2023 CalPERS – EPO & HMO Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet on the CalPERS website.

Benefits	Anthem Blue Cross Del Norte County EPO Select HMO Traditional HMO	Blue Shield Access+ HMO & Access+ EPO Trio HMO	Health Net Salud y Más HMO SmartCare HMO	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance HMO Harmony HMO	Western Health Advantage HMO
Calendar Year Deductible							
• Individual	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
Maximum Calendar Year Copay or Coinsurance *(excluding pharmacy)*							
• Individual	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)	$1,500 (copay)
• Family	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)	$3,000 (copay)
Hospital							
• Deductible *(per admission)*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
• Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgical Services							
• Outpatient Facility Charge	No Charge	No Charge	No Charge	$15	No Charge	No Charge	No Charge
Emergency Services							
• Emergency Room Copay	$50	$50	$50	$50	$50	$50	$50
• Waived if Admitted	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mental Health and Substance Abuse							
• Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Outpatient Visits	$15	$15	$15	$15	$15	$15	$15
Physician Services							
• Office Visits *(copay for each service provided)*	$15	$15	$15	$15	$15	$15	$15
• Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Urgent Care Services	$15	$15	$15	$15	$15	$15	$15

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2023 CalPERS – EPO & HMO Basic Plans (continued)

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

Benefits	Anthem Blue Cross Del Norte County EPO Select HMO Traditional HMO	Blue Shield Access+ HMO & Access+ EPO Trio HMO	Health Net Salud y Más HMO SmartCare HMO	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance HMO Harmony HMO	Western Health Advantage HMO
Diagnostic X-Ray/Lab							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Prescription Drugs							
• Prescription Drug Annual Out of Pocket Max – Individual	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)	$7,200 (in addition to Medical OOP limit)
• Prescription Drug Annual Out of Pocket Max – Family	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)	$14,400 (in addition to Medical OOP limit)
• Retail Pharmacy *(not to exceed 30-day supply)*	Generic: $5 Brand Preferred: $20 Non-Preferred: $50	Generic/Tier 1[1]: $5 Brand Preferred/Tier 2[1]: $20 Non-Preferred/Tier 3[1]: $50 Tier 4[1]: $30	Generic: $5 Brand Preferred: $20 Non-Preferred: $50	Generic: $5 Brand: $20	Generic: $5 Brand Preferred: $20 Non-Preferred: $50	Generic: $5 Brand Preferred: $20 Non-Preferred: $50	Generic: $5 Brand Preferred: $20 Non-Preferred: $50
• Retail Preferred Pharmacy Maintenance Medications	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic/Tier 1[1]: $10 Brand Preferred/Tier 2[1]: $40 Non-Preferred/Tier 3[1]: $100 Tier 4[1]: $60	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	N/A	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic: $10 Brand Preferred: $40 Non-Preferred: $100
• Mail Order Pharmacy Program *(not to exceed 90-day supply for maintenance drugs)*	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic/Tier 1[1]: $10 Brand Preferred/Tier 2[1]: $40 Non-Preferred/Tier 3[1]: $100 Tier 4[1]: $60	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic: $10 Brand: $40 (31-100 day supply	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic: $10 Brand Preferred: $40 Non-Preferred: $100	Generic: $10 Brand Preferred: $40 Non-Preferred: $100
• Mail order maximum copayment per person per calendar year	$1,000	$1,000	$1,000	N/A	$1,000	$1,000	$1,000

1 Tier formulary BSC Trio HMO only

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2023 CalPERS – EPO & HMO Basic Plans (continued)

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

Benefits	Anthem Blue Cross Del Norte County EPO Select HMO Traditional HMO	Blue Shield Access+ HMO & Access+ EPO Trio HMO	Health Net Salud y Más HMO SmartCare HMO	Kaiser Permanente	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance HMO Harmony HMO	Western Health Advantage HMO
Durable Medical Equipment							
	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Infertility Testing/Treatment							
	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges
Occupational /Physical /Speech Therapy							
• Inpatient *(hospital or skilled nursing facility)*	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
• Outpatient *(office and home visits)*	$15	$15	$15	$15	$15	$15	$15
Acupuncture							
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)
Chiropractic							
	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)

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2023 CalPERS – PPO Basic Plans

