

2010 Health Benefit Summary

A side-by-side comparison of all
CalPERS health plans



About This Publication

The **2010 Health Benefit Summary** compares covered services, co-payments, benefits, and benefit limits (if applicable) for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing the key differences between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO).

You can use this information to determine which health plans offer the services you need at costs that work for you. The 2010 health plan premiums are available at CalPERS On-Line at www.calpers.ca.gov. Check with your employer to find out how much they contribute toward your premium.

This publication is one of many resources CalPERS offers to help you choose and use your health plan. Others include:

- **2010 Health Program Guide** — Describes Basic and Medicare health plan eligibility, enrollment, and choices
- **2010 CalPERS Medicare Enrollment Guide** — Provides information about how Medicare works with your CalPERS health benefits
- **2010 Your Health Care, Your Choices** — Provides valuable information to help you choose a health plan and health care providers (available online only)

You can obtain the above publications and other information about your CalPERS health benefits through my|CalPERS at <http://my.calpers.ca.gov> or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

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CalPERS Health Program Vision Statement

CalPERS will lead in the promotion of health and wellness of our members through best-in-class, data-driven, cost-effective, quality, and sustainable health benefit options for our members and employers.

We will engage our members, employers, and other stakeholders as active partners in this pursuit and be a leader for health care reform both in California and nationally.

Evidence of Coverage Booklets

The **2010 Health Benefit Summary** provides only a general overview of benefits. It does not include details of all covered expenses or exclusions and limitations. Please refer to each health plan's *Evidence of Coverage* (EOC) booklet for the exact terms and conditions of coverage. Health plans mail EOCs to new members at the beginning of the year, and to CalPERS members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC booklet determines the benefits that will be provided. (**Note:** Some health plans require binding arbitration to resolve disputes. Please refer to the **2010 Health Program Guide** for more information.)

This publication is to be used only in conjunction with the current year rate schedule. To obtain a copy of the rate schedule for any health plan, please contact CalPERS at **888 CalPERS** (or **888-225-7377**).

Considering Health Plan Choices and Availability

We realize that comparing health plan benefits, features, and costs can be complicated. To assist you in understanding your options, this section provides information about enrolling using your residential or work ZIP Code, a summary of plan choices, and a chart showing CalPERS health plan availability by county.

To further help you evaluate health plan choices, we offer the *Health Plan Chooser*. The Chooser is an easy-

to-use online tool that lets you weigh plan benefits and costs, search for specific doctors, and see how the plans rate in member satisfaction. You can find the *Health Plan Chooser* by visiting CalPERS On-Line at www.calpers.ca.gov.

Enrolling in a Health Plan Using Your Residential or Work ZIP Code

In general, if you are an active employee or a working CalPERS retiree, you may enroll in a health plan using either your residential or work ZIP Code. To enroll in a Medicare Advantage plan, you must use your residential address.

If you are a retired CalPERS member, you may select any health plan in your residential ZIP Code area. You cannot use the address of the employer from which you retired to establish ZIP Code eligibility unless it is a non-CalPERS covered employer.

If you use your residential ZIP Code, all enrolled dependents must reside in the health plan's service

area. When you use your work ZIP Code, all enrolled dependents must receive all covered services (except emergency and urgent care) within the health plan's service area, even if they do not reside in that area.

To determine if the health plan you are considering provides service where you reside or work, see the chart on pages 4 and 5.

If you have questions about plan availability or coverage, or wish to obtain a copy of the EOC, contact the health plans using the information below.

Health Plan	Phone Number	Web Site
Blue Shield of California (includes Access+, EPO, and NetValue)	(800) 334-5847 (toll-free) (800) 241-1823 (toll-free TTY) – for the hearing and speech impaired	www.blueshieldca.com (current members) www.blueshieldca.com/calpers (prospective members)
PERS Select, PERS Choice, or PERSCare	Medical Benefits: (877) 737-7776 (toll-free) (818) 234-5141 (outside the continental U.S.) (818) 234-3547 (TDD)	www.anthem.com/ca/calpers
Medco	Pharmacy Benefits: (800) 939-7091 (toll-free)	www.medco.com/calpers
Kaiser Permanente	(800) 464-4000 (toll-free) (800) 777-1370 (toll-free TTY) – for the hearing and speech impaired	http://my.kaiserpermanente.org/ca/calpers/

CalPERS HMO and PPO Health Plan Choices

Depending on where you reside or work, your Basic and Medicare health plan options may include the following:

Basic HMO Health Plans	Basic PPO Health Plans	Supplement to Medicare HMO Health Plans	Supplement to Medicare PPO Health Plans	HMO Medicare Managed Care Plan (Medicare Advantage)	Out-of-State Plan Choices
Blue Shield of California (Blue Shield) Access+	PERS Select	Blue Shield Access+	PERS Select	Kaiser Permanente Senior Advantage	PERS Choice (PPO)
Blue Shield NetValue	PERS Choice	Blue Shield NetValue	PERS Choice	Blue Shield 65 Plus ³	PERSCare (PPO)
Kaiser Permanente ¹	PERSCare	California Correctional Peace Officers Association (CCPOA) Medical Plan ²	PERSCare		Kaiser Permanente (HMO) is available in parts of the following states: CO, GA, HI, MD, OH, OR, VA, WA, and Washington, D.C. Costs and some benefits may vary outside of California. ¹
California Correctional Peace Officers Association (CCPOA) Medical Plan ²	California Association of Highway Patrolmen (CAHP) Health Plan ²	California Correctional Peace Officers Association (CCPOA) Medical Plan ²	California Association of Highway Patrolmen (CAHP) Health Plan ²		
	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ²		Peace Officers Research Association of California (PORAC) Police and Fire Health Plan ²		
<p>Blue Shield of California has replaced its Supplement to Medicare plan with a new Medicare Advantage plan in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.</p>					
					Peace Officers Research Association of California (PORAC) Police and Fire Health Plan (PPO) ²

