2017 CalPERS Health Plan Benefit Comparison HMO PLANS

	Anthem Blue Cross		Blue Shield	Health Net	Kaiser	Tin: to JTT ooldh oo no						
BENEFITS					Permanente	UnitedHealthcare SignatureValue						
	Select Traditional		Access+	Salud y Más SmartCare		Alliance						
			Calendar Year D	eductible								
Individual	N/A		N/A	N/A	N/A	N/A						
Family	N/A		N/A N/A		N/A	N/A						
		Μ	laximum Calendar Year Co-pa	ay (excluding pharmacy)								
Individual	\$1,500		\$1,500	\$1,500	\$1,500	\$1,500						
Family	\$3,000		\$3,000 \$3,000		\$3,000	\$3,000						
Hospital (including Mental Health and Substance Abuse)												
Deductible (per admission)	N/A		N/A	N/A	N/A	N/A						
Inpatient	No Charge		No Charge	No Charge	No Charge	No Charge						
Outpatient/ Facility/ Surgery Services	No Charge		No Charge	No Charge	\$15	No Charge						
Emergency Services												
Emergency Room Deductible	N/A		N/A	N/A	N/A	N/A						
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	\$50		\$50	\$50	\$50	\$50						
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an	\$50		\$50	\$50	\$50	\$50						
outpatient) Physician Services (including Mental Health and Substance Abuse)												
Office Visits	\$15	1 nysici	\$15	s15	\$1E	¢15						
(co-pay for each service provided)					\$15 No Charge	\$15 No Charma						
Inpatient Visits Outpatient Visits	No Charge \$15		No Charge \$15	No Charge \$15	No Charge \$15	No Charge \$15						
Urgent Care Visits	\$15		\$15	\$15	\$15	\$15						
Vision Exam/Screening	No Charge		No Charge	No Charge	No Charge	No Charge						
Surgery/Anesthesia	No Charge		No Charge	No Charge	No Charge	No Charge						
	No Chorne		Diagnostic X-R		N. CI	N. CI						
	No Charge		No Charge Prescription 1	No Charge	No Charge	No Charge						
Deductible	N/A		N/A	N/A	N/A	N/A						
Retail Pharmacy (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$2 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand: \$20	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50						
Retail Pharmacy Maintenance Medications filed after 2nd fill (i.e. a medication taken longer than 60 days) (not to exceed 30-day supply)	Generic: \$10 Brand Formulary: \$4 Non-Formulary: \$10		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	N/A	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100						
Mail Order Pharmacy Program (not to exceed 90 day supply for maintenance drugs)	Generic: \$10 Brand Formulary: \$4 Non-Formulary: \$10		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand: \$40 (31-100 day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100						
Mail order maximum co-payment per	\$1,000		\$1,000 \$1,000		N/A	\$1,000						
person per calendar year	\$1,000				IN/A	\$1,000						
			Durable Medical I	Equipment								
Durable Medical Equipment	No Charge		No Charge	No Charge	No Charge	No Charge						
			Infertility Testing/	Treatment								
Infertility Testing/Treatment	50% of Covered		50% of Covered	50% of Covered	50% of Covered	50% of Covered						
	Charges		Charges Occupational / Physical /	Charges	Charges	Charges						
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge	No Charge	No Charge	No Charge						
Outpatient (office and home visits)	\$15		\$15	\$15	\$15	\$15						
			Diabetes Ser	vices	1							
Glucose monitors, test strips	No Charge		No Charge	No Charge	No Charge	No Charge						
Self-management training	\$15		\$15	\$15	\$15	\$15						
Acupuncture	\$15/visit (acupuncture/ chiropra combined 20 visits per ca year)		Acupunctu \$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year) Chiroproc	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/ chiroropractic; combined 20 visits per calendar year)						
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2017 CalPERS Health Plan Benefit Comparison PPO PLANS

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