Medical Plans Comparison Chart

	CalPERS Blue Shield Net Value HMO CalPERS Blue Shield HMO	CalPERS Kaiser HMO	City Blue Cross HMO	City Blue Cross POS			CalPERS Select PPO CalPERS PERSChoice PPO *		CalPERS PERSCare PPO *		CalPERS PORAC PPO *	
				HMO Level 1	*Preferred Provider Level 2*	*Non-Preferred Provider Level 3*	*In-Network*	*Out-Of-Network*	*In-Network*	*Out-Of-Network*	*In-Network*	*Out-Of-Network*
Calendar Year Deductible	None	None	None	None	$250 individual $750 family (combined)		$500 individual $1,000 family (combined)		$500 individual $1,000 family (combined)		$300 individual $900 family	$600 individual $1,800 family
Out-Of-Pocket Maximum	$1,500 individual $3,000 family	$1,500 individual $3,000 family	$1,500 individual $3,000 family	$1,500 individual $3,000 family	$3,000 individual $6,000/family		$3,000 individual $6,000 family	None	$2,000 individual $4,000 family	None	$3,000 individual $6,000 family	
Lifetime Maximum	None	None	Unlimited	Unlimited	Unlimited		None		None		None	
Physician Office Visits	$15 co-pay/visit	$15 co-pay/visit	$15 co-pay/visit	$15 co-pay/visit	$15 co-pay/visit	You pay 40%	$20 co-pay/visit	You pay 40%	$20 co-pay/visit	You pay 40%	$20 co-pay/visit (deductible does not apply)	You pay 10%
Diagnostic Lab & X-Ray	No charge	No charge (some procedures may require a co-pay)	$100/test high tech (MRI, CT scan) No Charge basic x-ray	No charge *Complex radiology, CT scan and MRI $100 co-pay	You pay 20%	You pay 40%	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 10%	You pay 10% (varies)
Annual Physical Exams	No charge	No charge	$0 co-pay/exam	$0 co-pay/visit	Not covered	Not covered	No charge	You pay 40%	No charge	You pay 40%	No charge; $500 max/cal. yr. (combined)	
Well Baby Care	No charge	No charge	$0 co-pay/visit	$0 co-pay/visit	Not covered	Not covered	No charge	You pay 40%	No charge	You pay 40%	No charge; $500 max/cal. yr. (combined)	
Emergency Room	$50 co-pay/visit; waived if admitted	$50 co-pay/visit; waived if admitted	$50 co-pay/visit; waived if admitted	$25 co-pay/visit; waived if admitted	$25 co-pay/visit; waived if admitted	$25 co-pay/visit; waived if admitted	You pay 20% after $50 deductible; waived if admitted	You pay 20% after $50 deductible; waived if admitted	You pay 10% after $50 deductible; waived if admitted	You pay 10% after $50 deductible; waived if admitted	You pay 10% 50% if deemed non-emergency (10% and 50% may vary out-of-network)	
Hospital Services	No charge	No charge	No charge	No charge	You pay 20%	You pay 40%; $500 deductible/admission	You pay 20% -30% (PERS select only) 20%	You pay 40%	You pay 10% ($250/ admission inpatient facility deductible)	You pay 40% ($250/ admission inpatient facility deductible)	You pay 10%	You pay 10% (varies)
Chiropractic	Not covered *Call carrier for possible discounts	Not Covered *Call carrier for possible discounts	$15 co-pay/visit; up to 20 visits/cal. yr. (must use BC Chiro provider network)	$10 co-pay/visit; up to 60 consecutive days/ illness/injury; additional PCP referred visits may be authorized	You pay 20%; up to 60 consecutive days/illness/injury; additional visits may be authorized	You pay 40%; up to 60 consecutive days/illness/injury; additional visits may be authorized	You pay 20%; up to 15 visits/cal. yr. *(combined w/out-of-network)*	You pay 40%; up to 15 visits/cal. yr. *(combined w/in-network)*	You pay 10%; up to 20 visits/cal. yr. *(combined w/out-of-network)*	You pay 40%; up to 20 visits/cal. yr. *(combined w/in-network)*	Up to 20 visits/calendar year for combined chiropractic, physical, and occupational therapy	Up to $700 total chiropractic, physical and occupational therapy combined
Hearing Aids Exams Materials	No charge $1,000 max/36 months	No charge $1,000 max/36 months	No co-pay/exam Hearing aids covered as durable medical equipment -.20% of charges	$15 co-pay/exam No charge	Not covered You pay 20%	Not covered You pay 40%	You pay 20% You pay 20% *1 hearing device every 36 months*	You pay 40% You pay 40% *1 hearing device every 36 months*	You pay 10% You pay 10% *1 hearing device every 36 months*	You pay 40% You pay 40% *1 hearing device every 36 months*	You pay 20% You pay 20% *No deductible; one hearing aid per ear every 36 months*	You pay 20% You pay 20% *No deductible; one hearing aid per ear every 36 months)*