Note: CalPERS also offers both Basic and Medicare enrollees in Colusa, Mendocino, and Sierra counties the choice of selecting the Blue Shield Exclusive Provider Organization (EPO) Health Plan. See the **2010 Health Program Guide** for more information about EPOs as well as detailed health plan eligibility and enrollment guidelines.

¹Kaiser requires binding arbitration.

²You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).

³This is the Medicare Advantage plan for Blue Shield NetValue and Access+.

Health Plan Availability by County

Some health plans are only available in certain counties and/or ZIP Codes. Use the chart below to determine if the health plan you are considering provides service where you reside or work. Contact the plan before enrolling to make sure they cover your

ZIP Code and that their provider network is accepting new patients in your area. You may also use our online service, the *Health Plan Search by ZIP Code*, available at www.calpers.ca.gov.

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Alameda	●			●	●	●	●		●	●
Alpine				●			●	●	●	●
Amador				●		●	●	●	●	●
Butte	●			●	●		●	●	●	●
Calaveras				●			●	●	●	●
Colusa	▲			●			●	●	●	●
Contra Costa	●			●	●	●	●	●	●	●
Del Norte				●			●	●	●	●
El Dorado	●	●		●	●	●	●	●	●	●
Fresno	●	●	●	●	●	●	●	●	●	●
Glenn	●			●	●		●	●	●	●
Humboldt	●			●			●	●	●	●
Imperial	●	●		●	●		●	●	●	●
Inyo				●			●	●	●	●
Kern	●	●	●	●	●	●	●	●	●	●
Kings	●	●		●	●	●	●	●	●	●
Lake				●			●	●	●	●
Lassen				●			●	●	●	●
Los Angeles	●	●	●	●	●	●	●	●	●	●
Madera	●	●	●	●	●	●	●	●	●	●
Marin	●			●	●	●	●		●	●
Mariposa	●			●	●	●	●	●	●	●
Mendocino	▲			●			●	●	●	●
Merced	●			●	●		●	●	●	●
Modoc				●			●	●	●	●
Mono				●			●	●	●	●
Monterey				●			●	●	●	●
Napa				●		●	●	●	●	●
Nevada	●	●		●	●		●	●	●	●
Orange	●	●	●	●	●	●	●	●	●	●

Chart Legend

- Health plan covers all or part of county.
- ▲ The Blue Shield EPO plan serves Colusa, Mendocino, and Sierra counties only. The EPO plan offers the same covered services as the Access+ HMO plan, but members must seek services from Blue Shield's network of preferred providers. Members are not required to select a personal physician.

County	Blue Shield Access+ & EPO	Blue Shield NetValue	Blue Shield 65 Plus	CAHP	CCPOA	Kaiser Permanente	PERS Choice	PERS Select	PERSCare	PORAC
Placer	●	●		●	●	●	●		●	●
Plumas				●			●	●	●	●
Riverside	●	●	●	●	●	●	●	●	●	●
Sacramento	●	●		●	●	●	●	●	●	●
San Benito				●			●	●	●	●
San Bernardino	●	●	●	●	●	●	●	●	●	●
San Diego	●	●		●	●	●	●	●	●	●
San Francisco	●	●		●	●	●	●	●	●	●
San Joaquin	●	●		●	●	●	●	●	●	●
San Luis Obispo	●	●	●	●	●		●	●	●	●
San Mateo	●	●		●	●	●	●	●	●	●
Santa Barbara	●	●		●	●		●	●	●	●
Santa Clara	●			●	●	●	●	●	●	●
Santa Cruz	●			●	●		●	●	●	●
Shasta				●			●	●	●	●
Sierra	▲			●			●	●	●	●
Siskiyou				●			●	●	●	●
Solano	●			●	●	●	●		●	●
Sonoma	●			●	●	●	●	●	●	●
Stanislaus	●			●	●	●	●	●	●	●
Sutter				●		●	●	●	●	●
Tehama				●			●	●	●	●
Trinity				●			●	●	●	●
Tulare	●			●	●	●	●	●	●	●
Tuolumne				●			●	●	●	●
Ventura	●	●	●	●	●	●	●	●	●	●
Yolo	●	●		●	●	●	●	●	●	●
Yuba				●		●	●	●	●	●
Out-of-State						●	●		●	●

Understanding How HMO and PPO Plans Work

As you consider your health plan options, you will need to decide if you prefer to receive care through an HMO or a PPO. The following chart will help you understand

some important differences between these two types of plans.

