If you have a specific question about a plan’s coverage, benefits, or participating providers, please contact the plan directly.

Evidence of Coverage (EOC) booklets are available online at:
- Blue Shield Access+ CA: [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
- PERS Care/PERS Select CA/PERS Choice: [www.anthem.com/ca/calpers](http://www.anthem.com/ca/calpers)

If you have a specific question about a plan’s coverage, benefits, or participating providers, please contact the plan directly.
CALPERS BASIC HEALTH PLANS

Depending on where you reside or work, one or more of the following Basic health plan types may be available to you. (For a full listing of health plan options, refer to the Health Benefit Summary or Health Plan by Zip)

Health Maintenance Organization (HMO) Health Plans: HMOs offer members a range of health benefits, including preventive care. The HMO has a list of doctors from which you select a primary care provider (PCP). Your PCP coordinates your care, including referrals to specialists. Other than applicable co-payments, you pay no additional costs when you receive pre-authorized services from the HMO’s contracted providers. (Certain exceptions may apply. Please refer to the evidence of coverage booklet, which can be found by visiting the plan’s website (website addresses are provided on page 1 of this brochure).

Except for emergency and urgent care, if you obtain care outside your HMO’s provider network without a referral from the health plan, you will be responsible for the total costs of services.

Preferred Provider Organization (PPO) Basic Health Plans:

Unlike an HMO, where a primary care physician directs all your care, a PPO allows you to select a primary care provider and specialists without referral. A PPO is similar to a traditional “fee for service” health plan, but you must use doctors in the PPO network or pay higher co-insurance (percentage of charges). In a PPO health plan, you must meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount, and the health plan pays the balance up to the allowable amount.

<table>
<thead>
<tr>
<th>Deductible/Coinsurance</th>
<th>HMO Plan</th>
<th>Preferred Provider Organization (PPO) Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BLUE SHIELD ACCESS+ CA</td>
<td>PERS-CARE</td>
</tr>
<tr>
<td>Calendar Year Deductible</td>
<td>Individual</td>
<td>Family</td>
</tr>
<tr>
<td>Hospital Admission Deductible</td>
<td>Individual</td>
<td>(per admission)</td>
</tr>
<tr>
<td>Emergency Room Deductible</td>
<td>Individual</td>
<td>Family</td>
</tr>
<tr>
<td>Maximum Calendar Year Coinsurance</td>
<td>Individual</td>
<td>Family</td>
</tr>
</tbody>
</table>

*Anthem Blue Cross has designated certain hospitals in California as participating in Tier 1 or Tier 2 of the PERS-Select PPO network. If Members use a Tier 2 hospital for inpatient or outpatient hospital services, the coinsurance responsibility will be higher. Enloe Medical Center is a Tier 2 Preferred hospital (see PERS Select Tier 1 & 2 Hospital List).

BENEFIT COVERAGE: If there is a discrepancy between this information and the official plan documents and contracts the official documents will always govern. This is only provided as a summary.

<table>
<thead>
<tr>
<th>Member Pays</th>
<th>BLUE SHIELD ACCESS+ CA</th>
<th>PERS-CARE</th>
<th>PERS-SELECT CA</th>
<th>PERS-CHOICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO</td>
<td>Non-PPO</td>
<td>PPO</td>
<td>Non-PPO</td>
</tr>
<tr>
<td>Ambulance</td>
<td>No Charge</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Ambulatory Surgery</td>
<td>See EOC Booklet</td>
<td>10%</td>
<td>40%</td>
<td>(max. plan payment $350 applies to facility charges)</td>
</tr>
<tr>
<td>Cardiac Care</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Chiropractic and Acupuncture</td>
<td>$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)</td>
<td>40%</td>
<td>40%</td>
<td>$15/visit</td>
</tr>
<tr>
<td>Diagnostic X-ray/Laboratory</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency Care Services (Emergency room facility charges for non-emergency care services are the Plan member’s responsibility. A $50 emergency room deductible applies for covered emergency charges unless admitted to the hospital for outpatient medical observation or on an inpatient basis.)</td>
<td>$50 per visit (does not apply if hospitalized or kept for observation)</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Hearing Aid Services (Up to one hearing aid every 36 months)</td>
<td>Maximum of $1,000</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Page 2 of 3
### Member Pays

