

## 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
<b>Calendar Year Deductible</b>	None	None	\$500 individual \$1,000 family (combined)		\$500 individual \$1,000 family (combined)		\$300 individual \$900 family	\$600 individual \$1,800 family
<b>Out of Pocket Maximum</b>	\$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
<b>Physician Office Visits (including Mental Health &amp; Substance Abuse)</b>	\$15 copay/ visit	\$15 copay/ visit	\$20 copay/ visit	You pay 40%	\$20 copay/ visit	You pay 40%	\$20 copay/ visit	You pay 10%
<b>Diagnostic Lab &amp; X-ray</b>	No Charge	No Charge	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 10%	You pay 10%
<b>Emergency Room</b>	\$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%	
<b>Urgent Care (non-emergency)</b>	\$15 copay/ visit	\$15 copay/ visit	You pay 20%	You pay 40%	You pay 10%	You pay 40%	You pay 50%	
<b>Hospital Services (including Mental Health &amp; Substance Abuse)</b>	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%
<b>Chiropractic/ Acupuncture (combined)</b>	\$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
<b>Durable Medical Equipment</b>	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%
<b>Prescription</b>	30-day supply <sup>4</sup>	30-day supply	30-day supply <sup>1,2,3</sup>	30-day supply <sup>1,2,3</sup>	34-day supply <sup>1,2,3</sup>	34-day supply <sup>1,2,3</sup>	34-day supply or 100/pills, whichever is more	
<b>Generic</b>	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$10 copay	\$10 copay
<b>Brand</b>	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$20 copay	\$25 copay	\$25 copay
<b>Non-formulary</b>	\$50 copay	N/A	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$45 copay Compound: \$45	\$45 copay Compound: \$45
<b>Mail Order</b>	90-day supply	31-100 day supply	90-day supply	90-day supply	90-day supply	90-day supply		
<b>Generic</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$20 copay	N/A
<b>Brand</b>	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	\$40 copay	
<b>Non-formulary</b>	\$100 copay	N/A	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$75 copay	

\*Administered by Blue Cross <sup>1</sup>OptumRX 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 biotech and injectables; clinical pharmacist consultation; and clinical collaboration with your physician to ensure you receive optimal total healthcare. <sup>2</sup>Mandatory 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. <sup>3</sup>Self-administered injectable medications are available under your pharmacy benefits and are no longer payable under the medical benefit. <sup>4</sup>Mandatory mail service for maintenance drugs. Mail Service would be mandatory after the 2<sup>nd</sup> 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.**