

CalPERS 2023 Medical Plan Highlights Region 3 Counties Los Angeles, Riverside & San Bernardino	CalPERS HMO PLAN OPTIONS							
	Kaiser	Anthem Select HMO	Anthem Traditional HMO	Blue Shield Access+ HMO	Blue Shield TRIO HMO	Health Net SmartCare HMO	United Healthcare SignatureValue Alliance	United Healthcare SignatureValue Harmony
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 Approved 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 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 20 visits/cal. yr.	\$15/visit 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
<b>Monthly Premium over 12 Months</b>								
<b>Single</b>	\$0.00	\$0.00	\$188.09	\$0.00	\$0.00	\$0.65	\$35.82	\$0.00
<b>Plus 1</b>	\$0.00	\$0.00	\$376.18	\$0.00	\$0.00	\$1.30	\$71.64	\$0.00
<b>Family</b>	\$0.00	\$0.00	\$489.04	\$0.00	\$0.00	\$1.69	\$93.14	\$0.00
<b>Monthly Premium over 10 Months</b>								
<b>Single</b>	\$0.00	\$0.00	\$225.71	\$0.00	\$0.00	\$0.78	\$42.98	\$0.00
<b>Plus 1</b>	\$0.00	\$0.00	\$451.42	\$0.00	\$0.00	\$1.56	\$85.97	\$0.00
<b>Family</b>	\$0.00	\$0.00	\$586.85	\$0.00	\$0.00	\$2.03	\$111.77	\$0.00

\* Separate Prescription Drug Maximum

CaIPERS 2023 Medical Plan Highlights Region 3 Counties Los Angeles, Riverside & San Bernardino	CaIPERS Anthem Blue Cross PPO Plan Options			
	PERS Gold (Formerly Select)		PERS Platinum (Formerly PersCare)	
	PPO	Non PPO	PPO	Non PPO
Office Visit/Specialist	\$10 / \$35	40%	\$20 / \$35	40%
Preventative Services/Basic Lab/X-ray	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
Retail Maint. Meds after 2nd refill	\$10 / \$40 / \$100		\$10 / \$40 / \$100	Not Covered
Mail Order 90-day supply	\$10 / \$40 / \$100		\$10 / \$40 / \$100	Not Covered
Durable Medical Equipment	20%	40%	10%	40%
Urgent Care Visits	\$20	40%	\$35	40%
Emergency Room Deductible	20%	40%	10%	40%
Co-Payment	\$50		\$50	
Waived if admitted	Yes	Yes	Yes	Yes
Hospital	N/A		\$250	
Inpatient Care	20% or 30%	40%	10%	40%
Outpatient Approved Facility/Surgery Services	20% or 30%	40%	10%	40%
Chiropractic Care (combined with Acupuncture)	\$15/visit	40%	\$15/visit	60%
	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.	20 visits/cal. yr.
Occupational/Physical/Speech Therapy				
Inpatient Care	No charge		No Charge	
Outpatient Care	20%	40%	10%	40%
		Occ. therapy 20%		Occ. Therapy 10%
Max Co-Payment Liability - Single	\$3,000	N/A	\$2,000	N/A
Family	\$6,000	N/A	\$4,000	N/A
*Max Out-of-Pocket - Single	\$6,550	N/A	\$6,550	N/A
Family	\$13,100	N/A	\$13,100	N/A
Calendar Year Deductible - Single	\$1,000	Non-transferable	\$500	Non-transferable
Family	\$2,000	between plans	\$1,000	between plans
<b>Monthly Premium over 12 Months</b>				
<b>Single</b>		\$0.00		\$237.95
<b>Plus 1</b>		\$0.00		\$475.90
<b>Family</b>		\$0.00		\$618.67
<b>Monthly Premium over 10 Months</b>				
<b>Single</b>		\$0.00		\$285.54
<b>Plus 1</b>		\$0.00		\$571.08
<b>Family</b>		\$0.00		\$742.40

\* Separate Prescription Drug Maximum