<table>
<thead>
<tr>
<th></th>
<th>BLUE SHIELD ACCESS+ CA</th>
<th>PERS-CARE PPO</th>
<th>PERS-CARE Non-PPO</th>
<th>PERS-SELECT CA PPO</th>
<th>PERS-SELECT CA Non-PPO</th>
<th>PERS-CHOICE PPO</th>
<th>PERS-CHOICE Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital-Inpatient</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>Tier 1 20%</td>
<td>Tier 2 30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($250 hospital admission deductible applies for each admission)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-Outpatient</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>Tier 1 20%</td>
<td>Tier 2 30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Inertility Testing and Treatment</td>
<td>50% of Covered Charges</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity Care</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>Tier 1 20%</td>
<td>Tier 2 30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($250 hospital admission deductible applies for each admission)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health-Inpatient</td>
<td>No Charge</td>
<td>10%</td>
<td>40%</td>
<td>Tier 1 20%</td>
<td>Tier 2 30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>($250 hospital admission deductible applies for each admission)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health-Outpatient</td>
<td>Facility-based care physician office visits</td>
<td>$15/visit</td>
<td>10%</td>
<td>40%</td>
<td>20%-30%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>No charge for inpatient visits/ $15 for outpatient visits</td>
<td>20%</td>
<td>20%</td>
<td>pre-certification required for more than 24 visits</td>
<td>pre-certification required for more than 24 visits</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>No charge for inpatient visits/ $15 for outpatient visits</td>
<td>10%</td>
<td>40%</td>
<td>pre-certification required for more than 24 visits</td>
<td>pre-certification required for more than 24 visits</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Physician Services – Office visits, outpatient visits and outpatient urgent care visits.</td>
<td>$15/visit</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
</tr>
<tr>
<td>Physician Services – Other services, including affiliated facility charges</td>
<td>See EOC Booklet</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>No Charge</td>
<td>No Charge</td>
<td>40%</td>
<td>No Charge</td>
<td>No Charge</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Smoking Cessation Program</td>
<td></td>
<td>Plan pays 100% of program fee up to $100 per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>No charge for inpatient visits/ $15 for outpatient visits</td>
<td>10% (up to 24 visits per calendar year)</td>
<td>40% (up to 24 visits per calendar year)</td>
<td>20% (up to 24 visits per calendar year)</td>
<td>40% (up to 24 visits per calendar year)</td>
<td>20% (up to 24 visits per calendar year)</td>
<td>40% (up to 24 visits per calendar year)</td>
</tr>
<tr>
<td>Urgent Care-Outpatient urgent care visits to a physician</td>
<td>$15/visit</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
<td>$20 copay (office visit only)</td>
<td>40%</td>
</tr>
<tr>
<td>Urgent Care-Other physician services provided during the visit, such as lab work or sutures</td>
<td>See EOC Booklet</td>
<td>10%</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

### Member Copayment & Limitations

**Pharmacy:**
- $5 generic, $20 brand formulary, $50 non-formulary – not to exceed a 30-day supply for short-term or acute illness.
- Maintenance drugs after 2nd fill: $10 generic, $40 brand formulary, $100 non-formulary – not to exceed a 30-day supply.

**Mail Order:**
- $10 generic, $40 brand formulary, $100 non-formulary – not to exceed a 90-day supply for maintenance drugs. $1,000 out-of-pocket annual maximum excluding non-formulary drugs, drugs for erectile dysfunction and the difference in cost member may have paid between brand name drug and generic equivalent.

**High Performance Generic Step Therapy (HPGST):**
High performance Generic Step Therapy encourages the use of a preferred drug prior to the utilization of a non-preferred drug. The preferred drug is FDA recommended and represents the most cost-effective drug for a given condition. According to CalPERS, an established evidence-based protocol must be met before a non-preferred specialty drug will be covered. It is important to note that the targeted brands in HPGST have generic alternatives within therapeutic classes and the dispensing of a generic alternative requires a new prescription from the prescriber.

### PRESCRIPTION DRUG PROGRAM

**MAIL ORDER PRESCRIPTION DRUG PROGRAM**

<table>
<thead>
<tr>
<th></th>
<th>BLUE SHIELD ACCESS+ CA</th>
<th>PERS-CARE PPO</th>
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<th>PERS-SELECT CA PPO</th>
<th>PERS-SELECT CA Non-PPO</th>
<th>PERS-CHOICE PPO</th>
<th>PERS-CHOICE Non-PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVS CARENARJ</td>
<td>Toll-Free: 800-552-3159</td>
<td>You can visit <a href="http://www.caremark.com">www.caremark.com</a> and register in order to access your personal prescription drug information and order your prescription drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OptumRx</td>
<td>Toll-Free: 855-505-8110</td>
<td>You can visit <a href="http://www.optumrx.com/calpers">www.optumrx.com/calpers</a> and register in order to access your personal prescription drug information and order your prescription drugs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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