2027 Health Plan Comparison Basics

Summary for comparison purposes only. For Detailed information please refer to each plans' Evidence of Coverage (EOC).
**** Plans listed below represent available plans in San Luis Obispo and/or Solano counties***

CalPERS Health plan eligibility is based on geographical location. Confirm your plan eligibility by utilizing CalPERS Health Plan Search by Zip code tool or contacting Cal Poly Benefit office prior to submitting Benefit Enrollment Worksheet.

HMO's	*PPO's*
Primary Care Physician (PCP) assigned and managed required refferals to specialists.No Deductible or Out of Network Coverage.	Primary Care Physician (PCP) assigned but permitted to seek care from any contracted provider. Refferals are not required. Deductible applies and Out of Network coverage is provided.

*** Emergency & Urgent Care services covered in any area for ALL Plans; call your carrier for Urgent Care when out of the area**
All HMO Plans - if you have dependents that live out of the area - services are based on their zip code IF there is network coverage available.
PPO Networks: Are not as restrictive as HMO networks; they contract with many providers and hospitals for agreed upon rates. If you use an out of network provider you will pay more for services (example: 40% instead of 20% or 10%)

Anthem Traditional	https://www.anthem.com/calpers	**Blue Shield PERS Gold**	https://www.blueshieldca.com/calpers
Blue Shield Access+	https://www.blueshieldca.com/calpers	**Blue Shield PERS Platinium**	https://www.blueshieldca.com/calpers
Blue Shield Trio	https://www.blueshieldca.com/calpers	**PORAC (Police Only)**	https://www.anthem.com/calpers
Kaiser Permanente (California)	https://healthy.kaiserpermanente.org/calpers	CalPERS **Health Plan Evidence of Coverage (EOC)**	
Sutter Health	https://www.sutterhealthplan.org/calpers		
Western Health Advantage	https://advantage.westernhealth.com/calpers	CAL POLY **Benefits Webpage**	

Monthly Employee Cost:	*1 Person*	*2 People*	*3 or More*	*Prescription Manager/Mail-in*
PERS Gold	**$0.00**	**$0.00**	**$44.84**	**CVS Caremark**
PERS Platinum	**$430.10**	**$950.20**	**$1353.06**	**CVS Caremark**
PORAC (Police Only)	**$0.00**	**$0.00**	**$0.00**	**Anthem/ Mail In Carelon Rx**
Anthem Traditional	**$282.65**	**$655.30**	**$969.69**	**CVS Caremark**
Blue Shield Access+	**$13.29**	**$116.58**	**$269.35**	**Blue Shield/ Amazon Pharmacy**
Blue Shield Trio	**$0.00**	**$0.00**	**$0.00**	**Blue Shield/ Amazon Pharmacy**
Sutter Health	**$0.00**	**$0.00**	**$72.74**	**CVS Caremark**
Kaiser (CA)	**$0.00**	**$0.00**	**$58.39**	**Kaiser Permanente**
Western Health Advantage	**$0.00**	**$0.00**	**$0.00**	**CVS Caremark**
Cost for Unit 6	***Subtract $5***	***Subtract $10***	***Subtract $20***	

CalPERS Health Benefit 2027 Rates (All Plans)

Benefits Contact Reference Guide

Summary of Covered Services - 2027

Category Description	HMO's	PPO's			
		PERS Gold		PERS Platinum	
	All HMO Plans	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible	None	Member: $1,000 Family: $2,000 **	Member: $2,500 Family: $5,000	Member: $500 Family: $1,000	Member: $2,000 Family: $4,000
Maximum Annual Co-Insurance (Excludes Co-pays, Deductible, Presc. Drugs)	Member: $1,500 Family $3,000	Member: $3,000 Family: $6,000	Unlimited	Member: $2,000 Family: $4,000	Unlimited
Ambulance	No Charge	20%	20%	10%	10%
Chiropractic/Acupuncture	$15/visit, 20 annual visits combined	$15/visit, 20 annual visits combined	40%, 20 annual visits combined	$15/visit, 20 annual visits combined	40%, 20 annual visits combined
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% after $50 Deductible (waived if hospitalized)		10% after $50 Deductible (waived if hospitalized)	
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% PPO/40% non-PPO	40%	10% $250 Deductible	40% $250 Deductible
Hospital - Maternity	No Charge	20%	40%	10%	40%
Home Health Services	No Charge	20%	40%	10%	40%
Hospice	No Charge	20%		10%	
Infertility Testing & Treatment	50% of covered charges, see EOC	50% of covered charges, see EOC			
Mental Health - Inpatient	No Charge	20%	40%	10%	40%
Mental Health - Outpatient	$15/visit, see EOC	$10/visit	40%	$20/visit	40%
Physician Services	No Charge	20%	40%	20%	40%
Office Visits	$15/visit	$10 (PCP)/$35	40%	$20/visit	40%
Specialist Office Visit	$15/visit (BS Access+ & Trio self referral $30/visit)	$35	40%	$35/visit	40%
Urgent Care	$15/visit	$35/visit	40%	$35/visit	40%
Allergy Testing/Treatment	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%
Preventive Health Services	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	$15/visit	20%	40%	10%	40%
Substance Abuse - Inpatient	No Charge	20%	40%	10%	40%
Substance Abuse - Outpatient	$15/visit	$10/visit	40%	$20/visit	40%
Prescription Drugs					
Retail Pharmacy:	Generic: $5 per prescription | Formulary Brand: $20 per prescription | Non-Formulary $50 per prescription For full details, refer to the Evidence of Coverage (EOC)				
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 For full details, refer to the Evidence of Coverage (EOC)				

**PERS Gold Deductible - Available preventive programs which may lower adult annual deductibles as low as Member $500/Family $1000

†PPO plans will include 100% coverage for all lab services provided at a Quest Diagnostics or Labcorp facility