

## ELIGIBLE EMPLOYEES

To be eligible for plan coverage:

- An employee must be appointed at least half-time (equivalent to 7.5 weighted teaching units for academic year appointments) for more than six months, or:
- If employed in a R03 Lecturer or Coach Academic Year position, employee must be appointed for at least six (6) weighted teaching units for at least one semester.
- Qualifying appointments may be either permanent or temporary.

Once an employee has acquired eligibility and has enrolled in a plan, they may continue enrollment during subsequent continuous appointments of at least half-time (or 6.0 weighted teaching units) regardless of the duration of new appointment.

### **There are two types of CalPERS Basic health plans available to CSU State employees:**

**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.)

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. 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.

### **The CSU, as a state employer, contributes a substantial amount to your health benefit coverage.**

- **All employees (except Unit 6) - One-party: \$983, Two-party: \$1,890, Family: \$2,366**
- **Unit 6 - One-party: \$988, Two-party: \$1,900, Family: \$2,386**

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 CalPERS website at <https://www.calpers.ca.gov/page/active-members/health-benefits/plans-and-rates>.

	Blue Shield Access+ HMO (CA Only)		PERS Platinum		PERS Gold (CA Only)	
Employee monthly share of premium	All (except R06)	R06	All (except R06)	R06	All (except R06)	R06
Employee Only	\$ 0	\$ 0	\$232.87	\$227.87	\$0	\$0
Employee + 1	\$ 0	\$ 0	\$541.74	\$531.74	\$0	\$0
Employee + 2 or more	\$ 0	\$ 0	\$795.26	\$775.26	\$0	\$0

<b>Annual Deductible:</b>				
Individual	N/A	In-Network \$500 Out-of-Network \$2,000	In-Network \$1,000 <sup>2</sup> Out-of-Network \$2,500	
Family	N/A	In-Network \$1,000 Out-of-Network \$4,000	In-Network \$2,000 <sup>2</sup> Out-of-Network \$5,000	
Hospital (per admission)	N/A	\$250 (waived for emergency admission)	N/A	
Emergency Room Deductible	\$ 50 (waived if admitted)	\$ 50 (waived if admitted)	\$ 50 (waived if admitted)	
<b>Annual Maximum Out-of-Pocket:</b>		In-Network: <sup>3</sup>	In-Network: <sup>3</sup>	
Individual	\$1,500	\$2,000	\$3,000	
Family	\$3,000	\$4,000	\$6,000	

Co-Pay and Coinsurance:	Blue Shield Access+ HMO Provider <sup>4</sup>	Preferred Provider	Non-Preferred Provider	Preferred Provider	Non-Preferred Provider
Behavioral Health (outpatient)	\$15/visit	\$20/visit	40%	\$10/visit	40%
Chiropractic & Acupuncture (Combined 20 visits per calendar year)	\$15/visit	\$15/visit	40%	\$15/visit	40%
Diagnostic X-ray, Imaging (MRI/CT Scan), Laboratory*	\$0	10%	40%	20%	40%
Emergency Care Services	\$0 (after deductible)	10%	10%	20%	20%
Hospital (Inpatient/Outpatient)	\$0	10%	40%	20%	40%
Infertility Testing and Treatment*	50% of covered charges	Not Covered		Not Covered	
Maternity Care*	\$0	10%	40%	20% <sup>1</sup>	40%
Office Visit (includes behavioral health)	\$15/visit	\$20/visit	40%	\$10-\$35/ visit	40%
Preventative Services	\$0	\$0	40%	\$0	40%
Specialist Visit	\$15-\$30/visit	\$35/visit	40%	\$35/visit	40%
Substance Abuse Programs	\$15/visit	\$20/visit	40%	20%	40%
Surgery/Anesthesia	\$0	10%	40%	\$10/visit	40%
Urgent Care Visit	\$15/visit	\$35/visit	40%	\$35/visit	40%

\*Some services require prior authorization, contact the plan directly for details.

<sup>1</sup> Coinsurance waived for deliveries if enrolled in Healthy Moms Program

<sup>2</sup> You will receive up to \$500 in credits toward your Calendar Year Deductible if you complete the following activities:

- Biometric Screening, Flu Shot, Non-Smoking Certification, Second Opinion, Condition Care Certification - \$100 Deductible Credit each

<sup>3</sup>There is no out-of-pocket maximum for out-of-network, non-preferred provider charges. Member will pay all non-covered, non-allowable charges.

<sup>4</sup>Most services by non-preferred provider are not covered.

	<b>Blue Shield Access+ HMO</b>	<b>PERS Platinum PPO</b>	<b>PERS Gold (CA) PPO</b>
<b>Generic</b>			
Retail	\$5	\$5	\$5
Maintenance Drugs (90-day supply at retail pharmacy)	\$10	\$10	\$10
Mail Order (90-day supply)	\$10	\$10	\$10
<b>Preferred Brand Drugs</b>			
Retail	\$20	\$20	\$20
Maintenance Drugs (90-day supply at retail pharmacy)	\$40	\$40	\$40
Mail Order (90-day supply)	\$40	\$40	\$40
<b>Non-Preferred Brand Drugs</b>			
Retail	\$50	\$50	\$50
Maintenance Drugs (90-day supply at retail pharmacy)	\$100	\$100	\$100
Mail Order (90-day supply)	\$100	\$100	\$100
<b>Brand Name Drugs with Generic Options (member pays the difference) or Specialty Drugs (HMO)</b>	\$30/prescription (not covered for non-plan provider) Covers up to 30-day supply with pre-authorization	Difference is cost between the brand-name drug and generic drug + applicable copay	Difference is cost between the brand-name drug and generic drug + applicable copay

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

<b>Blue Shield Access+ CA</b> (800) 334-5847 <a href="http://www.blueshieldca.com/calpers">www.blueshieldca.com/calpers</a>	<b>PERS Platinum</b> (877) 737-7776 <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>	<b>PERS Gold</b> (877) 737-7776 <a href="http://www.anthem.com/ca/calpers">www.anthem.com/ca/calpers</a>
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If there is a discrepancy between this information and the official plan documents/contracts, the official documents will always govern. This information is provided as a courtesy and is a brief summary of benefits only. Full Evidence of Coverage (EOC) booklets are available at plan websites.