2027 Health Benefit Summary

Helping you make an informed decision about your health plan

CalPERS

About This Publication

The *2027 Health Benefit Summary* provides only a general overview of certain 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 existing members upon request. In case of a conflict between this summary and your health plan's EOC, the EOC establishes the benefits that will be provided.

The *2027 Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and health care providers. This publication compares covered services, copayments, and benefits for each CalPERS health plan. It also provides information about plan availability by county and a chart summarizing important differences among health plan types.

You can use this information to determine which health plan offers the services you need at the cost that works for you. The 2027 health plan premiums are available at the CalPERS website at **www.calpers.ca.gov**. Check with your employer to find out how much they contribute toward your premium.

We recommend that you only use this publication in conjunction with the current year's health premium rate schedule and EOCs. To obtain a copy of the health premium schedule for any health plan, please go to the CalPERS website at **www.calpers.ca.gov** or contact CalPERS at **888 CalPERS** (or **888**–225–7377).

Other Health Publications

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

- ***Health Program Guide:*** Describes Basic and Medicare health plan eligibility, enrollment, and choices
- ***Medicare Enrollment Guide:*** Provides information about how Medicare works with your CalPERS health benefits

You can obtain the above publications and other information about your CalPERS health benefits through myCalPERS at **my.calpers.ca.gov** or by calling CalPERS at **888 CalPERS** (or **888**–225–7377).

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Before You Begin

This section provides a variety of information that can help you evaluate your health plan choices. Included here are details about using your myCalPERS account, the **Search Health Plans** tool, and the **How to Choose a Health Plan Worksheet**.

Accessing Health Plan Information with myCalPERS

You can use myCalPERS at **my.calpers.ca.gov**, our secure, personalized website, to get one-stop access to all of your current health plan information, including details about which family members are enrolled. You can also use it to shop for other health plans that are available in your area, compare health plans, access CalPERS Health Program forms, and find additional information about CalPERS health plans. If you are a **retiree,** CalPERS is your Health Benefits Officer. Retirees may change their health plan during Open Enrollment by calling CalPERS toll free at **888 CalPERS** (or **888**-225-7377) or by using your myCalPERS account.

myCalPERS Health Plan Comparison Feature

Health Plan Resources

Choosing a health plan that's right for you is unique for every person or family. myCalPERS includes additional resources to help you choose a health plan. These resources provide access to more detailed health benefit information that can help you when selecting what is most important to you in determining the plan that best fits your needs.

Evaluate Plan Features

Available health plans for you will be displayed based on the physical or mailing health eligibility ZIP code in our system.

Create a customized plan search where you'll be able to review:

- Monthly premiums for each plan available to you
- Side-by-side comparisons of covered benefits, deductibles, and copayments for up to three plans at one time
- Search for your doctor, specialist, behavioral health providers, medical groups, and Medicare doctors and see which health plans they are available in
- Member satisfaction ratings for each health plan

Your myCalPERS Account

Log in to your myCalPERS account at **my.calpers.ca.gov** and select the **Health** tab and then select **Search Health Plans** to see what's available to you. To speak with someone at CalPERS about your health plan choices, call **888 CalPERS** (or **888**–225–7377).

Comparing Your Options: Search Health Plans

Access your myCalPERS account for a convenient way to evaluate your health plan options and make a decision about which plan is best for you and your family. With this easy-to-use health plan comparison tool, you can weigh plan benefits and costs, and view how the plans compare.

You can access your account 24/7 to help you make health plan decisions at any time. You can use it to:

- Review health plan options during Open Enrollment
- Evaluate your health plan options and estimate costs
- Review a health plan option when your employer first begins offering the CalPERS Health Benefits Program
- Search doctors, specialists, behavioral health providers, medical groups, and Medicare doctors to see which plans they participate in
- Review health plan options due to changes in your marital status or enrollment area
- Explore health plan options because you are planning for retirement or have become Medicare eligible

Be sure to tell us what you think about your myCalPERS plan search experience by completing a survey at the end of your research.

Get customized assistance selecting the health plan that is right for you and your family by logging into your myCalPERS account at **my.calpers.ca.gov**, selecting the **Health** tab and then selecting **Search Health Plans**.

Comparing Your Options: How to Choose a Health Plan Worksheet

An alternative tool we provide to help you choose the best plan for yourself and your family is *How to Choose a Health Plan,* which you can find on page 3 of this publication. This worksheet can be used to consider factors such as cost, availability, benefits, and quality of care measures. Simply follow the steps listed in the left column of the Worksheet. Some questions can be answered with a simple "yes" or "no," while others will require you to review information or call the health plan. Some of the information can be found on the CalPERS website at **www.calpers.ca.gov**.

How to Choose a Health Plan

Only you can decide which health plan is right for you and your family. CalPERS offers a variety of Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), and Exclusive Provider Organization (EPO) plans to choose from. Use this checklist and available resources for factors to consider as you explore your options.

	Cost	Coverage	Availability
Research	☐ Plan Rates ☐ Your Employer's Contribution ☐ Your Contribution ☐ Copays ☐ Out-of-Pocket Costs	☐ Plan Benefits ☐ Special Medical Needs ☐ Prescription Drug Services ☐ Behavioral Health ☐ Medicare Supplemental Benefits ☐ Health & Wellness Programs	☐ Plans Available in Your Home or Work ZIP Codes[1] ☐ Plan Types ☐ Networks and Doctors
Resources	• myCalPERS my.calpers.ca.gov • CalPERS Health Plan Statement • Plans & Rates www.calpers.ca.gov/healthplanrates • Your Employer • *Health Benefit Summary* (HBD-110) www.calpers.ca.gov/HBS	• myCalPERS my.calpers.ca.gov • *Health Benefit Summary* (HBD-110) www.calpers.ca.gov/HBS • *Health Program Guide* (HBD-120) www.calpers.ca.gov/HPG • *Medicare Enrollment Guide* (HBD-65) www.calpers.ca.gov/MEG • *Evidence of Coverage* • Health & Wellness Programs www.calpers.ca.gov/healthwellnessprograms	• **Search Health Plans** tool in myCalPERS • Health Plan Search by ZIP Code www.calpers.ca.gov/healthplansearchbyzipcode • Your Preferred Doctor • Health Plan's Customer Service Center • *Health Benefit Summary* (HBD-110) www.calpers.ca.gov/HBS

Decision

Have you decided to change your health plan based on cost, coverage, and availability? Then the time to take action is during CalPERS' annual Open Enrollment or within 60 days of a qualifying life event.