Features	HMO	PPO
Accessing health care providers	Contracts with providers (doctors, medical groups, hospitals, labs, pharmacies, etc.) to provide you services at a fixed price	Gives you access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers
Selecting a primary care physician	Requires you to select a primary care physician (PCP) who will work with you to manage your health care needs ¹	Does not require you to select a PCP
Seeing a specialist	Requires advance approval from the medical group or health plan for some services, such as treatment by a specialist or certain types of tests	Allows you access to many types of services without receiving a referral or advance approval
Obtaining care	Generally requires you to obtain care from providers who are a part of the plan network Requires you to pay the total cost of services if you obtain care outside the HMO's provider network without a referral from the health plan (except for emergency and urgent care services)	Encourages you to seek services from preferred providers to ensure your deductibles and co-payments are counted towards your calendar year out-of-pocket maximums ² Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill ³
Paying for services	Requires you to make a small co-payment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and co-payments you make as payment in full for services rendered by a preferred provider.

¹Your PCP may be part of a medical group that has contracted with the health plan to perform some functions, including treatment authorization, referrals to specialists, and initial grievance processing.

²Once you meet your annual deductible, the plan pays 100 percent of medical claims for the remainder of the calendar year; however, you will continue to be responsible for co-payments for physician office visits, pharmacy, and other services.

³Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or co-payments, plus any part of the bill that the PPO plan does not pay.

Saving Money on Your Health Plan

Whether you choose an HMO or PPO plan, following are some tips to help you get the most from your health dollars.

Selecting a High Performance Network

You might be able to save on your health premium by enrolling in one of our “high performance network” plans. These plans – Blue Shield of California NetValue (HMO) and PERS Select (PPO) – provide the same benefits and quality of care as Blue Shield Access+ and PERS Choice, respectively. The difference is that you pay a lower premium in exchange for choosing from a smaller

panel of physicians. NetValue is available in 21 counties, and PERS Select is offered in 54 counties. If you don’t reside in one of these counties, but you work in one, you may be able to enroll in one of these lower cost health plans using your work ZIP Code. (See “Enrolling in a Health Plan Using Your Residential or Work ZIP Code” on page 2 for more information.)

Getting the Right Care at the Right Place

If you or a family member need medical care and your doctor’s office is closed, deciding where to go for care can be difficult. If it’s not a clear emergency, you might first call your health plan’s nurse advice line, which is available 24 hours a day, 7 days a week. It is staffed by registered nurses who can help you decide whether you need to seek care at an urgent care facility or an emergency room.

When Should You Go to an Urgent Care Center?

Urgent care centers provide treatment after normal business hours, on weekends, and on holidays. Urgent care is usually the easiest and most cost-effective way to get treatment for a medical problem that is not life-threatening. For most health plans, the urgent care co-payment is the same as the office visit co-payment.

Following are examples of conditions that may be treatable at an urgent care center:

- A cut that is not bleeding excessively and may require a few stitches
- Sprains, strains, or small broken bones that do not protrude from the skin
- Painful urination without other symptoms such as nausea or vomiting

When Should You Go to the Emergency Room?

You should use the emergency room for life-threatening situations requiring immediate medical attention to avoid death or serious disability. Examples of emergency situations include, but are not limited to:

- Chest pain or tightness
- Severe pain or trauma
- Difficulty breathing
- Severe bleeding
- Confusion, difficulty speaking, loss of consciousness, blurred vision, or inability to move an arm or leg
- Fever with neck stiffness

Benefit Comparison Charts

The benefit comparison charts on pages 8–33 summarize the benefit information for each health plan. You can use these charts along with the online publication titled **2010 Your Health Care, Your Choices** to compare CalPERS health plans and make the choice that is best for you and your family. For more details, see each plan’s *Evidence of Coverage* (EOC) booklet.

CalPERS Basic Health Plans

Benefit Comparison Charts

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Calendar Year Deductible					
Individual	←————— N/A —————→				
Family	←————— N/A —————→				
Maximum Calendar Year Co-pay (excluding pharmacy)					
Individual	←————— \$1,500 (see EOC for other items not counted toward co-pay max limit) —————→				
Family	\$3,000	\$3,000	\$3,000	\$3,000	\$4,500
←————— (see EOC for other items not counted toward co-pay max limit) —————→					
Lifetime Maximum Benefit					
←————— N/A —————→					
Hospital Admission Deductible					
Per Admission	←————— N/A —————→				
Hospital					
Inpatient (medical & behavioral)	←————— No Charge —————→				\$100/admission
Outpatient Facility Services (medical & behavioral)	←————— \$15 —————→				No Charge
Outpatient Surgery	←————— \$15 —————→				\$50
Emergency Room Deductible					
←————— N/A —————→					
Emergency Services					
Emergency	←————— \$50 (co-pay waived if admitted as an inpatient or for observation as an outpatient) —————→				\$75
Non-emergency					N/A
Ambulance Services					
←————— No Charge —————→					

