

CalPERS 2026 Health Plan Highlights		CalPERS HMO PLAN OPTIONS							
Region 2 Counties Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura		Kaiser	AnthemSelect HMO	Anthem Traditional HMO	Blue Shield Access+ HMO or EPO	Blue Shield TRIO HMO	Health Net	Sharp Performance Plus	United Healthcare SignatureValue Alliance
Office Visit/Specialist		\$15	\$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	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	\$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	\$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	\$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	No co-pay
Urgent Care Visits		\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Emergency Room Deductible		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Co-Payment		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Waived if admitted		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hospital		N/A	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	No Charge
Outpatient Facility/Surgery Services		\$15	No Charge	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	\$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.	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	No co-pay
Outpatient Care		\$15	\$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	\$1,500
Family		\$3,000	\$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	\$1,500
Family		\$3,000	\$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	N/A
Family		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Monthly Premium over 12 Months									
Single		\$0.00	\$28.63	\$170.57	\$65.20	\$0.00	\$0.00	\$0.00	\$0.00
Plus 1		\$0.00	\$57.26	\$341.14	\$130.40	\$0.00	\$0.00	\$0.00	\$0.00
Family		\$0.00	\$74.44	\$443.49	\$169.52	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Premium over 10 Months									
Single		\$0.00	\$34.36	\$204.68	\$78.24	\$0.00	\$0.00	\$0.00	\$0.00
Plus 1		\$0.00	\$68.71	\$409.37	\$156.48	\$0.00	\$0.00	\$0.00	\$0.00
Family		\$0.00	\$89.33	\$532.19	\$203.42	\$0.00	\$0.00	\$0.00	\$0.00

CalPERS 2026 Health Plan Highlights		HMO Plan United Healthcare SignatureValue Harmony	CalPERS Blue Shield of CA PPO Plan Options				
Region 2 Counties Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura			PERS Gold		PERS Platinum		
			PPO	Out of Network	PPO	Out of Network	
		Available 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 20 visits/cal. yr.		\$15/visit 20 visits/cal. yr.	40% 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	60% 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		\$8,150	N/A	\$8,150	N/A	
Family	\$3,000		\$16,300	N/A	\$16,300	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		\$438.55		
Plus 1	\$0.00		\$0.00		\$877.10		
Family	\$0.00		\$0.00		\$1,140.23		
Monthly Premium over 10 Months							
Single	\$0.00		\$0.00		\$526.26		
Plus 1	\$0.00		\$0.00		\$1,052.52		
Family	\$0.00		\$0.00		\$1,368.28		