Action

Active members[2]
With your employer's approval, you can submit most health enrollment changes, along with supporting documentation, online through your myCalPERS account (select **Open Enrollment** under the **Health** tab).

Retirees
Retirees and survivors can submit changes through myCalPERS (select **Open Enrollment** under the **Health** tab).

Plan changes during Open Enrollment take effect January 1 of the upcoming year. For Special Enrollments, the effective date is the first day of the month following the date your request is received.

[1] If you are an active employee or a working CalPERS retiree, you can enroll in a health plan using either your residential or work ZIP code.
[2] Use of this functionality is at the discretion of your employer. Confirm with them before you submit changes online.

Learn About the Types of Health Plans

Selecting a health plan for you and your family is one of the most important decisions you will make. This decision involves balancing the cost of each plan, along with other features, such as access to doctors and hospitals, pharmacy services, and special programs for managing specific medical conditions. Choosing the right plan ensures that you receive the health benefits and services that matter to you.

If you are a new CalPERS member or you are considering changing your health plan during Open Enrollment, you will need to make two related decisions:

- Which health plan is best for you and your family?
- Which doctors and hospitals do you want to provide your care?

The combination of health plan and providers that is right for you depends on a variety of factors, such as whether you prefer a Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO); your premium and out-of-pocket costs; and whether you want to have access to specific doctors and hospitals.

We realize that comparing health plan benefits, features, and costs can be complicated. This section provides information that can simplify your decision-making process. As you begin that process, the following are some questions you should ask:

- Do you prefer to receive your health care from an HMO or PPO? Your preference will impact the plans available to you, your access to health care providers, and how much you pay for certain services. See the chart on the next page for a summary of the differences among plan types.[1]
- What are the costs (premiums, copayments, deductibles, and coinsurance)? Beginning on page 12 of this publication, you will find information about benefits, copayments, and covered services. Visit the CalPERS website at **www.calpers.ca.gov** to find out what the premiums are for the various plans.
- Does the plan provide access to the doctors and hospitals you want? Contact health plans directly for this information. See the "Health Plan Directory" on page 32 of this publication for health plan contact information.

[1] Note that in a few counties where access to HMOs is limited, a third option, Exclusive Provider Organization (EPO), is available. An EPO provides benefits similar to an HMO with some PPO features.

Health Plan Types & Features

The following chart will help you understand some important differences among health plan types.

Features	HMO	PPO	EPO
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	Gives you access to the EPO network of health care providers (doctors, hospitals, labs, pharmacies, etc.)
Selecting a primary care physician (PCP)	Most HMOs require you to select a PCP who will work with you to manage your health care needs [1]	All PPO plan members will have an assigned PCP; however, you can choose not to go through your PCP[2]	All EPO plan members will have an assigned PCP; however, you can choose not to go through your 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	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 coinsurance and copayments are counted toward your calendar year out-of-pocket maximums [3] Allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill [4]	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 EPO's provider network without a referral from the health plan (except for emergency and urgent care services)
Paying for services	Requires you to make a small copayment for most services	Limits the amount preferred providers can charge you for services Considers the PPO plan payment plus any deductibles and copayments you make as payment in full for services rendered by a preferred provider	Requires you to make a small copayment for most services

[1] Your 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.

[2] Members enrolled in the PERS Gold plan may access a lower copayment if they select a personal doctor.

[3] Once you meet your annual deductible and maximum coinsurance, the plan pays 100% of medical services/claims from preferred providers for the remainder of the calendar year; however, you will continue to be responsible for copayments for physician office visits, pharmacy, and other services, up to the annual out-of-pocket maximum.

[4] Non-preferred providers have not contracted with the health plan; therefore, you will be responsible for paying any applicable member deductibles or coinsurance, plus any amount in excess of the allowed amount.

Find Available Plans, Doctors, & Hospitals

Health Plan Options

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

Basic HMO & EPO Health Plans	Basic PPO Health Plans	Supplement to Medicare PPO & HMO Health Plans	Medicare Managed Care Plans (Medicare Advantage)	Out-of-State Plan Choices
Anthem Blue Cross Select HMO	California Association of Highway Patrolmen (CAHP) Health Plan[1]	CAHP Health Plan[1]	Anthem Medicare Preferred (PPO)	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)
Anthem Blue Cross Traditional HMO	PERS Gold	PERS Gold	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	CCPOA Medical Plan Medicare (PPO)
Blue Shield Access+ HMO	PERS Platinum	PERS Platinum	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente (HMO)[2]
Blue Shield EPO	Peace Officers Research Association of California (PORAC) Police and Fire Health Plan[1]	PORAC Police and Fire Health Plan[1]	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage[2]
Blue Shield Trio HMO			Kaiser Permanente Senior Advantage Summit	Kaiser Permanente Senior Advantage Summit[2]
California Correctional Peace Officers Association (CCPOA) Medical Plan[1]			Sharp Direct Advantage (HMO)	PERS Platinum (PPO)
Health Net Salud y Más			UnitedHealthcare Group Medicare Advantage (PPO) and MedicareRx (PDP)	PORAC Police and Fire Health Plan (PPO)[1]
Kaiser Permanente				UnitedHealthcare Group Medicare Advantage (PPO)
Sharp Performance Plus				
Sutter Health Plan HMO				
Western Health Advantage				

Contacting a Health Plan

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly. See the "Health Plan Directory" on page 32 for health plan contact information.

[1] You must belong to the specific employee association and pay applicable dues to enroll in an Association Plan (CCPOA, CAHP, or PORAC).
[2] Plan only available in certain states. Benefits out-of-state may differ from those in California.

Choosing Your Doctor and Hospital

Once you choose a health plan, you should select a primary care physician. Except in the case of an emergency, the doctors you can use — and the medical groups and hospitals you will have access to — will depend on your choice of health plan.

Many people find their doctor by asking neighbors or co-workers for a doctor's name. Others receive referrals from doctors they already know. Still others simply select a physician from their health plan who happens to be nearby. You can also use the **Search Health Plans** tool (described on page 2), which is available by logging into your myCalPERS account at **my.calpers.ca.gov**. Before you choose a health plan, you should call the health plan's member services to inquire about physician availability. When choosing an HMO plan, you should confirm that the doctor is taking new patients in the plan you select.

If you need to be hospitalized, your health plan or medical group will have certain hospitals that you are able to use. If you prefer a particular hospital, you should make sure the health plan you select contracts with that hospital. See page 28 for a list of resources that can help you evaluate and select a doctor and hospital.

