

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	Calif Only/Emerg	Referral - No		Contracting in Calif	OptumRx
Gold - Urgent Care	\$35	Yes	Calif Only/Emerg	Referral - No		Contracting in Calif	OptumRx
Platinum- Office Visit	\$20/\$35	Yes	Worldwide	Referral - No		Contracting*	OptumRx
Platinum - Urgent Care	\$35	Yes	Worldwide	Referral - No		Contracting*	OptumRx
PORAC (Police Only)	\$20	Yes	Worldwide	Referral - Yes		Contracting*	

	Monthly Cost:	PPO's	Employee Cost	1 Person	2 People	3 or more
			PERS Gold (formerly Select)	\$0.00	\$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 EOC	40%, 20 annual visits combined-See EOC	\$15/visit, 20 annual visits combined -See	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						