

Comparison of CalPERS 2009 Basic HMO & PPO Plan Benefits

	Kaiser Permanente	Blue Shield Access + HMO
DEDUCTIBLES & COPAYS		
Calendar Year Deductible		
Individual	none	none
Family	none	none
Maximum Calendar Year Co-pay (excluding pharmacy)		
Individual	\$1,500	\$1,500
Family	\$3,000	\$3,000
Lifetime Maximum Benefits		
Per Member	none	none
Hospital Admission Deductible		
Per Admission	none	none
Hospital		
Inpatient Services	no charge	no charge
Outpatient Facility Services	\$15	no charge
Outpatient Surgery	\$15	no charge
Emergency Services		
Emergency Room Deductible	none	none
Emergency	\$50 (waived if admitted)	\$50 (waived if admitted)
Ambulance Services	no charge	no charge
HEALTH & WELLNESS		
Periodic Health Exam	no charge	no charge
Immunization/Inoculation	no charge	no charge
Gynecological Exam	\$15 (no charge well woman)	no charge
Mammograms	no charge	no charge
Prostate Exam	no charge	no charge
Allergy Treatment	no charge	no charge
Well Baby Care	no charge	no charge
Pregnancy & Maternity Care	no charge	no charge
PHYSICIAN SERVICES		
Office Visits	\$15	\$15
Inpatient Hospital Visits	no charge	no charge
Outpatient Hospital Visits	\$15	no charge
Urgent Care Visits	\$15	\$15
Allergy Testing	\$15	no charge
Vision Exam (Refraction)	no charge	no charge
Hearing Exam/Screening	no charge	no charge
Surgery/Anesthesia	no charge inpatient; \$15 outpatient	no charge
Diagnostic X-Ray and Lab	no charge (most procedures)	no charge
Hospice	no charge	no charge
Chiropractic Care	\$10	not covered
Acupuncture	\$15	not covered
THERAPY/TREATMENT		
Substance Abuse		
Inpatient	no charge	no charge
Outpatient	\$15 individual/\$5 group	\$15
Mental Health		
Inpatient	no charge	no charge
Outpatient	\$15 individual/\$7 group	\$20
Occupational/Physical Therapy		
Inpatient	no charge	no charge
Outpatient	\$15	\$15
Speech Therapy		
Inpatient	no charge	no charge
Outpatient	\$15	\$15
OTHER SERVICES/EQUIPMENT		
Durable Medical Equipment	no charge	no charge
Home Health Services	no charge	no charge
Blood and Blood Products	no charge	no charge
Infertility Testing/Treatment	50% - see EOC	50% - see EOC
Skilled Nursing Facility Care		
Inpatient	no charge	no charge
Outpatient	not covered	not covered
PRESCRIPTION DRUG BENEFITS		
	up to 100-day supply	up to 30-day supply
Generic	\$5	\$5
Brand Formulary	\$15	\$15
Non-Formulary	\$15	\$45
Mail Service		
	up to 100-day supply	up to 90-day supply
Generic	\$5	\$10
Brand Formulary	\$15	\$25
Non-Formulary	\$15	\$75
Biotechnical & Injectable drugs*		
	up to 100-day supply	
Generic	\$5	\$10
Brand Formulary	\$15	\$25
Non-Formulary	\$15	\$75

	PERS Choice PPO	Non-PPO
DEDUCTIBLES & COPAYS		
Calendar Year Deductible		
Individual	\$500	
Family	\$1,000	
Maximum Calendar Year Co-pay		
Individual	\$3,000	none
Family	\$6,000	none
Lifetime Maximum Benefits		
Per Member	\$2,000,000	
Hospital Admission Deductible		
Per Admission	none	
Hospital		
Inpatient	20%	40%
Outpatient Facility Services	20%	40%
Outpatient Surgery	20%	40%
Emergency Services		
Emergency Room Deductible	\$50 / waived if hospitalized	
Emergency	20%	20%
Non-emergency	20%	40%
Ambulance Services	20%	20%
HEALTH & WELLNESS		
Periodic Health Exam	no charge	40%
Immunization/Inoculation	no charge	40%
Gynecological Exam	no charge	40%
Mammograms	no charge	40%
Prostate Exam	no charge	40%
Well Baby Care	no charge	40%
Pregnancy & Maternity Care	20%	40%
PHYSICIAN SERVICES		
Office Visits	\$20	40%
Inpatient Hospital Visits	20%	40%
Outpatient Hospital Visits	\$20	40%
Urgent Care Visits	\$20	40%
Allergy Testing/Treatment	20%	40%
Hearing Exam/Screening	20%	40%
Surgery/Anesthesia	20%	40%
Diagnostic X-Ray and Lab	20%	40%
Hospice	20%	10%
Chiropractic Care	20%	40%
Acupuncture	20%	40%
THERAPY/TREATMENT		
Substance Abuse		
Inpatient	20%	40%
Outpatient	20%	40%
Mental Health		
Inpatient	20%	40%
Outpatient	20%	40%
Occupational/Physical Therapy - \$3,500/calendar year max		
Inpatient	20%	40%
Outpatient	20%	40%
Speech Therapy - \$5,000 lifetime max		
Inpatient	20%	40%
Outpatient	20%	40%
OTHER SERVICES/EQUIPMENT		
Durable Medical Equipment	20%	40%
Infertility Testing/Treatment	N/A	N/A
Home Health Services	20%	40%
Blood and Blood Products	20%	20%
Skilled Nursing Facility Care		
1st 10 days	20%	40%
1st 90 days	30%	40%
PRESCRIPTION DRUG BENEFITS (Retail pharmacy up to a 30 day supply)		
Generic	\$5	
Brand Formulary	\$15	
Non-Formulary	\$45	
Mail Service- Up to 90-day supply		
Generic	\$10	
Brand Formulary	\$25	
Non-Formulary	\$75	
Specialty Pharmacy Program		
Generic	\$10	
Brand Formulary	\$25	
Non-Formulary	\$75	

*Note: With CalPERS specialty medications such as injectable biotech drugs include personalized service and educational support from MEDCO Pharmaceuticals
CalPERS PPO PERSCare and PersChoice is available to retirees Nationwide and Worldwide