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

Some of our health plans are available only in certain counties and/or ZIP codes. As you consider your health plan choices, you should determine which health plans are available in the ZIP code in which you are enrolling.

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.

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 CalPERS-covered employer from which you retired to establish ZIP code eligibility.

To enroll in a Medicare Advantage plan, you must use your residential address. In addition, Medicare Part D Employer Group Waiver plans require you to provide a physical address.

If you have a combination of Basic and Medicare members on your health plan, you must choose a health plan that has both Basic and Medicare plan options available within your residential ZIP code area.

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 services where you reside or work, see the "Health Plan Availability by County" chart on the following page. You can also use the **Health Plan Search by ZIP Code**, which is available on the CalPERS website at **www.calpers.ca.gov**, to find out which plans are available in your area. If you have questions about plan availability or coverage, or wish to obtain a copy of the ***Evidence of Coverage***, contact the health plans using the "Health Plan Directory" on page 32.

Health Plan Availability by County: Basic Plans

Some health plans are available only in certain counties and/or ZIP codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Marked health plans cover all or part of the county. 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**. All counties are subject to regulatory approval.

County	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield Trio HMO	CAHP	CCPOA Medical Plan	Health Net Salud y Más	Kaiser Permanente	PERS Gold & PERS Platinum	PORAC	Sharp Performance Plus	Sutter Health Plan HMO	Western Health Advantage HMO
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			●	●		●	●		●[1]	●	●			
Napa		●				●	●		●	●	●			●
Nevada	●	●	●	●	●	●	●			●	●			
Orange	●	●	●		●	●	●	●	●	●	●			

[1] Limited to 14 approved ZIP codes in Monterey County.

County	Anthem Blue Cross Select HMO	Anthem Blue Cross Traditional HMO	Blue Shield Access+ HMO	Blue Shield EPO	Blue Shield Trio HMO	CAHP	CCPOA Medical Plan	Health Net Salud y Más	Kaiser Permanente	PERS Gold & PERS Platinum	PORAC	Sharp Performance Plus	Sutter Health Plan HMO	Western Health Advantage HMO
Placer	●	●	●	●	●	●	●		●	●	●		●[3]	●
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							●		●	●[2]	●			

[2] Only PERS Platinum is available out of state.
[3] Limited to 21 approved ZIP codes in Placer County.

Health Plan Availability by County: Medicare Plans

Some health plans are available only in certain counties and/or ZIP codes. Use the chart below to determine if the health plan you are considering provides services where you reside or work. Marked health plans cover all or part of the county. 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**. All counties are subject to regulatory approval.

County	Anthem Medicare Preferred PPO	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	CAHP Medicare Supplement	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage Summit	PERS Gold Medicare Supplement	PERS Platinum Medicare Supplement	PORAC Medicare Supplement	Sharp Direct Advantage HMO	UnitedHealthcare Group Medicare Advantage PPO
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	●	●	●	●	●	●	●	●	●		●

County	Anthem Medicare Preferred PPO	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	CAHP Medicare Supplement	CCPOA Medical Plan Medicare (PPO)	Kaiser Permanente Senior Advantage	Kaiser Permanente Senior Advantage Summit	PERS Gold Medicare Supplement	PERS Platinum Medicare Supplement	PORAC Medicare Supplement	Sharp Direct Advantage HMO	UnitedHealthcare Group Medicare Advantage PPO
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		●	●	●	●	●		●	●		●

Compare Benefits & Cost

Basic Plans (EPO & HMO)

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

All benefits subject to regulatory approval.

Benefits	**Anthem Blue Cross** Select HMO Traditional HMO	**Blue Shield** Access+ HMO EPO Trio HMO	**Health Net**	**Kaiser Permanente**	**Sharp Performance Plus**	**Sutter Health Plan 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 (including Mental Health and Substance Abuse)							
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
Outpatient Facility/ Surgery Services	No Charge	No Charge	No Charge	$15	No Charge	$15	No Charge

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Benefits	**Anthem Blue Cross** Select HMO Traditional HMO	**Blue Shield** Access+ HMO EPO Trio HMO	**Health Net**	**Kaiser Permanente**	**Sharp Performance Plus**	**Sutter Health Plan HMO**	**Western Health Advantage HMO**
Emergency Services							
Emergency Room Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	$50	$50	$50	$50
Non-Emergency (copay waived if admitted as an inpatient or for observation as an outpatient)	$50	$50	$50	$50	$50	$50	$50
Physician Services (including Mental Health and Substance Abuse)							
Office Visits (copay for each service provided)	$15	$15	$15	$15	$15	$15	$15
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
Urgent Care Visits	$15	$15	$15	$15	$15	$15	$15
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-ray/Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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

All benefits subject to regulatory approval.

Benefits	**Anthem Blue Cross** Select HMO Traditional HMO	**Blue Shield** Access+ HMO EPO Trio HMO	**Health Net**	**Kaiser Permanente**	**Sharp Performance Plus**	**Sutter Health Plan HMO**	**Western Health Advantage HMO**
Prescription Drugs							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Tier 1: $5 Tier 2: $20 Tier 3: $50	Tier 1: $5 Tier 2: $20 Tier 3: $50 Tier 4: $30	Tier 1: $5 Tier 2: $20 Tier 3: $50	Generic: $5 Brand: $20	Tier 1: $5 Tier 2: $20 Tier 3: $50	Tier 1: $5 Tier 2: $20 Tier 3: $50	Tier 1: $5 Tier 2: $20 Tier 3: $50
Retail Pharmacy (90-day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100 Tier 4: $60 (Retail Preferred Pharmacy Maintenance Medications)	Tier 1: $10 Tier 2: $40 Tier 3: $100	N/A	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100 Tier 4: $60	Tier 1: $10 Tier 2: $40 Tier 3: $100	Generic: $10 Brand: $40 (31-100 day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100
Mail order maximum copayment per person per calendar year	$1,000	$1,000	$1,000	N/A	$1,000	$1,000	$1,000
Durable Medical Equipment	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

Benefits	Anthem Blue Cross Select HMO Traditional HMO	Blue Shield Access+ HMO EPO Trio HMO	Health Net	Kaiser Permanente	Sharp Performance Plus	Sutter Health Plan HMO	Western Health Advantage HMO
Infertility Testing/Treatment							
January 1–June 30, 2027	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
July 1–December 31, 2027	$15 [1]	$15 [1]	$15 [1]	$15 [2]	$15 [1]	$15 [1]	$15 [1]
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
Diabetes Services							
Glucose monitors	Coverage varies	No Charge	Coverage varies	No Charge	Coverage varies	Coverage varies	Coverage varies
Self-management training	$15	$15	$15	$15	$15	$15	$15
Acupuncture (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Chiropractic (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit	$15/visit
Pregnancy & Maternity Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

[1] Per treatment bundle. Treatment bundles may include medically necessary tests, services, and medication. Services included in treatment bundle may vary by treatment plan.

