## Summary of Covered Services – 2016

Please refer to the Evidence of Coverage booklet for exact terms and conditions (available on the Human Resources Website)

### Calendar Year Deductible
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - None
- **Anthem Blue Cross Traditional HMO**
  - None
- **PERS Choice**
  - Member: $500 / Family: $1,000
- **PERS Select PPO**
  - Member: $500 / Family: $1,000
- **PERS Care PPO**
  - Member: $2,000 / Family: $4,000

### Maximum Annual Co-Insurance
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - Member: $1,500 / Family: $3,000
- **Anthem Blue Cross Traditional HMO**
  - None
- **PERS Choice**
  - Member: $3,000 / Family: $6,000
- **PERS Select PPO**
  - None
- **PERS Care PPO**
  - Member: $2,000 / Family: $4,000

### Lifetime Maximum Benefit
- None

### Ambulance
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 20%
- **PERS Care PPO**
  - 20%

### Chiropractic/Acupuncture
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - $15/visit, 20 annual visits combined - See EOC
- **Anthem Blue Cross Traditional HMO**
  - $15/visit, 20 annual visits combined - See EOC
- **PERS Choice**
  - $15/visit, 20 annual visits combined
- **PERS Select PPO**
  - $15/visit, 20 annual visits combined
- **PERS Care PPO**
  - $15/visit, 20 annual visits combined

### Diagnostic X-ray/Lab
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge (Outpatient Services)
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Durable Medical Equipment
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Emergency Services
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - Waived if hospitalized
- **Anthem Blue Cross Traditional HMO**
  - $50/visit
- **PERS Choice**
  - 20% See EOC
- **PERS Select PPO**
  - 20% See EOC
- **PERS Care PPO**
  - 10% See EOC

### Hearing Aid Exam
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Hearing Aid
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - $1,000 maximum benefit every 36 months
- **Anthem Blue Cross Traditional HMO**
  - $1,000 maximum benefit every 36 months
- **PERS Choice**
  - $1,000 maximum benefit every 36 months
- **PERS Select PPO**
  - $1,000 maximum benefit every 36 months
- **PERS Care PPO**
  - $1,000 maximum benefit every 36 months

### Hospital (Inpatient & Outpatient)
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - PERS Choice: 20%
  - PERS Select: 20% or 30% (Depending on hospital)
- **PERS Choice**
  - 40%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 40% ($250 deductible)

### Home Health Services ( Custodial care not covered)
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Hospice
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20% See EOC
- **PERS Select PPO**
  - 20% See EOC
- **PERS Care PPO**
  - 20% See EOC

### Infertility Testing & Treatment
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - 50% of covered charges, See EOC
- **Anthem Blue Cross Traditional HMO**
  - This benefit is not available
- **PERS Choice**
  - This benefit is not available

### Mental Health
- **Inpatient**
  - No Charge
  - 20%
  - 40%
  - 10%
  - 40%
- **Outpatient**
  - $15/visit, See EOC
  - $20
  - 40%
  - $20
  - 40%

### Physician Services
- **Office Visits/Urgent Care**
  - **Blue Shield Access + HMO & Blue Shield Net Value HMO**
    - $15/visit
  - **Anthem Blue Cross Traditional HMO**
    - $20/visit
  - **PERS Choice**
    - 40%
  - **PERS Select PPO**
    - 40%
  - **PERS Care PPO**
    - 40%

### Allergy Testing/Treatment
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Hearing Exam/Screening
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - 20%
- **PERS Select PPO**
  - 40%
- **PERS Care PPO**
  - 10%

### Immunization/Inoculation
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - No Charge
- **PERS Select PPO**
  - No Charge
- **PERS Care PPO**
  - No Charge

### Annual Well-Woman Exam
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - No Charge
- **PERS Select PPO**
  - No Charge
- **PERS Care PPO**
  - No Charge

### Well Baby Care
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - No Charge
- **PERS Select PPO**
  - No Charge
- **PERS Care PPO**
  - No Charge

### Surgery/Anesthesia
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - No Charge
- **Anthem Blue Cross Traditional HMO**
  - No Charge
- **PERS Choice**
  - No Charge
- **PERS Select PPO**
  - No Charge
- **PERS Care PPO**
  - No Charge

