

CalPERS 2024 Medical Plan Highlights Region 2 Counties Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura	CalPERS HMO PLAN OPTIONS						
	Kaiser	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield TRIO HMO	Sharp Health Plan HMO	United Healthcare SignatureValue Alliance
						San Diego County	
Office Visit/Specialist	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preventative Services/Basic Lab/X-ray	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay
Prescription Drugs							
Generic/Brand/Non-Formulary							
Retail Pharmacy 30-day supply	\$5 / \$20	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50	\$5 / \$20 / \$50
Retail Maint. Meds after 2nd refill	N/A	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100
Mail Order 90-day supply	\$ 10 / \$40	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100	\$10 / \$40 / \$100
Durable Medical Equipment	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay
Urgent Care Visits	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-Payment	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Waived if admitted	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hospital	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Inpatient Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/Surgery Services	\$15	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Chiropractic Care (combined with Acupuncture)	\$15/visit	\$15/visit	\$15/visit	\$15/visit	\$15/visit	\$15/visit	\$15/visit
	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.
Occupational/Physical/Speech Therapy							
Inpatient Care	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay	No co-pay
Outpatient Care	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Max Co-Payment Liability - Single	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
*Max Out-of-Pocket - Single	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Calendar Year Deductible - Single	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Premium over 12 Months							
Single	\$0.00	\$0.00	\$129.43	\$0.00	\$0.00	\$0.00	\$0.00
Plus 1	\$0.00	\$0.00	\$258.86	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$336.52	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Premium over 10 Months							
Single	\$0.00	\$0.00	\$155.32	\$0.00	\$0.00	\$0.00	\$0.00
Plus 1	\$0.00	\$0.00	\$310.63	\$0.00	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$403.82	\$0.00	\$0.00	\$0.00	\$0.00

CalPERS 2024 Medical Plan Highlights Region 2 Counties Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura	HMO Plan	CalPERS Anthem Blue Cross PPO Plan Options			
	United Healthcare	PERS Gold		PERS Platinum	
	SignatureValue Harmony	PPO	Out of Network	PPO	Out of Network
	Aavailable in Orange & San Diego Counties				
Office Visit/Specialist	\$15	\$10 / \$35	40%	\$20 / \$35	40%
Preventative Services/Basic Lab/X-ray	No co-pay	No Charge	40%	No Charge	40%
Prescription Drugs					
Generic/Brand/Non-Formulary					
Retail Pharmacy 30-day supply	\$5 / \$20 / \$50	\$5 / \$20 / \$50	Not Covered	\$5 / \$20 / \$50	Not Covered
Retail Maint. Meds after 2nd refill	\$10 / \$40 / \$100	\$10 / \$40 / \$100	Not Covered	\$10 / \$40 / \$100	Not Covered
Mail Order 90-day supply	\$10 / \$40 / \$100	\$10 / \$40 / \$100	Not Covered	\$10 / \$40 / \$100	Not Covered
Durable Medical Equipment	No co-pay	20%	40%	10%	40%
Urgent Care Visits	\$15	\$35	40%	\$35	40%
Emergency Room Deductible	N/A	20%	40%	10%	40%
Co-Payment	\$50	\$50		\$50	
Waived if admitted	Yes	Yes	Yes	Yes	Yes
Hospital	N/A	N/A		\$250	
Inpatient Care	No Charge	20% or 30%	40%	10%	40%
Outpatient Facility/Surgery Services	No Charge	20% or 30%	40%	10%	40%
Chiropractic Care (combined with Acupuncture)	\$15/visit	\$15/visit	40%	\$15/visit	60%
	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.
Occupational/Physical/Speech Therapy					
Inpatient Care	No co-pay	No charge		No Charge	
Outpatient Care	\$15	20%	40%	10%	40%
			Occ. therapy 20%		Occ. Therapy 10%
Max Co-Payment Liability - Single	\$1,500	\$3,000	N/A	\$2,000	N/A
Family	\$3,000	\$6,000	N/A	\$4,000	N/A
*Max Out-of-Pocket - Single	\$1,500	\$6,550	N/A	\$6,550	N/A
Family	\$3,000	\$13,100	N/A	\$13,100	N/A
Calendar Year Deductible - Single	N/A	\$1,000	\$2,500	\$500	\$2,000
Family	N/A	\$2,000	\$5,000	\$1,000	\$4,000
Monthly Premium over 12 Months					
Single	\$0.00		\$0.00		\$246.55
Plus 1	\$0.00		\$0.00		\$493.10
Family	\$0.00		\$0.00		\$641.03
Monthly Premium over 10 Months					
Single	\$0.00		\$0.00		\$295.86
Plus 1	\$0.00		\$0.00		\$591.72
Family	\$0.00		\$0.00		\$769.24