[2] Per office visit or per outpatient procedure. Copays for other related services are based on the applicable service category.

Compare Benefits & Cost

Basic Plans (PPO & Association Plans)

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

All benefits subject to regulatory approval.

	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCPOA
Benefits	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	EPO
Calendar Year Deductible									
Individual	$1,000 [1,3]	$2,500 [3]	$500 [3]	$2,000 [3]	N/A		$300	$600	N/A
Family	$2,000 [1,3]	$5,000 [3]	$1,000 [3]	$4,000 [3]	N/A		$900	$1,800	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)									
Individual	$3,000 (coinsurance)	Unlimited	$2,000 (coinsurance)	Unlimited	$3,000 (coinsurance)	Unlimited	$2,000	$2,000	$1,500 (pharmacy included in copay)
Family	$6,000 (coinsurance)	Unlimited	$4,000 (coinsurance)	Unlimited	$6,000 (coinsurance)	Unlimited	$4,000	$4,000	$4,500 (pharmacy included in copay)
Hospital (including Mental Health and Substance Abuse)									
Deductible (per admission)	N/A		$250 (copay)		N/A		N/A		N/A
Inpatient	20% [2]	40% [4]	10%	40% [4]	10%	Varies	20%	20% [4]	$100/admission
Outpatient Facility/ Surgery Services	20%	40% [4]	10%	40% [4]	10%	40% [4]	20%	20% [4]	$50

[1] Incentives available to reduce individual inpatient deductible (max. $500) or family deductible (max. $1,000). Refer to EOC for details.
[2] Coinsurance waived for deliveries if enrolled in Included Health's Maternity Program by the 24th week of pregnancy.
[3] Deductible is not transferable between PERS Gold and PERS Platinum.
[4] Of the allowable amount as defined in the EOC.

Continued on next page

Benefits	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCPOA
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	EPO
Emergency Services									
Emergency Room	$50 (applies to hospital emergency room facility charge only)		$50 (applies to hospital emergency room charges only)		$50 (copay reduced to $25 if admitted on an inpatient basis)		N/A		N/A
Emergency	20% (applies to other services such as physician, X-ray, lab, etc.)		10% (applies to other services such as physician, X-ray, lab, etc.)		10% (applies to other services such as physician, X-ray, lab, etc.)		20%		$75
Non-Emergency	20%	40%	10%	40%	$50+10%	$50+40%	50% (for non-emergency services provided by hospital emergency room)		$75 (applies to facility fee; no charge for physician fee)
	(payment for physician charges only; emergency room facility charge is not covered)		(payment for physician charges only; emergency room facility charge is not covered)		(copay reduced to $25 if admitted on an inpatient basis)				
Physician Services (including Mental Health and Substance Abuse)									
Office Visits (copay for each service provided)	$35 [5,6]	40% [7]	$20 [6]	40% [7]	$20 [5]	40% [7]	$10/$35 [6]	20% [7]	$15
Inpatient Visits	20%	40% [7]	10%	40% [7]	10%	40% [7]	20%	20% [7]	No Charge
Outpatient Visits	$35	40% [7]	$20	40% [7]	10% [9]	40% [7]	20%	20% [7]	$15
Urgent Care Visits	$35	40% [7]	$35	40% [7]	$20 [9]	40% [7]	$35	20% [7]	$15
Preventive Services	No Charge	40% [7]	No Charge	40% [7]	No Charge	40% [7]	No Charge		No Charge
Surgery/Anesthesia	20%	40% [7]	10%	40% [7]	10%	40% [7]	20%	20% [7]	No Charge
Diagnostic X-ray/Lab	20% [8]	40% [7]	10% [8]	40% [7]	10%	40% [7]	20%	20% [7]	No Charge

[5] Reduced to $10 when seen by matched primary physician.
[6] $35 for specialist visit.
[7] Of the allowable amount as defined in the EOC.
[8] For lab services only — no charge when using Quest Diagnostic or Labcorp.
[9] For non-mental health visits only — no charge for visits with a mental health provider.

Basic Plans (PPO & Association Plans), *Continued*

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

All benefits subject to regulatory approval.

	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCPOA
Benefits	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	EPO
Prescription Drugs									
Deductible	N/A		N/A		N/A		N/A		Tier 2, 3, and 4: $50 (not to exceed $150/family)
Retail Pharmacy (30-day supply)	Tier 1: $5 Tier 2: $20 Tier 3: $50		Tier 1: $5 Tier 2: $20 Tier 3: $50		Generic: $5 Formulary: $20 Non-Formulary: $50		Generic: $10 Brand Formulary: $25 Non-Formulary: $45 Compound: $45		Tier 1: $10 Tier 2: $25 Tier 3 and 4: $50
Retail Pharmacy (90-day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100		Tier 1: $10 Tier 2: $40 Tier 3: $100		Generic: $10 Formulary: $40 Non-Formulary: $100 (Retail Preferred Pharmacy Maintenance Medications)		N/A		Tier 1: $30 Tier 2: $75 Tier 3 and 4: $150 (Retail Preferred Pharmacy Maintenance Medications)
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Tier 1: $10 Tier 2: $40 Tier 3: $100		Tier 1: $10 Tier 2: $40 Tier 3: $100		Generic: $10 Formulary: $40 Non-Formulary: $100		Generic: $20 Brand Formulary: $40 Non-Formulary: $75	N/A	Tier 1: $20 Tier 2: $50 Tier 3 and 4: $100
Mail order maximum copayment per person per calendar year	$1,000		$1,000		N/A		N/A		N/A
Durable Medical Equipment	20%	40%[10]	10%	40%[10]	10%	40%[10]	20%	20%[10]	No Charge
	(pre-certification required for specific equipment)		(pre-certification required for the purchase of equipment priced at $1,000 or more)						

[10] Of the allowable amount as defined in the EOC.