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

Benefits	PERS Gold		PERS Platinum		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Calendar Year Deductible						
• Individual	$1,000	$1,000	$500	$500	$300	$600
• Family	$2,000	$2,000	$1,000	$1,000	$900	$1,800
Maximum Calendar Year Copay or Coinsurance *(excluding pharmacy)*						
• Individual	$3,000 (coninsurance)	Unlimited	$2,000 (coinsurance)	Unlimited	$2,000	Unlimited
• Family	$6,000 (coninsurance)	Unlimited	$4,000 (coinsurance)	Unlimited	$4,000	Unlimited
Hospital						
• Deductible *(per admission)*	N/A	N/A	$250	$250	N/A	N/A
• Inpatient	20%	40% [2]	10%	40%	20%	20%
Surgical Services						
• Outpatient Facility Charge	20%	40%	10%	40%	20%	20%
Emergency Services						
• Emergency Room Deductible *(copay waived if admitted as an inpatient or for observation as an outpatient)*	$50 (applies to hospital emergency room facility charge only)		$50 (applies to hospital emergency room facility charge only)		N/A	
• Emergency Services	20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		20%	
Mental Health and Substance Abuse						
• Inpatient Visits	20%	40% [2]	10%	40% [2]	20%	20% [2]
• Outpatient Visits	$35	40% [2]	$20	40% [2]	20%	20% [2]
Physician Services						
• Office Visits *(copay for each service provided)*	$35 [1]	40%	$20 [2]	40% [2]	$35 [1]	20% [2]
• Preventive Services	No Charge	40% [2]	No Charge	40% [2]	No Charge	No Charge
• Urgent Care Services	$35	40% [2]	$35	40% [2]	$35	20% [2]

1 Reduced to $10 if enrolled with personal doctor.

2 Of the allowable amount as defined in the EOC

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2023 CalPERS – PPO Basic Plans (continued)

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

Benefits	PERS Gold		PERS Platinum		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Diagnostic X-Ray/Lab						
	20%	40% [1]	10%	40% [1]	20%	20% [1]
Prescription Drugs						
• Prescription Drug Annual Out of Pocket Max – Individual	$2,000 (in addition to Medical OOP limit)	Unlimited	$2,000 (in addition to Medical OOP limit)	Unlimited	$2,000 (in addition to Medical OOP limit)	Unlimited
• Prescription Drug Annual Out of Pocket Max – Family	$4,000 (in addition to Medical OOP limit)	Unlimited	$4,000 (in addition to Medical OOP limit)	Unlimited	$4,000 (in addition to Medical OOP limit)	Unlimited
• Retail Pharmacy *(not to exceed 30-day supply)*	Generic: $5 Brand Preferred: $20 Non-Preferred: $50		Generic: $5 Brand Preferred: $20 Non-Preferred: $50		Generic: $10 Brand Preferred: $25 Non-Preferred: $45 Compound: $45	
• Retail Participating Pharmacy Maintenance Medications	Generic: $10 Brand Preferred: $40 Non-Preferred: $100		Generic: $10 Brand Preferred: $40 Non-Preferred: $100		N/A	
• Mail Order Pharmacy Program *(not to exceed 90-day supply for maintenance drugs)*	Generic: $10 Brand Preferred: $40 Non-Preferred: $100		Generic: $10 Brand Preferred: $40 Non-Preferred: $100		Generic: $20 Brand Preferred: $40 Non-Preferred: $75	N/A
• Specialty Mail copayment limit per person per calendar year	$1,000		$1,000		N/A	
Durable Medical Equipment						
	20%	40% [1]	10%	40% [1]	20% [1]	
	(pre-certification required for equipment)		(pre-certification required for equipment)			
Infertility Testing/Treatment						
	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	50% of Covered Charges

1 Of the allowable amount as defined in the EOC

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2023 CalPERS – PPO Basic Plans (continued)

For more details about the benefits provided by a specific plan, refer to that plan's Evidence of Coverage (EOC) booklet.

Benefits	PERS Gold		PERS Platinum		PORAC (Association Plan)	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Occupational / Physical / Speech Therapy						
• Inpatient *(hospital or skilled nursing facility)*	No Charge		No Charge		20% (no copay for inpatient PT/OT by a PAR provider)	20% [1]
• Outpatient *(office and home visits)*	20%	40% (Occupational 20%)	10%	40% (Occupational 20%)	$15	20% [1]
	(Pre-certification required for more than 24 visits)		(Pre-certification required for more than 24 visits)		(Pre-certification required for more than 20 visits; Chiropractic, Physical & Occupational therapy combined	
Speech Therapy						
• Inpatient *(hospital or skilled nursing facility)*	20%	20%	10%	10%	20%	20% [1]
• Outpatient *(office and home visits)*	20%	40%	10%	40%	20%	20% [1]
	(Pre-certification required for more than 24 visits)		(Pre-certification required for more than 24 visits)			
Acupuncture						
• Office Visit	$15	40% [1]	$15	40% [1]	$15	20% [1]
	(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)			
Chiropractic						
• Office Visit	$15	40% [1]	$15	40% [1]	$15	20% [1]
	(acupuncture/chiropractic combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(Pre-certification required for more than 20 visits; combined w/Physical & Occupational Therapy)	

1 Of the allowable amount as defined in the EOC

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