PPO Basic Plans										
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan		
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
←		\$500 (not transferable between plans)		→		N/A		\$300	\$600	
←		\$1,000 (not transferable between plans)		→		N/A		\$900	\$1,800	
\$3,000	N/A	\$3,000	N/A	\$2,000	N/A	\$2,000	N/A	\$3,000		
\$6,000		\$6,000		\$4,000		\$4,000		\$6,000		
\$2,000,000/individual		\$2,000,000/individual		N/A		\$2,000,000/individual		N/A		
N/A		N/A		\$250		N/A		N/A		
20%	40%	20%	40%	10%	40%	10%	Varies (see EOC)	10%	10% ³	
								40%		
								40%		
←		\$50 (applies to hospital emergency room charges only; deductible waived if admitted as an inpatient or for observation as an outpatient)		→		←		N/A →		
←		20% (applies to other services such as physician, x-ray, lab, etc.)		→		\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	\$50 + 10% (co-pay reduced to \$25 if admitted on an inpatient basis)	10%		
20%	40%	20%	40%	10%	40%			\$50 + 40% (co-pay reduced to \$25 if admitted on an inpatient basis)	50% (for non-emergency services provided by hospital emergency room)	
←				→				20% →		

Note: All footnotes are located at the end of chart.

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physician Services					
Office Visits (medical & behavioral) <i>(more than one co-pay may apply during an office visit if multiple services are provided)</i>	←		\$15		→
Inpatient Hospital Visits (medical & behavioral)	←		No Charge		→
Outpatient Hospital Visits (medical & behavioral) \$15 (outpatient surgery)		←	No Charge	→	\$15
Urgent Care Visits	←		\$15		\$25
Periodic Health Exam/Preventive Care	←		No Charge		→
Gynecological Exam	\$15 (No Charge for well woman)	←	No Charge		→
Immunization/Inoculation	←		No Charge		→
Well Baby Care	←		No Charge		→
Pregnancy & Maternity Care <i>(includes pre-natal and post-natal care visits)</i>	←		No Charge		→

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
\$20 ¹	40%	\$20 ²	40%	\$20 ²	40%	\$15	40%	\$20 (deductible does not apply)	10% ³
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
\$20 ¹	40%	\$20 ²	40%	\$20 ²	40%	10%	40%	10%	10% ³
\$20	40%	\$20	40%	\$20	40%	\$15	40%	10%	10% ³
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (\$400/year max)		No Charge (up to PPO and non-PPO combined max of \$500/year for age 7 and over)	No Charge³ (up to PPO and non-PPO combined max of \$500/year for age 7 and over)
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	10%	40%	No Charge (up to PPO and non-PPO combined max \$500/year)	No Charge³ (up to PPO and non-PPO combined max \$500/year)
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (\$400/year max)		No Charge (included in well baby/well child)	
No Charge¹ (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge² (not subject to the calendar year deductible when services are obtained from a preferred provider)	40%	No Charge (for children under age 7)		No Charge (up to PPO and non-PPO combined max \$500/year for age 7 and over)	No Charge³ (up to PPO and non-PPO combined max \$500/year for age 7 and over)
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physician Services (continued)					
Allergy Testing	\$15	No Charge			
Allergy Treatment	No Charge (for allergy injections)	No Charge			
Vision Exam/Screening	No Charge	No Charge (varies by plan for age 18 and over and may be limited to one visit/calendar year; no limit on number of visits for members under age 18)			No Charge
Hearing Exam/Screening	No Charge				
Surgery/Anesthesia	No Charge for inpatient; \$15 for outpatient	No Charge			
Diagnostic X-Ray/Lab					
	No Charge (some procedures may require a co-pay)	No Charge			
Prescription Drugs					
Deductible	N/A				Brand Formulary: \$50 (not to exceed \$150/family/calendar year)
Retail Pharmacy	Generic: \$5 Brand: \$15 (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply) ⁴			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$30 for medically approved and prior authorized non-formulary drugs			N/A

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
← Not Covered →									
20% ¹	40%	20% ²	40%	10% ²	40%	10% (\$200 max/ 36 months)	40% (\$200 max/ 36 months)	20% (deductible does not apply; \$50/ exam max with hearing aid purchase)	20% ³ (deductible does not apply; \$50/ exam max with hearing aid purchase)
20% ¹	40%	20% ²	40%	10% ²	40%	10%	40%	10%	10% ³
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% ³
← N/A →									
Generic: \$5 Preferred: \$15 Non-Preferred: \$45 (not to exceed 30-day supply)		Generic: \$5 Preferred: \$15 Non-Preferred: \$45 (not to exceed 34-day supply)		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$25		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: Not Covered (see EOC)	
← \$30 →			N/A			N/A			N/A

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Prescription Drugs (continued)					
Retail Pharmacy Maintenance Medications filled after 2 nd fill (i.e., a medication taken longer than 60 days)	Generic: \$5 Brand: \$15 (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply)			Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$30 for medically approved and prior authorized non-formulary drugs			N/A
Mail Order Pharmacy Program	Generic: \$5 Brand: \$15 (up to 30-day supply) Generic: \$10 Brand: \$30 (31–100 day supply)	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply for maintenance drugs)			Generic: \$20 Brand Formulary: \$50 Non-Formulary: \$100 (not to exceed 90-day supply)
Medical Necessity/Partial Waiver	N/A	\$45 for medically approved and prior authorized non-formulary drugs			N/A
Maximum co-payment per person per calendar year	N/A	\$1,000			N/A
Durable Medical Equipment					
	No Charge				
Infertility Testing/Treatment					
	50% of covered charges (varies – see EOC for benefits and exclusions)				

