

CalPERS PPO Basic Plans Comparison Sheet

#	Coverage/ Common Medical Event	PERS Select (Current)	PERS Choice	PERSCare	PERS Select (New)	Example of Exchange Silver 70 PPO Plan ¹					
1.	Premium (2018)	Single: \$661 Two-Party: \$1,323 Family: \$1,719	Single: \$724 Two-Party: \$1,448 Family: \$1,883	Single: \$776 Two-Party: \$1,552 Family: \$2,018	~ 5% less than PERS Select (Current)	Single ² : \$1,227 (60yr old) \$808 (50yr old) \$578 (40yr old) \$513 (30yr old)					
2.	Premium Impact (2019)	See PERS Select (New)	~ 1.7% less	~4.3% less	~9.1% less	N/A					
3.	Deductible	Individual \$500 Family \$1,000	Individual from \$500 to \$750 Family from \$1,000 to \$1,500	Individual from \$500 to \$1,000 Family from \$1,000 to \$2,000	Individual from \$500 to \$1,500 Family from \$1,000 to \$3,000	Individual \$2,500 Family \$5,000 Non-Participating Individual \$5,000 Family \$10,000					
4.	Wellness Credit (Flu Shot/ Immunizations)	\$0			Deductible reduced \$100**	No deductible incentives					
5.	Biometric Screening (Quest Analytics)	N/A			Deductible reduced \$100 after completion**						
6.	ConditionCare "Health Action Certified Member"				Program available with no incentive			Deductible reduced \$100 if contacted/ engaged**			
7.	Non-Smoking Certification							Deductible reduced \$100**			
8.	Second Opinion (ConsumerMedical)										Deductible reduced \$100**

¹ Example provided for comparative purposes only.

² Rates vary by individual by geography and age. Rates shown for comparison are for Rating Area 1: Northern Region, Ages 60, 50, 40, 30.

** Family could lower deductible by as much as \$1,500.

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9.	Health Risk Assessment (Self-Reported)	Member receives a \$100 debit card	Member will be enrolled in a monthly raffle for a \$500 debit card	Member will be enrolled in a monthly raffle for a \$500 debit card	Member receives a \$100 debit card	No deductible incentives
10.	Inpatient Maternity (Delivery)	20% Coinsurance Tier 1 Hospital 30% Coinsurance Tier 2 Hospital Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	10% Coinsurance Non-Participating 40% Coinsurance	Deductible waived if enrolled in Healthy Pregnancy Program ³ 20% Coinsurance Non-Participating 40% Coinsurance	20% Non-Preferred: 50% Coinsurance of up to \$2,000 per day
11.	Primary Care	\$20	\$20		Decrease from \$20 to \$10 if enrolled with a PCP Increase from \$20 to \$35 if not enrolled	\$35 Non-Participating 50% Coinsurance
12.	Mental Health/Behavioral Health/ Substance Abuse Physician office visit copay	\$20	\$20		Decrease from \$20 to \$10	\$35
13.	Mental Health/ Behavioral Health/ Substance Abuse	20% Coinsurance Tier 1 Hospital 30% Coinsurance Tier 2 Hospital Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	10% Coinsurance Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	Inpatient: 20% Coinsurance Non-Participating 50% Coinsurance of up to \$2,000 per day

³ If not enrolled deductible applies.

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14.	Urgent Care	\$20 Non-Participating 40% Coinsurance	\$35 Non-Participating 40% Coinsurance			\$35 Non-Participating 50% Coinsurance
15.	Specialist Visit	\$20	Increase from \$20 to \$35		Increase from \$20 to \$50	\$70 Non-Participating 50% Coinsurance
16.	Emergency Room ⁴	\$50 Deductible 20% Coinsurance			\$200	Facility \$350 Transport: \$250
17.	Preventive Services (A&B List)	\$0				
18.	Laboratory Tests	20% Coinsurance Non-Participating 40% Coinsurance				\$35 Non-Participating 50% Coinsurance
19.	Inpatient Hospital	20% Coinsurance Tier 1 Hospital 30% Coinsurance Tier 2 Hospital Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	10% Coinsurance Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	Facility fee: 20% Coinsurance Non-Participating 50% Coinsurance ⁵ Physician/surgeon fee: 20% Coinsurance Non-Participating 50% Coinsurance

⁴ All deductibles waived if admitted.

⁵ Up to \$2,000 per day plus 100% of additional charges.

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20.	Medical Pharmacy (Provider Administered)	20% Coinsurance		10% Coinsurance	Value-Based Reference Priced or Site of Care 20% Coinsurance Non-Participating 40% Coinsurance	20% of up to \$250 per prescription
21.	X-Ray/Imaging	20% Coinsurance Non-Participating 40% Coinsurance		10% Coinsurance Non-Participating 40% Coinsurance		Lab & Path/X-ray Imaging: \$70 Non-Participating 50% Coinsurance of up to \$500 per day
22.	Outpatient Surgery	20% Coinsurance Tier 1 Hospital 30% Coinsurance Tier 2 Hospital Non-Participating 40% Coinsurance	Value-Based Reference Priced 20% Coinsurance Non-Participating 40% Coinsurance	Value-Based Reference Priced 10% Coinsurance Non-Participating 40% Coinsurance		20% Coinsurance Non-Participating ASC: 50% Coinsurance ⁶ Outpatient Hospital: 50% Coinsurance ⁷ Physician/surgeon fee: 50% Coinsurance
23.	Generic drugs: Tier 1	\$5/30 day supply \$10/90 day supply				Retail \$15 Mail \$45
24.	Preferred brand drugs: Tier 2	\$20/30 day supply \$40/90 day supply				Retail \$55 Mail \$165
25.	Non-Preferred brand drugs: Tier 3	\$50/30 day supply \$100/90 day supply				Retail \$80 Mail \$240

⁷ Up to \$300 per day plus 100% of additional charges.

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26.	Specialty drugs: Tier 4	Follows tier structure					Retail 20% Coinsurance up to \$250/prescription Mail 20% Coinsurance up to \$750/prescription
27.	Anthem Engage (Mobile Health)	Not Available			Available		N/A
28.	Solera Weight Loss Program	N/A	Weight management programs no cost Potential for value based contracting for Contrave (anti-obesity)				Weight Loss Programs Not Covered
29.	Maximum Out-of-Pocket - Medical	Individual \$5,350 Family \$10,700					Individual \$6,800 Family 13,600 Non-Participating Individual: \$9,800 Family: \$19,600
30.	Pharmacy Deductible	Individual \$2,000 Family \$4,000 Mail Order \$1,000					Annual Pharmacy Deductible Individual: \$250 Family \$500 <u>Out of Pocket Maximum⁸</u> <u>Participating Providers</u> <u>\$6,800 individual</u> <u>\$13,600 family</u>

⁸ Any Deductibles count towards the OOPM. Any amounts you pay that count towards the medical or pharmacy Calendar Year Deductible also count towards the Calendar Year Out-of-Pocket Maximum.

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31.	Durable Medical Equipment	20% Coinsurance Non-Participating 40% Coinsurance		10% Coinsurance Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 40% Coinsurance	20% Coinsurance Non-Participating 50% Coinsurance