Benefits	PPO Basic Plans				Association Plans				
	PERS Gold		PERS Platinum		CAHP		PORAC		CCPOA
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	EPO
Infertility Testing/Treatment									
January 1–June 30, 2027	50%		50%		10% (Testing only)	40% (Testing only)	50%	50% [13]	50% of Allowed Charges
July 1–December 31, 2027	$35 [11]	N/A	$35 [11]	N/A					
Occupational / Physical / Speech Therapy									
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		10%	40%	20%	20% [13]	No Charge
Outpatient (office and home visits)	20%	40%; Occupational therapy: 20%	10%	40%; Occupational therapy: 10%	10%	40%	20%	20% [13]	No Charge
	(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)		(pre-certification required for more than 24 visits)				
Diabetes Services									
Glucose monitors	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		No Charge
Self-management training	$20 [12]	40% [13]	$20 [12]	40% [13]	$20	60% [13]	$10 [12]	20% [13]	$15
Acupuncture	$15/visit	40% [13]	$15/visit	40% [13]	10%	40% [13]	20%	20% [13]	N/A
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 30 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		
Chiropractic	$15/visit	40% [13]	$15/visit	40% [13]	10%	40% [13]	20%	20% [13]	$15 exam (up to 20 visits per calendar year) chiropractic appliances benefit: $50
	(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		(acupuncture/chiropractic; combined 30 visits per calendar year)		(acupuncture/chiropractic; combined 20 visits per calendar year)		
Pregnancy & Maternity Care	20% [14]	40%	10%	40%	10%	40%	80%	80%	No Charge

[11] Per treatment bundle. Treatment bundles may include medically necessary tests, services, and medication. Services included in treatment bundle may vary by treatment plan. Subject to deductible.

[12] $35 for specialist visit.

[13] Of the allowable amount as defined in the EOC.

[14] Coinsurance waived for deliveries if enrolled in Included Health's Maternity Program by the 24th week of pregnancy.

Compare Benefits & Cost

Medicare Advantage Plans

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

All benefits subject to regulatory approval.

Benefits	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Calendar Year Deductible						
Individual	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
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)						
Individual	$1,500 (copay)	$1,500 (copay)	$1,500 (copay/coinsurance)	$1,500 (copay)	$1,500 (copay/coinsurance)	$1,500 (copay)
Family	N/A	N/A	N/A	N/A	N/A	N/A
Hospital (including Mental Health and Substance Abuse)						
Inpatient	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Facility/ Surgery Services	$10	No Charge	No Charge	No Charge	No Charge	No Charge
Skilled Nursing Facility (up to 100 days/ benefit period)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Home Health Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Hospice	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge

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Benefits	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Emergency Services (waived if admitted or hospitalized as an outpatient)	$50	$50	$50	$50	$50	$50
Ambulance Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Surgery/ Anesthesia	No Charge inpatient; $10 outpatient	No Charge	No Charge	No Charge	No Charge	No Charge
Physician Services (including Mental Health and Substance Abuse)						
Office Visits	$10	No Charge	$10	No Charge	No Charge	$10
Inpatient Visits	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient Visits	$10	No Charge	$10	No Charge	No Charge	$10
Urgent Care Visits	$10	No Charge	$25	No Charge	No Charge	$25
Preventive Services	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostic X-ray/Lab	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Durable Medical Equipment	No Charge	No Charge	10% (coinsurance)	No Charge	No Charge	No Charge

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

All benefits subject to regulatory approval.

Benefits	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Prescription Drugs						
Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Retail Pharmacy (30-day supply)	Generic: $5 Preferred: $20	Generic: $5 Preferred: $20	Tier 1: $5 Tier 2: $20 Tier 3: $50	Tier 1: $5 Tier 2: $20 Tier 3: $50 Tier 4: $20	Preferred Generic: $5 Generic: $5 Preferred Brand: $20 Non-Preferred: $50 Specialty: $20 Select Care: $0	Generic: $5 Preferred: $20 Specialty: $20 Non-Preferred: $50
Retail Pharmacy Long-Term Prescription Medications (90-day supply)	N/A	N/A	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100 Tier 4: N/A	Preferred Generic: $15 Generic: $15 Preferred Brand: $60 Non-Preferred: $150 Specialty: N/A Select Care: $0	Generic: $10 Preferred: $40 Specialty: $40[1] Non-Preferred: $100
Mail Order Pharmacy Program (not to exceed 90-day supply)	Generic: $10 Preferred: $40 (31-100 day supply)	Generic: $10 Preferred: $40 (31-100 day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100	Tier 1: $10 Tier 2: $40 Tier 3: $100 Tier 4: N/A	Preferred Generic: $10 Generic: $10 Preferred Brand: $40 Non-Preferred: $100 Specialty: N/A Select Care: $0	Generic: $10 Preferred: $40 Specialty: $40[1] Non-Preferred: $100
Mail order maximum copayment per person per calendar year	N/A	N/A	$1,000	$1,000	N/A	$1,000
Occupational / Physical / Speech Therapy						
Inpatient (hospital or skilled nursing facility)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Outpatient (office and home visits)	$10	No Charge	$10	No Charge	No Charge	$10

[1] Specialty drugs will be limited to a 30-day supply.

Benefits	Kaiser Permanente Senior Advantage (HMO)	Kaiser Permanente Senior Advantage Summit (HMO)	Anthem Medicare Preferred (PPO)	Blue Shield Group Medicare Advantage (PPO) and Medicare RX Plan (PDP)	Sharp Direct Advantage (HMO)	UnitedHealthcare Group Medicare Advantage (PPO)
Diabetes Services						
Glucose monitors	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Hearing Services						
Routine Hearing Exam	$10	No Charge	No Charge	No Charge	No Charge	No Charge
Physician Services	$10	No Charge	$10	$10	$10	$10
Hearing Aids	$1,000 max/ 36 months	$1,000 max/ 36 months	$1,000 max/ 36 months	$1,000 max/ 36 months	$1,000 max/ 36 months	$1,000 max/ 36 months
Vision Care						
Vision Exam	$10	No Charge	$10	$10	$10	$10
Eyeglasses (following cataract surgery)	No Charge	No Charge	20% (coinsurance)	No Charge	No Charge	No Charge
Contact Lenses (following cataract surgery)	No Charge	No Charge	20% (coinsurance)	No Charge	No Charge	No Charge

Benefits Beyond Medicare (Services covered beyond Medicare coverage)

Acupuncture (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit	$15/visit	$10/visit	$15/visit	$15/visit	$15/visit
Chiropractic (acupuncture/chiropractic; combined 20 visits per calendar year)	$15/visit	$15/visit	$10/visit	$15/visit	$15/visit	$15/visit

Compare Benefits & Cost

Medicare Supplement Plans

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

All benefits subject to regulatory approval.