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 34-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		N/A			
		\$45				N/A		N/A	
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$50		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75 (see EOC for specialty pharmacy fees)		N/A	
		\$45				N/A		N/A	
		\$1,000				N/A		N/A	

20%	40% (\$6,000 calendar year max applies)	20%	40%	10% (pre-certification required for durable medical equipment priced at \$1,000 or more)	40%	10%	40%	20%	20% ³
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Not Covered						50% (up to PPO and non-PPO combined lifetime max of \$5,000)	
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Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Substance Abuse Treatment					
Inpatient	← No Charge →				Not Covered
Outpatient	\$15 individual therapy; \$5 group therapy	← \$15 →			
Home Health Services (prior authorization required; custodial care not covered)					
	← No Charge →				\$15 (up to 100 visits/ calendar year)
Skilled Nursing Care					
Inpatient (hospital or skilled nursing facility)	No Charge (up to 100 days/ benefit period)	← No Charge (up to 100 days/calendar year) →			No Charge (up to 100 days/ year)
Outpatient (office and home visits)	←	Not Covered (medically necessary services provided in licensed skilled nursing facility only; custodial care not covered)			→
Occupational Therapy					
Inpatient (hospital or skilled nursing facility)	← No Charge →				
Outpatient (office and home visits)	← \$15 →				No Charge

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% ³
← 20%	40% (up to \$6,000/calendar year)	20%	→ 40%	10%	40%	10%	40%	10% (100 visits max/year; combined benefit for PPO/non-PPO)	
20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/calendar year)	40% (pre-certification required; up to 100 days/calendar year)	20% first 10 days; 30% next 90 days (pre-certification required; up to 100 days/calendar year)	40% (pre-certification required; up to 100 days/calendar year)	10% first 10 days; 20% next 170 days (pre-certification required; up to 180 days/calendar year)	40% first 10 days; 40% next 170 days (pre-certification required; up to 180 days/calendar year)	10%	40%	10% (up to 100 days of confinement)	
←	Not Covered (medically necessary services received as inpatient in a skilled nursing facility only)			→		10%	40%	10% (up to 100 days/year combined PPO/non-PPO benefit for inpatient skilled nursing facility)	
← No Charge →								10%	10% ³ (up to \$700 total chiropractic, physical, and occupational combined)
← 20%	20%	20%	→ 20%	20%	20%	10% (pre-certification required for more than 24 visits/year)	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy); 10% on all other charges	10% ³ (up to \$35/visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
(combined benefit max of \$3,500/calendar year for physical/occupational therapy)									

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Physical Therapy					
Inpatient <i>(hospital or skilled nursing facility)</i>	← No Charge →				
Outpatient <i>(office and home visits)</i>	← \$15 →				No Charge
Speech Therapy					
Inpatient <i>(hospital or skilled nursing facility)</i>	← No Charge →				
Outpatient <i>(office and home visits)</i>	← \$15 →				No Charge
Hospice					
← No Charge →					
Acupuncture					
	\$15 (when medically necessary; discounts available up to 25% off)	← Not Covered (alternate care discounts of 25% or more) →			

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
← No Charge →						10% (pre-certification required for more than 24 visits/year)	40%	10%	10% ³ (up to \$700 total chiropractic, physical, and occupational therapy combined)
20%	40%	20%	40%	10%	40%	10% (pre-certification required for more than 24 visits/year)	40%	\$20 (up to 20 visits max/year for combined chiropractic, physical, and occupational therapy; more than one co-pay may apply during an office visit if multiple services are provided)	10% ³ (up to \$35/visit; up to \$700 total chiropractic, physical, and occupational therapy combined)
← (combined benefit max of \$3,500/calendar year for physical/occupational therapy) →									
20%	40%	20%	40%	10%	40%	10%	40%	10%	10% ³
← (\$5,000 lifetime max for outpatient benefits) →									
← 20%		20% (\$10,000 lifetime max)		10%		No Charge (\$7,500 lifetime max)		10%	
20%	40%	20%	40%	10%	40%	10%	40%	\$20 (10% for all other services)	10% ³
← (combined benefit for acupuncture/chiropractic; 15 visits/calendar year) →				(combined benefit for acupuncture/chiropractic; 20 visits/calendar year)		(20 visits/year for any combination of chiropractic or acupuncture services)			

Benefits	HMO Basic Plans				
	Kaiser Permanente	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield NetValue HMO	CCPOA Association Plan
Chiropractic	Not Covered (discounts available up to 25% off)	← (alternate care discounts of 25% or more) →			\$15 for exam (up to 20 visits/ calendar year) No Charge for diagnostic services; No Charge for chiropractic appliances (up to \$50 max is covered during calendar year)
Biofeedback	\$15	← Not Covered →			\$15
Blood & Blood Products	← No Charge →				Included with inpatient hospitalization
Hearing Aid Services					
Audiological Exam	← No Charge →				\$15
Hearing Aids	\$1,000 allowance every 36 months for both ears				\$500 max/ member/ calendar year for both ears

PPO Basic Plans

PPO Basic Plans									
PERS Select		PERS Choice		PERSCare		CAHP Association Plan		PORAC Association Plan	
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO

