

CalPERS 2026 Health Plan Highlights	CalPERS HMO PLAN OPTIONS							
	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
Region 2 Counties Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura								
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

<b>CalPERS</b> <b>2026 Health Plan Highlights</b>	HMO Plan	CalPERS Blue Shield of CA PPO Plan Options			
	<b>United Healthcare</b> <b>SignatureValue Harmony</b>	PERS Gold		PERS Platinum	
		PPO	Out of Network	PPO	Out of Network
<b>Region 2 Counties</b> <b>Fresno, Imperial, Inyo, Kern, Kings, Madera,</b> <b>Orange, San Diego, San Luis Obispo, Santa</b> <b>Barbara, Tulare, and Ventura</b>	<b>Aavailable in Orange &amp; San</b> <b>Diego Counties</b>				
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	\$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
<b>Monthly Premium over 12 Months</b>					
<b>Single</b>	\$0.00	\$0.00		\$438.55	
<b>Plus 1</b>	\$0.00	\$0.00		\$877.10	
<b>Family</b>	\$0.00	\$0.00		\$1,140.23	
<b>Monthly Premium over 10 Months</b>					
<b>Single</b>	\$0.00	\$0.00		\$526.26	
<b>Plus 1</b>	\$0.00	\$0.00		\$1,052.52	
<b>Family</b>	\$0.00	\$0.00		\$1,368.28	