Benefits	Medicare Supplement Plans				Medicare Association Plans		
	PERS Gold		PERS Platinum		CAHP Medicare Supplement	CCPOA Medical Plan Medicare Advantage (PPO)	PORAC Medicare Supplement
	PPO	Non-PPO	PPO	Non-PPO			
Calendar Year Deductible							
Individual	N/A		N/A		N/A	N/A	N/A
Family	N/A		N/A		N/A	N/A	N/A
Maximum Calendar Year Copay or Coinsurance (excluding pharmacy)							
Individual	N/A		$3,000[1,2] (coinsurance)	N/A	N/A	$1,500 (copay)	N/A
Family	N/A		N/A		N/A	N/A	N/A
Hospital (including Mental Health and Substance Abuse)							
Inpatient	No Charge		No Charge		No Charge	$100/admission	No Charge
Outpatient Facility/ Surgery Services	No Charge		No Charge		No Charge	No Charge	No Charge
Skilled Nursing Facility (up to 100 days/benefit period)	No Charge		No Charge		No Charge	No Charge	No Charge
Home Health Services	No Charge		No Charge		No Charge	$15/visit	No Charge
Hospice	No Charge		No Charge		No Charge	No Charge	No Charge

[1] See EOC for additional details.
[2] For Benefits Beyond Medicare.

Continued on next page

Benefits	Medicare Supplement Plans				Medicare Association Plans		
	PERS Gold		PERS Platinum		CAHP Medicare Supplement	CCPOA Medical Plan Medicare Advantage (PPO)	PORAC Medicare Supplement
	PPO	Non-PPO	PPO	Non-PPO			
Emergency Services (waived if admitted or hospitalized as an outpatient)	No Charge		No Charge		No Charge	No Charge	No Charge
Ambulance Services	No Charge		No Charge		No Charge	No Charge	No Charge
Surgery/Anesthesia	No Charge		No Charge		No Charge	No Charge	No Charge
Physician Services (including Mental Health and Substance Abuse)							
Office Visits	No Charge		No Charge		$10	$10	No Charge
Inpatient Visits	No Charge		No Charge		No Charge	No Charge	No Charge
Outpatient Visits	No Charge		No Charge		No Charge	$10	No Charge
Urgent Care Visits	No Charge		No Charge		No Charge	No Charge	No Charge
Preventive Services	No Charge		No Charge		No Charge	No Charge	No Charge
Diagnostic X-ray/Lab	No Charge		No Charge		No Charge	No Charge	No Charge
Durable Medical Equipment	No Charge		No Charge		No Charge	No Charge	No Charge

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

All benefits subject to regulatory approval.

Benefits	Medicare Supplement Plans				Medicare Association Plans		
	PERS Gold		PERS Platinum		CAHP Medicare Supplement	CCPOA Medical Plan Medicare Advantage (PPO)	PORAC Medicare Supplement
	PPO	Non-PPO	PPO	Non-PPO			
Prescription Drugs							
Deductible	N/A		N/A		N/A	N/A	$100
Retail Pharmacy (30-day supply)	Tier 1: $5 Tier 2: $20 Tier 3: $50		Tier 1: $5 Tier 2: $20 Tier 3: $50		Generic: $5 Formulary: $20 Non-Formulary: $50	Tier 1: $5 Tier 2: $20 Tier 3: $35 Tier 4: $50	Generic: $10 Preferred: $25 Non-Preferred: $45
Retail Pharmacy Long-Term Prescription Medications (90-day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100		Tier 1: $10 Tier 2: $40 Tier 3: $100		Generic: $5 Formulary: $20 Non-Formulary: $50	Tier 1: $10 Tier 2: $40 Tier 3: $70 Tier 4: N/A	N/A
Mail Order Pharmacy Program (not to exceed 90-day supply)	Tier 1: $10 Tier 2: $40 Tier 3: $100		Tier 1: $10 Tier 2: $40 Tier 3: $100		Generic: $10 Formulary: $40 Non-Formulary: $100	Tier 1: $10 Tier 2: $40 Tier 3: $70 Tier 4: N/A	Generic: $20 Preferred: $40 Non-Preferred: $75
Mail order maximum copayment per person per calendar year	$1,000		$1,000		N/A	N/A	N/A
Occupational / Physical / Speech Therapy							
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		No Charge	No Charge	No Charge
Outpatient (office and home visits)	No Charge		No Charge		No Charge	No Charge	No Charge

Benefits	Medicare Supplement Plans				Medicare Association Plans		
	PERS Gold		PERS Platinum		CAHP Medicare Supplement	CCPOA Medical Plan Medicare Advantage (PPO)	PORAC Medicare Supplement
	PPO	Non-PPO	PPO	Non-PPO			
Diabetes Services							
Glucose monitors	No Charge		No Charge		No Charge	No Charge	$25
Hearing Services							
Routine Hearing Exam	No Charge		No Charge		No Charge	No Charge	20%
Physician Services	No Charge		No Charge		No Charge	$10	20%
Hearing Aids	20% ($1,000 max/36 months)		20% ($2,000 max/24 months)		10% ($1,000 max/36 months)	$500 max/ 12 months	20% ($900 max/36 months)
Vision Care							
Vision Exam	One exam per calendar year		One exam per calendar year		N/A	$10	20%
Eyeglasses	One set of frames during a 24-month period; $30 maximum allowance		One set of frames during a 24-month period; $30 maximum allowance		N/A	No Charge	20% ($40 maximum allowance)
Contact Lenses	$100 maximum allowance		$100 maximum allowance		No Charge	No Charge	20% ($40 maximum allowance)
Benefits Beyond Medicare (Services covered beyond Medicare coverage)							
Acupuncture	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		20%	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	20%
Chiropractic	$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		20%	$15/visit (acupuncture/ chiropractic; combined 20 visits per calendar year)	20%

Ways to Save on Care

If you are a PERS Basic PPO member, this information explains several programs that can help lower your out-of-pocket costs. These include designated locations for surgery and lab work, as well as added benefits for certain services through the Value-Based Insurance Design program. For more details on these options, see your plan's ***Evidence of Coverage*** (EOC) booklet.

Navigating PERS Basic PPO Plans Sites of Care

Ambulatory Surgery Centers

For many common same-day procedures (see list below), choose an in-network ambulatory surgery center (ASC) whenever possible. ASCs specialize in these procedures and provide high-quality care with quick recovery times.