20%	40%	20%	40%	10%	40%	10%	40%	Up to 20 visits/ calendar year for combined chiropractic, physical, and occupational therapy	Up to \$700 total chiropractic, physical, and occupational therapy combined
← (combined benefit for acupuncture/ chiropractic; 15 visits/calendar year) →				← (combined benefit for acupuncture/ chiropractic; 20 visits/calendar year) →					

20%	40%	20%	40%	10%	40%	20% (other than for mental disorders and chemical dependency)	10%
-----	-----	-----	-----	-----	-----	--	-----

20%	20%	20%	20%	20%
-----	-----	-----	-----	-----

20%	40%	20%	40%	20%	40%	10%	40%	20% (no deductible; up to \$50 if in conjunction with purchase of hearing aid)
20%	40%	20%	40%	10%	40%	10%	40%	20% (no deductible; up to one/ear; \$450 max/36 months)
← (\$1,000 max in a 36-month period) →				← (\$1,000 max every 36 months) (\$200 max every 36 months) →				

- ¹ PERS Select utilizes the Anthem Blue Cross Select PPO Network, which is a subset of the Anthem Blue Cross Prudent Buyer PPO Network. Approximately 50 percent of the Anthem Blue Cross Prudent Buyer PPO Network of physicians participate in the Select PPO Network. By obtaining physician services through the Select PPO Network, you will receive the highest level of reimbursement. If you are a PERS Select member, you should check to see if a physician is participating in the Select PPO Network before receiving services.
- ² PERS Choice and PERSCare utilize the Anthem Blue Cross Prudent Buyer PPO Network, which is a more comprehensive network. By obtaining services through Anthem Blue Cross Prudent Buyer PPO Network, you will receive the highest level of reimbursement.
- ³ Covered expense for services from non-PPO providers is based on a strictly limited schedule of allowances. As a PPO member, you must pay charges in excess of those scheduled amounts.
- ⁴ See EOC for maintenance drug costs after third refill.

CalPERS Medicare Health Plans

Benefit Comparison Charts

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Calendar Year Deductible				
Individual	←	N/A	→	→
Family	←	N/A	→	→
Maximum Calendar Year Co-pay (excluding pharmacy)				
Individual	\$1,500 (see EOC)	← N/A →	→	\$1,500
Family	\$3,000 (see EOC)	← N/A →	→	\$4,500 (3 or more members)
Lifetime Maximum Benefit				
	←	N/A	→	→
Hospital Admission Deductible				
Per Admission	←	N/A	→	→
Hospital				
Inpatient	←	No Charge	→	\$100/admission
Outpatient Facility Services	\$10	←	No Charge	→
Outpatient Surgery	\$10	←	No Charge	→
Emergency Room Deductible				
	←	N/A	→	→
Emergency Services				
	←	\$50 (waived if hospitalized or kept for observation)	→	No Charge

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
←		N/A (plan pays Medicare Parts A and B deductible)		→		\$100 (applicable to major medical benefits only)	\$100
						\$200 (applicable to major medical benefits only)	\$200
N/A		N/A		N/A (\$3,000 when not a benefit of Medicare)		N/A (\$3,000 when not a benefit of Medicare)	\$15,000 calendar year stop-loss (applicable to major medical benefits only, excluding outpatient prescription drug benefits)
←				N/A		→	
←		N/A		→		\$1,000,000 (applicable to major medical benefits only)	\$2,000,000/individual
←				N/A		→	
No Charge ³		No Charge ³		No Charge ^{3,4} (20% when not a benefit of Medicare)		No Charge	No Charge (after Medicare benefits are exhausted, plan pays for an additional 365 days/benefit period)
←				N/A		→	
←		No Charge ³		→		No Charge if Medicare approved (20% if not Medicare approved)	No Charge

Note: All footnotes are located at the end of chart.

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Ambulance Services	← No Charge →			
Hearing Exam/Screening		\$10		No Charge
Surgery/Anesthesia	No Charge for inpatient; \$10 for outpatient	← No Charge →		
Diagnostic X-Ray/Lab	← No Charge →			
Durable Medical Equipment	← No Charge →			
Physician Services				
Office Visits		\$10		
Inpatient Hospital Visits	← No Charge →			
Outpatient Hospital Visits	\$10	← No Charge →		
Urgent Care Visits	\$10	← \$25 →		No Charge
Periodic Health Exam/ Preventive Care		\$10		No Charge
Gynecological Exam		\$10		No Charge
Immunization/Inoculation	← No Charge →			
Allergy Testing		\$10		No Charge
Allergy Treatment	\$3 (for allergy injections)	← \$10 →		No Charge
Vision Exam/Screening		\$10		No Charge