Prescription Generic Brand Non-formulary	*30-day supply* [4] $5 co-pay $20 co-pay $50 co-pay	*30-day supply* $5 co-pay $20 co-pay N/A	*30-day supply* [1,6] $10 co-pay $20 co-pay $35 co-pay	*30-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*30-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*30-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*30-day supply* [4, 5, 6] $5 co-pay $20 co-pay $50 co-pay	*30-day supply* [4, 5, 6] $5 co-pay $20 co-pay $50 co-pay	*34-day supply* [4, 5, 6] $5 co-pay $20 co-pay $50 co-pay	*34-day supply* [4, 5, 6] $5 co-pay $20 co-pay $50 cop-ay	*34-day supply or 100/pills units, whichever is more* $10 co-pay $25 co-pay $45 co-pay	*34-day supply or 100/pills units, whichever is more* $10 co-pay $25 co-pay $45 co-pay
Mail Order Generic Brand Non-formulary	*90-day supply (Up to $1,000 max/cal. yr).* $10 co-pay $40 co-pay $100 co-pay	*31-100 day supply (Up to $1,000 max/cal. yr.)* $10 co-pay $40 co-pay N/A	*90-day supply* [1,6] $10 co-pay $20 co-pay $35 co-pay	*90-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*90-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*90-day supply* [1, 2] $10 co-pay $20 co-pay $35 co-pay	*90-day supply (Up to $1,000 max/cal. yr.)* $10 co-pay $40 co-pay $100 co-pay ($70 if medically necessary)	*90-day supply (Up to $1,000 max/cal. yr.)* $10 co-pay $40 co-pay $100 co-pay ($70 if medically necessary)	*90-day supply (Up to $1,000 max/cal. yr.)* $10 co-pay $40 co-pay $100 co-pay ($70 if medically necessary)	*90-day supply (Up to $1,000 max/cal. yr.)* $10 co-pay $40 co-pay $100 co-pay ($70 if medically necessary)	*90-day supply or 100/pills units, whichever is more* $20 co-pay $40 co-pay $75 co-pay	*N/A*
Mental Health Inpatient Outpatient	No Charge $15/visit	No Charge $15/individual visit $7/group visit	No charge; *preauthorization required* $15 co-pay/visit.	No charge (does not apply to detox). *preauthorization required.* $15 co-pay/visit.	No Charge (does not apply to detox). *preauthorization required* $15 co-pay/visit.	You pay 40%; (does not apply to detox). *preauthorization required.* *You pay 40%.*	You pay 20-30% You pay 20-30%	You pay 40% You pay 40%	You pay 10% You pay 10%	You pay 40% You pay 40%	You pay 10% You pay 10%	
Substance Abuse Inpatient Outpatient	No charge $15/visit	No charge $15 individual $5 group therapy	See Mental Health *(Alcoholism is acute phase only)* See Mental Health	See Mental Health See Mental Health	See Mental Health See Mental Health	See Mental Health See Mental Health	You pay 20-30% You pay 20-30%	You pay 40% You pay 40%	You pay 10% You pay 10%	You pay 40% You pay 40%	You pay 10% You pay 10%	

*[1] You pay 20% of prescription drug covered expenses (up to $100 co-pay) for self-administered injectable drugs (except insulin). [2] If you obtain prescription drugs from a non-participating pharmacy, you pay the co-pay plus 50% of the remaining drug expense and the cost in excess of the maximum amount allowed. [3] Maximum combined with physical and occupational therapy. [4] Implementation of specialty & biotech drug management, education & compliance programs for the following: Asthma, Rheumatoid arthritis, Multiple sclerosis, Cancer treatment/blood modifying agents, Hepatitis C, Psoriasis & Growth hormones. Implementation of promotion of over-the-counter (OTC) drugs when available. [5] Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2nd fill of Rx at retail pharmacy, OR Member will be charged the appropriate mail service co-pay for a one-month supply at retail. [6] Mandatory generic substitution; if a brand name is requested when generic is available you will be responsible for generic co-pay and the difference between the generic and brand name. [6] Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit. *Administered by Blue Cross. These benefit summaries only highlight your benefits. They are not summary plan descriptions (SPDs). If any discrepancy exists between this summary and the official documents, the official documents will prevail.*