

| CalPERS 2022 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 | Health Net SmartCare HMO | Sharp Health Plan HMO | United Healthcare HMO |
| | | | | | | | San Diego County | |
| 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 | \$6.41 | \$301.11 | \$194.12 | \$36.68 | \$139.67 | \$0.00 | \$69.07 |
| Plus 1 | \$0.00 | \$12.82 | \$602.22 | \$388.40 | \$73.36 | \$279.34 | \$0.00 | \$138.14 |
| Family | \$0.00 | \$16.67 | \$782.89 | \$504.92 | \$95.37 | \$363.14 | \$0.00 | \$179.58 |
| Monthly Premium over 10 Months | | | | | | | | |
| Single | \$0.00 | \$7.69 | \$361.33 | \$232.94 | \$44.02 | \$167.60 | \$0.00 | \$82.88 |
| Plus 1 | \$0.00 | \$15.38 | \$722.66 | \$466.08 | \$88.03 | \$335.21 | \$0.00 | \$165.77 |
| Family | \$0.00 | \$20.00 | \$939.47 | \$605.90 | \$114.44 | \$435.77 | \$0.00 | \$215.50 |

| CalPERS 2022 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 SignatureValue Harmony Aavailable in Orange & San Diego Counties | PERS Gold (Formerly Select) PPO | | PERS Platinum (Formerly PERSCare) PPO | |
| | | | | | |
| 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 | \$20 | 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 | Non-transferable | \$500 | Non-transferable |
| Family | N/A | \$2,000 | between plans | \$1,000 | between plans |
| Monthly Premium over 12 Months | | | | | |
| Single | \$76.72 | \$0.00 | | \$176.16 | |
| Plus 1 | \$153.44 | \$0.00 | | \$352.32 | |
| Family | \$199.47 | \$0.00 | | \$458.02 | |
| Monthly Premium over 10 Months | | | | | |
| Single | \$92.06 | \$0.00 | | \$211.39 | |
| Plus 1 | \$184.13 | \$0.00 | | \$422.78 | |
| Family | \$239.36 | \$0.00 | | \$549.62 | |