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
←		No Charge ³		→		No Charge if Medicare approved (20% if not Medicare approved)	No Charge
←		No Charge ^{3,4}		→		No Charge if Medicare approved	20% (\$50 exam in connection with hearing aid purchase)
←		No Charge ³		→		No Charge	No Charge
←		No Charge ³		→		No Charge	No Charge
←		No Charge ³		→		No Charge	No Charge (20% when not a benefit of Medicare)
←		No Charge ³		→		\$10	No Charge
←		No Charge ³		→		No Charge	No Charge
←		No Charge ³		→		No Charge	No Charge
←		No Charge ³		→		No Charge	No Charge
←		No Charge ³		→		Not covered (unless Medicare approved)	Not covered (unless Medicare approved)
←		No Charge ³		→		No Charge	No Charge
No Charge ³		No Charge ³		No Charge ^{3,4}		No Charge	No Charge
		No Charge ³				No Charge	No Charge
←		No Charge ³		→		No Charge	No Charge
←		One exam/year up to a max of \$35 ⁴		→		Not covered	20% (one exam/calendar year)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Prescription Drugs				
Deductible	← N/A →			
Retail Pharmacy	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply) ⁵	See EOC	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$30 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Retail Pharmacy Maintenance Medications filled after 2 nd fill (i.e., a medication taken longer than 60 days)	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	Generic: \$5 Brand Formulary: \$15 Non-Formulary: \$45 (not to exceed 30-day supply) ⁵	See EOC	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$35 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$30 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Mail Order Pharmacy Program	Generic: \$5 (up to 100-day supply) Brand: \$15 (up to 100-day supply [30-day supply for certain drugs])	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$75 (not to exceed 90-day supply)	See EOC	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$70 (not to exceed 30-day supply)
Medical Necessity/Partial Waiver	N/A	\$45 for medically approved and prior authorized non-formulary drugs	See EOC	N/A
Maximum co-payment per person/calendar year	N/A	\$1,000	N/A	N/A

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
		N/A					\$50 (excluding mail order)
		Generic: \$5 Preferred: \$15 Non-Preferred: \$45				Generic: \$5 Single Source: \$20 Multi Source: \$25	Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45
		\$30				N/A	N/A
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 30-day supply)				Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 34-day supply)		Generic: \$10 Single Source: \$40 Multi Source: \$50	N/A
		\$45				N/A	N/A
Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)				Generic: \$10 Preferred: \$25 Non-Preferred: \$75 (not to exceed 90-day supply)		Generic: \$10 Single Source: \$40 Multi Source: \$50	Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75
		\$45				N/A	N/A
		\$1,000				N/A	N/A

CalPERS Medicare Health Plans — *Continued*

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Mental Health				
Inpatient	No Charge (190 lifetime days covered by Medicare; 45 additional days/ calendar year covered after exhaustion of lifetime days)	No Charge		\$100/admission
Outpatient (for severe mental illness of a child or adult or emotional disturbance of a child)	\$10 individual therapy; \$5 group therapy	\$10		
Outpatient (evaluation, crisis intervention and treatment for other mental health conditions)	\$10 individual therapy; \$5 group therapy	\$10		
Substance Abuse Treatment				
Inpatient	No Charge (limited to acute medical detoxification only)	No Charge		Not Covered
Outpatient	\$10 individual therapy; \$5 group therapy	\$10		
Home Health Services				
	No Charge			\$15 (up to 100 visits/ calendar year)
Skilled Nursing Facility Care				
	No Charge (up to 100 days/benefit period)			
Speech Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
No Charge ³	No Charge ³	No Charge ^{3,4} (if not a benefit of Medicare, 20% of the physician visit up to \$32/day)	No Charge if Medicare approved (up to \$40/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare; up to \$40/inpatient physician visit)			
No Charge ³	No Charge ³	No Charge ^{3,4}	No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (20% when not a benefit of Medicare)			
Excess Charges ³ (Medicare pays 50% of the approved amount for most services)	Excess Charges ³ (Medicare pays 50% of the approved amount for most services)	Excess Charges ^{3,4} (Medicare pays 50% of the approved amount for most services; if not a benefit of Medicare, 20%/day up to \$32/day)	No Charge if Medicare approved (up to \$20/visit if not Medicare approved)	No Charge (50% when not a benefit of Medicare; up to \$20/day)			
←	No Charge ³	→	Not covered (unless Medicare approved)	Not covered (unless Medicare approved)			
←	Excess Charges ³ (Medicare pays 50% of treatment that meets certain conditions)	→	Not covered (unless Medicare approved)	Not covered (unless Medicare approved)			
←	No Charge ³	→	No Charge if Medicare approved (20% if not Medicare approved)	No Charge			
No Charge ³ (up to 100 days/benefit period in a Medicare approved facility)	No Charge ³ (up to 100 days/benefit period in a Medicare approved facility)	No Charge ³ (up to 100 days/benefit period in a Medicare approved facility) 20% ⁴ (from 101 to 365 days; pre-certification required)	No Charge (20% after Medicare benefits are exhausted)	No Charge (after Medicare benefits are exhausted, plan pays days 101 through 365)			
No Charge ³	No Charge ³	No Charge ^{3,4} (20% when not a benefit of Medicare, up to a lifetime max plan payment of \$5,000)	No Charge if Medicare approved (20% if not Medicare approved; \$5,000 lifetime max)	No Charge (20% when not a benefit of Medicare; up to \$5,000 in an individual's lifetime for all inpatient and outpatient combined)			