If you have one of these procedures at an outpatient hospital instead of an in-network ASC, you may have to pay the difference between what your health plan covers and the hospital's charges, which could be a significant cost to you. If there is no preferred ASC within 30 miles of your home, or if your provider determines that your procedure must be performed in a hospital facility due to medical necessity, you may receive an exception to the benefit limitation.

- Colonoscopy services
- Arthroscopy
- Tonsillectomy and/or adenoidectomy *(for members under age 12)*
- Cataract Removal
- Lithotripsy — fragmenting of kidney stones
- Upper gastrointestinal endoscopy services
- Hernia inguinal repair *(Member over age 5, non-laparoscopic)*
- Laparoscopic gall bladder removal
- Repair of laparoscopic inguinal hernia
- Hysteroscopy uterine tissue sample *(with biopsy, with or without dilation and curettage)*
- Sigmoidoscopy services
- Nasal/sinus corrective surgery — septoplasty
- Nasal/sinus — submucous resection inferior turbinate

Lab Sites of Care

Save money on lab tests by using Quest Diagnostics or Labcorp. Covered lab tests ordered by your doctor are provided at no cost to you. While you can choose any facility, you will have higher out-of-pocket costs if you get services outside of these two lab sites or out of your plan's network.

Valued-Based Purchasing Design for Hip and Knee Joint Replacement

CalPERS and Blue Shield have identified Value-Based Purchasing Design Hospitals that routinely provide hip and knee replacement surgery below the benefit maximum of $35,000. If you use one of these designated, high-quality hospitals, your costs are limited to standard deductibles and coinsurance. If you select a non-designated hospital, you are responsible for any hospital charges exceeding $35,000, in addition to your deductible and coinsurance.

PERS Gold: Value-Based Insurance Design Program

Inpatient Deductible Credits

You can earn up to $500 in credit toward your in-network inpatient deductible and up to $1,000 for a family deductible if you complete healthy activities at no extra cost to you. Visit the CalPERS website at **www.calpers.ca.gov** for more information on the PERS Gold Value-Based Insurance Design program.

Maternity Care Program

Enroll in Included Health's Maternity Care program by the 24th week of pregnancy and your inpatient hospital facility costs for delivery at a participating hospital will be covered at 100%.

Matched Primary Care Physician

You will pay a reduced copayment of $10 for each visit with your matched primary care physician.

Evaluate Quality of Care

Obtaining Health Care Quality Information

Following is a list of resources you can use to evaluate and select a doctor and hospital.

Hospitals

Cal Hospital Compare

www.calhospitalcompare.org

Cal Hospital Compare makes it easy to find and compare the quality of hospitals in California.

U.S. Department of Health and Human Services

www.medicare.gov/hospitalcompare

Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals across the country.

The Leapfrog Group

www.leapfroggroup.org

This is a coalition of health purchasers who have found that hospitals meeting certain standards have better care results.

Consumer Resources

California Department of Consumer Affairs

www.dca.ca.gov

search.dca.ca.gov

The California Department of Consumer Affairs (DCA) and its boards and bureaus license medical and mental-health professionals — including doctors, nurses, and other care providers — investigate complaints, discipline those who violate the law, conduct evaluations, and facilitate rehabilitation where appropriate.

Have you done a checkup on your care provider's license? Such a checkup is simple and helps you make an informed choice when choosing a medical or mental-health professional. To determine a licensee's status, go to DCA's license website at **search.dca.ca.gov** or, if you do not have a computer, call (800) 952-5210 and DCA staff will check the professional's license for you.

Office of the Patient Advocate

www.opa.ca.gov

This website includes a State of California-sponsored "Report Card" that contains additional clinical and member experience data on HMOs, PPOs, and medical groups in California.

Benefit Comparison Charts

The benefit comparison charts on pages 12–27 summarize the benefit information for each health plan. For more details, see each plan's *Evidence of Coverage* (EOC) booklet.

CalPERS Health Plan Member Survey Results

CalPERS conducts an annual Health Plan Member Survey to assess members' satisfaction with their health plans during the previous 12-month period. We use a modified version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, a standard tool for measuring health plans. CalPERS evaluates the survey results to compare satisfaction ratings across health plans and over time. The results below reflect health plan satisfaction during the 2025 plan year.

Member ratings offer another tool to help you choose a plan that is right for you. Please note that your experience may differ. The health plan ratings are based on the experience of the individuals who participated in the survey.

Member Rating of Health Plans

Members were asked to rate their health plan on a 10-point scale with 10 being the best health plan possible. The following charts show the average rating by plan respondents in eligible Basic and Medicare health plans.

The CalPERS *Health Benefits Program Annual Report* displays other valuable information about the Health Program. To view the report, visit CalPERS online at **www.calpers.ca.gov.**

Basic Plan Ratings *(score out of 10)*	
Anthem Blue Cross Select	**7.84**
Anthem Blue Cross Traditional	**7.91**
Blue Shield Access+	**7.65**
Blue Shield Trio	**7.65**
CCPOA[1]	**8.26**
Health Net Salud y Más	**7.79**
Kaiser Permanente	**7.99**
PERS Platinum	**7.55**
PERS Gold	**6.33**
Sharp Performance Plus	**8.63**
Western Health Advantage	**7.98**
Average Basic Plan Rating	**7.67**

Medicare Plan Ratings *(score out of 10)*	
Anthem Blue Cross Medicare Preferred	**8.63**
Blue Shield of California Medicare	**8.63**
Kaiser Permanente Senior Advantage	**8.82**
Kaiser Permanente Senior Advantage Summit	**8.87**
PERS Platinum Medicare Supplement	**8.96**
PERS Gold Medicare Supplement	**8.58**
UnitedHealthcare Group MA	**8.81**
Average Medicare Plan Rating	**8.86**

[1] Association Plans (CCPOA) are available only to members who belong to the applicable association.

Directory

As a health care consumer, you have access to many resources, services, and tools that can help you find the right health plan, doctor, medical group, and hospital for yourself and your family.

Following is contact information for the health plans. Contact your health plan with questions about ID cards; verification of provider participation; service area boundaries (covered ZIP codes); benefits, deductibles, limitations, exclusions; and ***Evidence of Coverage*** booklets.

