charge		No Charge		No Charge		No Charge
$25	$25	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Medicare Plans							
	Anthem Blue Cross		Blue Shield			CCPOA Medicare Supplement *(Association Plan)*	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage
BENEFITS	Medicare Preferred	Senior Secure	65 Plus	Access+/EPO Medicare Supplement	NetValue Medicare Supplement			
Prescription Drugs								
Deductible	N/A		N/A			N/A	N/A	N/A
Retail Pharmacy (not to exceed 30-day supply)	Select Generics: $0 Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50			Generic: $5 Preferred: $20 Non-Preferred: $35	Generic: $5 Preferred: $20 Non-Preferred: $50	Generic: $5 Preferred: $20
Retail Pharmacy Long-Term Prescription Medications filled after 2nd fill (i.e. 90-day supply)	Select Generics: $0 Generic: $15 Preferred: $60 Non-Preferred: $150		Generic: $10 Preferred: $40 Non-Preferred: $100			Generic: $5 Preferred: $20 Non-Preferred: $35	Generic: $15 Preferred: $60 Non-Preferred: $150	N/A
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: $10 Preferred: $40 Non-Preferred: $100		Generic: $10 Preferred: $40 Non-Preferred: $100			Generic: $10 Preferred: $40 Non-Preferred: $70	Generic: $10 Preferred: $40 Non-Preferred: $100	Generic: $10 Preferred: $40 (31-100 day supply)
Maximum co-payment per person per calendar year	$1,000		$1,000			N/A	$1,000	N/A

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EPO & HMO Medicare Plans		PPO Medicare Plans							
Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance	CAHP Medicare Supplement *(Association Plan)*	PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
N/A	N/A	N/A	N/A		N/A		N/A		$100
Generic: $5 Preferred: $20 Non-Preferred: $50	Generic: $5 Preferred: $20 Non-Preferred: $50	Generic: $5 Single Source: $20 Multi Source: $25	Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $5 Preferred: $20 Non-Preferred: $50		Generic: $10 Preferred: $25 Non-Preferred: $45
Generic: $10 Preferred: $40 Non-Preferred: $100	Generic: $10 Preferred: $40 Non-Preferred: $100	Generic: $10 Single Source: $40 Multi Source: $50	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 30 day supply)		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 30 day supply)		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 34 day supply)		N/A
Generic: $10 Preferred: $40 Non-Preferred: $100	Generic: $10 Preferred: $40 Non-Preferred: $100	Generic: $10 Single Source: $40 Multi Source: $50	Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 90 day supply)		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 90 day supply)		Generic: $10 Preferred: $40 Non-Preferred: $100 (not to exceed 90 day supply)		Generic: $20 Preferred: $40 Non-Preferred: $75
$1,000	$1,000	N/A	$1,000		$1,000		$1,000		N/A

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

	EPO & HMO Medicare Plans							
	Anthem Blue Cross		Blue Shield			CCPOA Medicare Supplement *(Association Plan)*	Health Net Seniority Plus Medicare Advantage	Kaiser Permanente Senior Advantage
BENEFITS	Medicare Preferred	Senior Secure	65 Plus	Access+/EPO Medicare Supplement	NetValue Medicare Supplement			
Occupational / Physical / Speech Therapy								
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge			No Charge	No Charge	No Charge
Outpatient (office and home visits)	$10		$10			No Charge	$10	$10
Diabetes Services								
Glucose monitors, test strips	No Charge		No Charge			No Charge	No Charge	No Charge
Self-management training	$10		$10			$10	$10	$10
Hearing Services								
Routine Hearing Exam	No Charge		No Charge			No Charge	$10	$10
Physician Services	$10		$10			$15	$10	$10
Hearing Aids	$1,000 max/36 months		$1,000 max/36 months			$500 max/ member	$1,000 max/ 36 months	$1,000 max/ 36 months
Vision Care								
Vision Exam	$10		$10			$10	$10	$10
Eyeglasses (following cataract surgery)	No Charge		No Charge			No Charge	No Charge	No Charge
Contact Lenses (following cataract surgery)	No Charge		No Charge			No Charge	No Charge	No Charge
More Benefits Beyond Medicare *(Services covered beyond Medicare coverage)*								
Acupuncture	$10/visit (up to 20 visits per calendar year)		$10/visit (up to 20 visits per calendar year)			N/A	$10/visit (up to 20 visits per calendar year)	$10/visit (up to 20 visits per calendar year)
Chiropractic	$10		$10			$15/visit (up to 20 visits per calendar year)	$10	$10

EPO & HMO Medicare Plans		PPO Medicare Plans							
Sharp Performance Plus Medicare Supplement	UnitedHealthcare SignatureValue Alliance	CAHP Medicare Supplement *(Association Plan)*	PERS Select		PERS Choice		PERSCare		PORAC *(Association Plan)*
			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		No Charge
$10	$10	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	No charge	No Charge	No Charge		No Charge		No Charge		No Charge
$10	$10	No Charge	No Charge		No Charge		No Charge		No Charge
No Charge	$10	No Charge	No Charge		No Charge		No Charge		20%
$10	$10	No Charge	No Charge		No Charge		No Charge		20%
$1,000 max/ 36 months	$1,000 max/ 36 months	20% ($1,000 max/ 36 months)	20% ($1,000 max/36 months)		20% ($1,000 max/36 months)		20% ($2,000 max/24 months)		20% ($900 max/ 36 months)
$10	$10	N/A	N/A		N/A		N/A		20%
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		20%
No Charge	No Charge	No Charge	No Charge		No Charge		No Charge		20%
$10/visit (up to 20 visits per calendar year)	$10/visit (up to 20 visits per calendar year)	20%	$15/visit (up to 20 visits per calendar year)		$15/visit (up to 20 visits per calendar year)		20%		20%
$10	$10	20%	No Charge		No Charge		No Charge		20%

Notes

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www.calpers.ca.gov

HBD–110
Produced by CalPERS External Affairs Branch
Office of Public Affairs
August 2014.08.1