

2022 Health Plan Comparison Basics

| Basic Plan Differences | | Summary only. 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 (some SB County) | Referral - Yes | CCPN & PC | Numerous | OptumRx |
| Blue Shield Access+ | \$15 | None | SLO & SB County | Referral - Yes | CCPN & PC | Numerous | Blue Shield |
| Blue Shield Trio <small>(select areas in CA)</small> | \$15 | None | SLO (some SB County) | Referral - Yes | PC | Arroyo Grande & French | Blue Shield |
| UnitedHealthcare <small>Signature Value Alliance</small> | \$15 | None | SLO County only | Referral - Yes | CCPN | Twin Cities & Sierra Vista | OptumRx |

| PPO's | | | | | | | |
|-------------------------------|------------------|------------|-----------|----------------|--|--------------|---------|
| Gold - Office Visit | \$10/\$35 | Yes | Worldwide | Referral - No | Select PPO (in CA) Prudent Buyer (not CA) | Contracting* | OptumRx |
| Gold - Urgent Care | \$35 | Yes | Worldwide | Referral - No | Select PPO (in CA) Prudent Buyer (not CA) | Contracting* | OptumRx |
| Platinum- Office Visit | \$20/\$35 | Yes | Worldwide | Referral - No | Prudent Buyer Plan | Contracting* | OptumRx |
| Platinum - Urgent Care | \$35 | Yes | Worldwide | Referral - No | Prudent Buyer Plan | 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 Gold (formerly Select) | \$0.00 | \$0.00 |
| | | PERS PLATINUM <small>(formerly Choice/Care)</small> | \$130.78 | \$345.56 | \$478.63 |
| | | PORAC (Police Only) | \$0.00 | \$0.00 | \$0.00 |
| | HMO's | Anthem Traditional | \$382.07 | \$848.14 | \$1131.98 |
| | | Blue Shield Access+ | \$84.22 | \$252.44 | \$357.57 |
| | | Blue Shield Trio | \$0.00 | \$0.00 | \$0.00 |
| | | UnitedHealthcare | \$2.03 | \$88.06 | \$143.88 |
| | | 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% or 10%)

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 Platinum 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 - 2022

| Category Description | HMO's | PPO's | | | |
|--|--|--|---|--|---|
| | Anthem Blue Cross Traditional / UnitedHealthcare / Blue Shield Access+ / Blue Shield Trio | PERS GOLD (formerly Select) | | PERS PLATINUM (formerly Choice & Care) | |
| | | Contracting Provider | Non-Contracting Provider | Contracting Provider | Non Contracting Provider |
| Calendar Year Deductible | None | Member: \$1,000/ Family: \$2,000 ** | | Member: \$500 / Family: \$1,000 | |
| Maximum Annual Co-Insurance (Excludes Co-pays, Deductible, | Member: \$1,500 Family \$3,000 | Member: \$3,000 Family: \$6,000 | N/A | Member: \$2,000 Family: \$4,000 | N/A |
| Ambulance | No Charge | 20% | 20% | 10% | 10% |
| Chiropractic/Acupuncture | \$15/visit, 20 annual visits combined -See EOC | \$15/visit, 20 annual visits combined -See | 40%, 20 annual visits combined-See EOC | \$15/visit, 20 annual visits combined -See EOC | 40%, 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% 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% 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 | | | | | |
| 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% |
| 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 | \$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) (BS Trio - see EOC for addtl drug tiers) | | | | |
| 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 GOLD Deductible - there are preventive programs which may lower (adult) annual deductibles as low as Member \$500/Family \$1000 | | | | | |