

2020 Health Plan Comparison Basics

Basic Plan Differences		For specific details see the Evidence of Coverage (EOC) books for each plan. Links on HR website					
HMO's	Co-Pays	Deductible	Service Areas	Appt with Specialists	Networks	Hospitals	Prescription Manager
Anthem Traditional	\$15	None	SLO & SB County	Referral - Yes	CCPN & PC	Numerous	OptumRx
Blue Shield Access+	\$15	None	SLO & SB County	Referral - Yes**	CCPN & PC	Numerous	Caremark
UnitedHealthcare	\$15	None	SLO County only	Referral - Yes	CCPN & PC	PC-Arroyo G & French CCPN-Twin C & S Vista	OptumRx

*In an emergency, go to the nearest hospital

PPO's							
Select - Office Visit	\$10/\$35	Yes	Calif Only/Emerg	Referral - No		Contracting in Calif	OptumRx
Select - Urgent Care	\$35	Yes	Calif Only/Emerg	Referral - No		Contracting in Calif	OptumRx
Choice - Office Visit	\$20	Yes	Worldwide	Referral - No		Contracting*	OptumRx
Choice - Urgent/Spec	\$35	Yes	Worldwide	Referral - No		Contracting*	OptumRx
Care - Office Visit	\$20	Yes	Worldwide	Referral - No		Contracting*	OptumRx
Care - Urgent/Spec	\$35	Yes	Worldwide	Referral - No		Contracting*	OptumRx
PORAC (Police Only)	\$20	Yes	Worldwide	Referral - Yes		Contracting*	

Monthly Cost:		Employee Cost	1 Person	2 People	3 or more
PPO's	PERS Select		\$0.00	\$0.00	\$0.00
	PERS Choice		\$20.00	\$113.00	\$178.20
	PERS Care		\$222.88	\$518.76	\$705.69
	PORAC (R08 only)		\$0.00	\$0.00	\$59.00
HMO's	Anthem Traditional		\$348.75	\$770.50	\$1032.95
	Blue Shield Access+		\$143.16	\$359.32	\$498.42
	UnitedHealthcare		\$0.00	\$0.00	\$22.07
	Cost for Unit 6		Subtract \$5	Subtract \$10	Subtract \$20

*** Emergency & Urgent care services covered in any area for ALL Plans; call your provider for Urgent Care when out of the area Co-Pay - Amount you pay to see a physician**

PPO's do not have networks, they contract with providers/hospital for certain rates. If you use a non-contracting provider you will pay more for services (example: 40% instead of 20%)

PPO Deductible - Single person :\$500, two or more: \$1000, unless Select PPO then \$1000, two or more \$2000

Deductibles are paid for anything other than doctor visits, unless specified as 'No Charge'. For example, lab work or x-rays. Once the deductible is satisfied, generally, you pay 20% and the insurance carrier pays 80%; PERS Care you pay 10%, they pay 90%.

HMO Networks: CCPN - Coastal Communities Physician's Network PC - Physician's Choice

UnitedHealthcare - if you have dependents that live out of the area - services are based on their zip code IF there is a network there

Summary of Covered Services - 2020

Category Description	HMO's		PPO's			
	Anthem Blue Cross Traditional / UnitedHealthcare / Blue Shield Access+		PERS Choice & PERS Select		PERS Care	
			Contracting Provider	Non-Contracting Provider	Contracting Provider	Non Contracting Provider
Calendar Year Deductible	None		One/Family Choice \$500/\$1,000 Select		Member: \$500 / Family: \$1,000	
Maximum Annual Co-Insurance (Excludes Co-pays, Presc Drugs)	Member: \$1,500 Family \$3,000		Member: \$3,000 Family: \$6,000	N/A	Member: \$2,000 Family \$4,000	N/A
Maximum Annual Out of Pocket (Excludes Co-pays, Presc Drugs)	Member: \$1,500 Family \$3,000		Choice / Select Member: \$3,500 / \$4,000 Family: \$7,000 / \$8,000	N/A	Member: \$2,500 Family \$5,000	N/A
Ambulance	No Charge		20%	20%	20%	20%
Chiropractic/Acupuncture	\$15/visit, 20 annual visits combined -See EOC		\$15/visit, 20 annual visits combined -See EOC		\$15/visit, 20 annual visits combined -See EOC	
Diagnostic X-ray/Lab	No Charge (Outpatient Services)		20%	40%	10%	40%
Durable Medical Equipment	No Charge		20%	40%	10%	40%
Emergency Services	\$50/visit. Waived if hospitalized.		20% See EOC	20% See EOC	10% See EOC	10% See EOC
Hearing Aid Exam	No Charge		20%	40%	10%	40%
Hearing Aid	\$1,000 maximum benefit every 36 months.		\$1,000 maximum benefit every 36 months			
Hospital (Inpatient & Outpatient)	No Charge		20%	40%	10%	10% \$250 Deductible
Hospital - Maternity	No Charge		Choice 20% / PSEL*	40%	10%	10% \$250 Deductible
Home Health Services	No Charge		20%	40%	10%	40%
Hospice	No Charge		20% See EOC	20%	10% See EOC	10%
Infertility Testing & Treatment	50% of covered charges. See EOC.		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			Choice	Select*		
Office Visits	\$15/visit		\$20	\$10	\$20/visit	40%
Specialist Office Visit	\$15/visit		\$35		\$35/visit	40%
Urgent Care	\$15/visit		\$35		\$35/visit	40%
Allergy Testing/Treatment	No Charge		20%	40%	10%	40%
Hearing Exam/Screening	No Charge		20%	40%	10%	40%
Immunization/Inoculation	No Charge		No Charge	40%	No Charge	40%
Annual Well-Woman Exam	No Charge		No Charge	40%	No Charge	40%
Periodic Health Exam	No Charge		No Charge	40%	No Charge	40%
Well Baby Care	No Charge		No Charge	40%	No Charge	40%
Surgery/Anesthesia	No Charge		20%	40%	10%	40%
Speech/Physical Therapy- Inpatient	No Charge		No charge	No charge	No charge	No charge
Outpatient	\$15/visit		20%	40%	10%	40%
Substance Abuse - Inpatient	No Charge		20%	40%	10%	40%
Outpatient	\$15/visit		\$20	40%	\$20	40%
Prescription Drugs						
Retail Pharmacy: For full details, refer to the Evidence of Coverage (EOC)	BSA: Up to 90 day supply, limited to 2 months Traditional: Up to 30 day supply, limited to 2 months		Up to a 30 day supply, limited to 2 months		Up to a 34 day supply, limited to 2 months	
	Generic: \$5 per prescription * Formulary Brand: \$20 per prescription * Non-Formulary \$50 per prescription					
Mail Order Prescriptions:	Up to a 90 Day Supply (\$1,000 annual (MOOP) mail order max) Generic: \$10 per prescription * Formulary Brand: \$40 per prescription * Non-Formulary \$100 per prescription					
*PERS Select Deductible - there are programs which lower (adult) annual deductibles When using assigned Personal Doctor office co-pay is \$10, otherwise you pay \$35						
*PERS Select - Inpatient Maternity - Coinsurance for delivery waived if enrolled in Healthy Moms Program; otherwise 20% coinsurance *(MOOP)=Maximum Out-of-pocket						