Anthem Blue Cross[2] HMO
(855) 839-4524
www.anthem.com/ca/calpers

Anthem Medicare Preferred[2] PPO
(855) 251-8825
www.anthem.com/ca/calpers

Blue Shield of California
Active Member Services: (800) 334-5847
Medicare Member Services: (888) 802-4599
www.blueshieldca.com/calpers

California Association of Highway Patrolmen (CAHP)
(800) 734-2247
www.thecahp.org/benefits

California Correctional Peace Officers Association (CCPOA)
Active Member Services: (800) 257-6213
Medicare Member Services: (800) 776-4466
www.ccpoabtf.org

CVS Caremark
Active Member Services: (833) 291-3649
SilverScript Medicare Member Services: (833) 291-3648
www.caremark.com/calpers

Health Net of California[1]
(888) 926-4921
www.healthnet.com/calpers

Kaiser Permanente
(800) 464-4000
www.kp.org/calpers

PERS Gold[2] and PERS Platinum[2]
Active Member Services
by Included Health: (855) 633-4436
includedhealth.com/calpers
Medicare Member Services
by Blue Shield of California: (800) 405-2127
www.blueshieldca.com/calpers

Peace Officers Research Association of California (PORAC)
(800) 655-6397
ibtofporac.org

Sharp Health Plan[1]
Active Member Services: (855) 995-5004
Retiree Member Services: (833) 346-4322
calpers.sharphealthplan.com

Sutter Health Plan
(833) 674-2334
sutterhealthplan.org/calpers

UnitedHealthcare[1]
Retiree Member Services: (888) 867-5581
retiree.uhc.com/calpers

Western Health Advantage[1]
Active Member Services: (888) 942-7377
www.westernhealth.com/calpers

[1] Pharmacy benefits administered by CVS Caremark for the Basic plan only.
[2] Pharmacy benefits administered by CVS Caremark for both Basic and Medicare plans.

Definition of Terms

CalPERS Basic Health Plan

A CalPERS Basic health plan provides health benefits coverage to members who are under age 65 or who are over age 65 and still working. Members who are 65 years of age or older and not eligible for Medicare Part A may also be eligible to enroll in a Basic health plan.

CalPERS Medicare Health Plan

A CalPERS Medicare health plan provides health benefits coverage to members who are over age 65, retired, and are enrolled in Medicare Parts A and B with the Social Security Administration (SSA).

For active employees and their dependents of any age, federal law limits enrollment in a CalPERS Medicare health plan to those diagnosed with Amyotrophic Lateral Sclerosis (ALS) or End-Stage Renal Disease (ESRD) who have completed any applicable coordination periods with SSA.

Coinsurance

Coinsurance is the percentage of the cost of a covered health care service that you pay. After your deductible is met, your insurance pays the rest. For example, if your coinsurance is 20% of the allowed amount, you pay 20% of the bill and your plan pays 80%.

Combination Plan

A combination plan means at least one family member is enrolled in a Medicare health plan and at least one family member is enrolled in a Basic health plan through the same health carrier. CalPERS requires all family members to have the same health carrier.

Contracting Agency

A public agency that contracts with CalPERS for retirement benefits, health benefits, or both.

Copay

A fixed dollar amount you pay for a doctor's visit or for receiving a covered service or prescription; usually paid when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you must pay for health care before the health plan starts to pay.

Dependent

An individual — typically a spouse, domestic partner, or child — enrolled or eligible to enroll under a member's health plan.

Emergency Services

Services to check for and treat an emergency medical condition, usually provided in a hospital's emergency room.

Exclusive Provider Organization (EPO)

EPO plans offer the same covered services as an HMO plan, but you must seek services from the plan's network of preferred providers. You are also able to access physicians and specialists who participate in the network without a referral. You pay copayments for some services, but you have no deductible, no claim forms, and a geographically restricted service area.

Health Maintenance Organization (HMO)

A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO plan. It generally won't cover out-of-network care except in an emergency or unless approved by the health carrier.

Non-Participating Provider

Non-preferred providers that have not contracted with the health plan.

Out-of-Pocket Costs

The portion of payments for covered health services required to be paid by the enrollee, including copayments, coinsurance, and deductibles.

Open Enrollment Period

A specific period of time when you can enroll in or change health plans, add or remove dependents, or cancel coverage without a qualifying life event. CalPERS' Open Enrollment occurs annually, typically in the fall.

Public Employees' Medical and Hospital Care Act (PEMHCA)

A California state law that applies to the CalPERS health program, members, employers, and health plans. PEMHCA sets standards for eligibility, coverage, and administration of health benefits to ensure comprehensive health care access.

Preferred Provider

This is a provider that participates in a preferred provider network. You will pay less to visit a preferred provider.

Preferred Provider Organization (PPO)

PPO plans operate like traditional "fee-for-service" health plans. Members either select or are matched with a primary care provider and have access to a network of preferred providers but may choose to see non-preferred providers at a higher out-of-pocket cost. PPO members may also see specialists without a referral. PPO plans have an annual deductible that must be met before certain benefits apply. Members are responsible for coinsurance (a percentage of charges), while the plan pays the remaining allowable amount. For care received outside the PPO network, members must pay any charges above the allowable amount.

Premium

The monthly amount a health plan charges to provide health benefits coverage. Employee costs for premiums may be reduced by employer contributions.

Primary Care Provider (PCP)

A physician, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, and helps you access a range of health care services.

Retiree

A person who has retired within 120 days of separation from employment with the state or a contracting agency and who receives a retirement allowance from the retirement system provided by the employer.

Retirement Date

The date you select on your application to retire with CalPERS.

Separation Date

The last day you were considered an employee in your organization.

Service Area

The geographic area in which your health plan provides coverage. You must reside or work in the health plan's service area to enroll in and remain enrolled in a plan. For some plans, the Medicare service area may not be identical to the Basic service area.

Specialist

A physician specialist who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care.

Survivor

A family member defined by law as eligible to receive benefits upon the member's death.

Urgently Needed Services

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

About CalPERS

CalPERS is the largest purchaser of public employee health benefits in California, and the second largest public purchaser in the nation after the federal government. Our program provides benefits for 1.5 million public employees, retirees, and their families.

Depending on where you reside or work, CalPERS offers active employees and retirees one or more types of health plans, which may include:

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Exclusive Provider Organization (EPO) (for members in certain California counties)

The CalPERS Board of Administration annually determines health plan availability, covered benefits, health premiums, and copayments.

Whether you are working or retired, your employer or former employer makes monthly contributions toward your health premiums. The amount of this contribution varies. Your cost may depend on your employer or former employer's contribution to your premium, the length of your employment, and the health plan you choose. For monthly contribution amounts, active employees should contact their employer, state retirees should contact CalPERS, and contracting agency retirees should contact their former employer.

CalPERS Health Benefits Program
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or **888**-225-7377)
www.calpers.ca.gov

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