### Speech / Physical Therapy
- **Inpatient**
  - No Charge
  - 20%
  - 40%
  - 10%
  - 40%
- **Outpatient**
  - $15/visit, See EOC
  - $20
  - 40%
  - $20
  - 40%

### Substance Abuse
- **Inpatient**
  - No Charge
  - No charge
  - No charge
  - No charge
  - No charge
- **Outpatient**
  - $15/visit, See EOC
  - $20
  - 40%
  - $20
  - 40%

### Prescription Drugs
- **Blue Shield Access + HMO & Blue Shield Net Value HMO**
  - $1,000 annual mail order max (Exclusion apply, see EOC for details)
- **Anthem Blue Cross Traditional HMO**
  - (Up to a 30-day supply, limited to 2 months)
- **PERS Choice**
  - (Up to a 30 day supply, limited to 2 months)
  - $5 per prescription
  - $20 per prescription
  - $50 per prescription
- **PERS Select PPO**
  - (Up to a 34 day supply, limited to 2 months)
  - $5 per prescription
  - $20 per prescription
  - $50 per prescription
- **PERS Care PPO**
  - (Up to a 90-day supply)
  - $10 per prescription
  - $40 per prescription
  - $100 per prescription

### Note: Maximum Out of Pocket (MOOP) limits the amount an individual shall pay for their medical/pharmacy expenses, see your Plan's EOC for details.
## 2016 Health Plan Monthly Rates

### Employee Only

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>2016 Employee Cost (Excludes Unit 6)</th>
<th>2016 Employee Cost Unit 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Shield Access+ HMO</td>
<td>$62.45</td>
<td>$57.45</td>
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<tr>
<td>Blue Shield Net Value HMO</td>
<td>$56.20</td>
<td>$51.20</td>
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<tr>
<td>Anthem HMO Traditional</td>
<td>$47.48</td>
<td>$42.48</td>
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<td>PERS Choice PPO</td>
<td>$10.70</td>
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<td>PERS Select PPO</td>
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<tr>
<td>PERS Care</td>
<td>$96.58</td>
<td>$91.58</td>
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<tr>
<td>PORAC - Unit 8 Only</td>
<td>$0.00</td>
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### Employee +1

<table>
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<th>Health Plan</th>
<th>2016 Employee Cost (Excludes Unit 6)</th>
<th>2016 Employee Cost Unit 6</th>
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<tbody>
<tr>
<td>Blue Shield Access+ HMO</td>
<td>$191.90</td>
<td>$181.90</td>
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<tr>
<td>Blue Shield Net Value HMO</td>
<td>$179.40</td>
<td>$169.40</td>
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<tr>
<td>Anthem HMO Traditional</td>
<td>$161.96</td>
<td>$151.96</td>
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<tr>
<td>PERS Choice PPO</td>
<td>$88.40</td>
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<tr>
<td>PERS Select PPO</td>
<td>$0.00</td>
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<tr>
<td>PERS Care</td>
<td>$260.16</td>
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<tr>
<td>PORAC - Unit 8 Only</td>
<td>$56.00</td>
<td>N/A</td>
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</table>

### Employee +2 or more

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<tr>
<th>Health Plan</th>
<th>2016 Employee Cost (Excludes Unit 6)</th>
<th>2016 Employee Cost Unit 6</th>
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</thead>
<tbody>
<tr>
<td>Blue Shield Access+ HMO</td>
<td>$268.37</td>
<td>$248.37</td>
</tr>
<tr>
<td>Blue Shield Net Value HMO</td>
<td>$252.12</td>
<td>$232.12</td>
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<tr>
<td>Anthem HMO Traditional</td>
<td>$229.45</td>
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<td>PERS Choice PPO</td>
<td>$133.82</td>
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<td>PERS Select PPO</td>
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<tr>
<td>PERS Care</td>
<td>$357.11</td>
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<tr>
<td>PORAC - Unit 8 Only</td>
<td>$62.00</td>
<td>N/A</td>
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Cal Poly’s Share of Premiums:

2016: 1 Party - $705; 2 Party - $1,343; 3+ Party - $1,727