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Physical Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	
Occupational Therapy				
Inpatient (hospital or skilled nursing facility)	No Charge	\$10	No Charge	No Charge
Outpatient (office and home visits)	\$10		\$10	
Hospice				
	← No Charge →			
Acupuncture				
	\$10 (when medically necessary; discounts available up to 25% off)	← Not Covered →		
Chiropractic				
	\$10 (20 visits/calendar year); discounts available up to 25% off No Charge for chiropractic appliances (up to \$50 max/calendar year)	← \$10 →		\$15/exam (up to 20 visits/calendar year) No Charge for diagnostic services; No Charge for chiropractic appliances (up to \$50 max is covered during calendar year)
Biofeedback				
	\$10	No Charge	Not Covered	\$15
Blood & Blood Products				
	← No Charge →			

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		
No Charge ³		No Charge ³		No Charge ^{3,4} (20% when not a benefit of Medicare)		No Charge if Medicare approved (20% if not Medicare approved)	No Charge
No Charge ³		No Charge ³		No Charge ^{3,4}		No Charge if Medicare approved (20% if not Medicare approved)	No Charge
		No Charge ³				No Charge if Medicare approved (20% if not Medicare approved; \$7,500 lifetime max)	No Charge
Not Covered		Not Covered		20% ⁴ (up to 20 visits/year)		No Charge if Medicare approved (20% if not Medicare approved)	20% (major medical benefits)
		No Charge ³				No Charge if Medicare approved (20% if not Medicare approved)	No Charge (20% when not a benefit of Medicare)
		No Charge ³				No Charge if Medicare approved (20% if not Medicare approved)	50% major medical benefits (up to \$40/day inpatient and \$20/day outpatient)
No Charge ³ (all but first 3 pints/ calendar year)		No Charge ³ (all but first 3 pints/ calendar year)		No Charge ^{3,4} (20% of the first 3 pints when not a benefit of Medicare and unreplaced)		No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)	No Charge (first 3 units unreplaced; 20% when not a benefit of Medicare)

Benefits	Medicare HMO Plans			
	Kaiser Permanente	Blue Shield NetValue/Access+/EPO ¹	Blue Shield 65 Plus ²	CCPOA Association Plan
Diabetes Services				
Glucose monitors, test strips, lancets	← No Charge → (see EOC for covered equipment/services)		No Charge	No Charge (see EOC for covered equipment/services)
Self-management training	\$10 individual training; No Charge for group training	\$10 (diabetic education to include nutritional counseling)	← \$10 →	
Hearing Aid Services				
Audiological Exam	\$10	← No Charge →		\$15
Hearing Aids	← \$1,000 allowance every 36 months for both ears →			\$500 max/member/calendar year for both ears
Vision Care				
Vision Exam	\$10	\$10 (limited to one visit/calendar year for members age 18 and over; no limit on members under age 18)	\$10 (limited to one visit/calendar year as covered by Medicare)	See EOC
Eyeglasses	\$175 allowance every 24 months; \$150 allowance following cataract surgery	Not Covered (except for eyeglasses necessary after cataract surgery)	As covered by Medicare	Not Covered (except for eyeglasses necessary after cataract surgery)
Contact Lenses	In lieu of eyeglasses: \$175 allowance every 24 months; \$150 allowance following cataract surgery	Not covered	As covered by Medicare	Not covered

Medicare PPO Plans							
PERS Select		PERS Choice		PERSCare		CAHP <i>Association Plan</i>	PORAC <i>Association Plan</i>
PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO		

←		No Charge³ (includes diabetes self management, training, glucose monitors, test strips, lancets, etc.)		→		No Charge if Medicare approved	No Charge (20% when not a benefit of Medicare)
---	--	---	--	---	--	--	--

←		20% ⁴		→		10% if not Medicare approved (\$200 maximum/36 months)	20% (up to \$50/exam in connection with hearing aid purchase)
←		20% ⁴ (max payment of \$1,000 once every 36 months)		→		20% ⁴ (max payment of \$2,000 once every 24 months)	10% if not Medicare approved (\$1,000 maximum/36 months)
←		20% ⁴ (max payment of \$1,000 once every 36 months)		→		20% ⁴ (max payment of \$2,000 once every 24 months)	10% if not Medicare approved (\$1,000 maximum/36 months)

←		One exam/calendar year ⁴ (\$35 max allowance)		→		Not Covered	20% for one exam/year
←		Two lenses/calendar year; one set of frames during a 24-month period ⁴ Maximum Allowance: Frames: \$30 Each lens: Single Vision - \$20; Bifocal - \$35; Trifocal - \$45; Lenticular - \$50		→		Not Covered (except for first pair of eyeglasses necessary after cataract surgery)	20% (\$40 combined max for initial frames and lenses)
←		\$100 max allowance ⁴		→		Not Covered	20% (up to \$40/year)

¹ Plans combined for display purposes only.

² This is the Medicare Advantage plan for Blue Shield NetValue and Access+ in Los Angeles, Orange, San Luis Obispo, and Ventura counties, and parts of Riverside, San Bernardino, Kern, Fresno, and Madera counties.

³ If benefits are payable by Medicare and you use a provider who accepts Medicare assignment, covered services will be paid in full.

⁴ This is a benefit beyond Medicare. Refer to your *Evidence of Coverage* (EOC) booklet for explanation.

⁵ See EOC for maintenance drug costs after third refill.



CalPERS Health Benefits Program

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