


2018 CalPERS Basic Medical Plans Comparison Chart

	CalPERS HMO	CalPERS Kaiser HMO	CalPERS Select PPO & PERSChoice PPO*		CalPERS PERSCare PPO*		CalPERS PORAC PPO*	
	Anthem, Blue Shield, Health Net, Sharp, UnitedHealthCare	Kaiser	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
Calendar Year Deductible	None	None	\$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	\$3,000 individual \$6,000 family	None	\$2,000 individual \$4,000 family	None	\$3,300 individual \$6,600 family	None
Physician Office Visits (including Mental Health & Substance Abuse)	\$15 copay/ visit	\$15 copay/ visit	\$20 copay/ visit	You pay 40%	\$20 copay/ visit	You pay 40%	\$20 copay/ visit	You pay 10%
Diagnostic Lab & X-ray	No Charge	No Charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 10%	You pay 10%
Emergency Room	\$50 copay/ visit; waived if admitted	\$50 copay/ visit; waived if admitted	You pay 20% after \$50 deductible	You pay 20% after \$50 deductible	You pay 10% after \$50 deductible	You pay 40% after \$50 deductible	You pay 10%	
Urgent Care (non-emergency)	\$15 copay/ visit	\$15 copay/ visit	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 50%	
Hospital Services (including Mental Health & Substance Abuse)	No Charge	No charge \$15 Outpatient Facilities/ Surgery Services	You pay 20% 20%-30% (PERS Select only) Hospital Tiers	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%
Chiropractic/ Acupuncture (combined)	\$15 copay/ visit up to 20 visits per calendar year (combined)	\$15 copay/ visit up to 20 visits per calendar year (combined)	\$15 copay/ visit up to 20 visits per calendar year (combined)	You pay 40%	\$15 copay/ visit up to 20 visits per calendar year (combined)	You pay 40%	Acupuncture: \$20/10% after copay Chiropractic: Up to 20 visits/calendar year	Acupuncture: 10% Chiropractic: \$35/ visit
Durable Medical Equipment	No Charge	No Charge	You pay 20% Pre-certification required	You pay 40% Pre-certification required	You pay 10% Pre-certification required	You pay 40% Pre-certification required	You pay 20%	You pay 20%
Prescription	30-day supply ⁴	30-day supply	30-day supply ^{1,2,3}	30-day supply ^{1,2,3}	34-day supply ^{1,2,3}	34-day supply ^{1,2,3}	34-day supply or 100/pills, whichever is more	
Generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$10 copay	\$10 copay
Brand	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay
Non-formulary	\$50 copay	N/A	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$45 copay Compound: \$45	\$45 copay Compound: \$45
Mail Order	90-day supply	31-100 day supply	90-day supply	90-day supply	90-day supply	90-day supply		
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay	
Brand	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	
Non-formulary	\$100 copay	N/A	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$75 copay	N/A

*Administered by Blue Cross ¹OptumRX provides prescription drug benefit management services for PERS Select, Choice & Care. These services include administration of the Retail Pharmacy Program and the Mail Service Program; delivery of specialty pharmacy products such as biotechs and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare. ²Mandatory generic substitution; if a brand name is requested when generic is available you will be responsible for generic copay and the difference between the generic and brand name. ³Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit. ⁴Mandatory 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 copay for a one-month supply at retail. 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.**