

BENEFITS	EPO & HMO Basic Plans										EPO & HMO Basic Plans		PPO Basic Plans									
	Anthem Blue Cross			Blue Shield		CPOA (Association Plan)	Health Net		Kaiser Permanent	Sharp Performance Plus	UnitedHealthcare SignatureValue Alliance	CAHP (Association Plan)		PERS Select		PERS Choice		PERSCare		PORAC (Association Plan)		
	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue		Salud y Más	SmartCare			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Calendar Year Deductible																						
Individual	N/A			N/A		N/A	N/A		N/A		N/A	N/A	N/A		\$500 (not transferable between plans)		\$500 (not transferable between plans)		\$500 (not transferable between plans)		\$300	\$600
Family	N/A			N/A		N/A	N/A		N/A		N/A	N/A	N/A		\$1,000 (not transferable between plans)		\$1,000 (not transferable between plans)		\$1,000 (not transferable between plans)		\$900	\$1,800
Maximum Calendar Year Co-pay (excluding pharmacy)																						
Individual	\$1,500			\$1,500		\$1,500	\$1,500		\$1,500		\$1,500	\$1,500	\$2,000	N/A	\$4,600	N/A	\$4,600	N/A	\$4,600	N/A	\$3,300	\$3,300
Family	\$3,000			\$3,000		\$4,500	\$3,000		\$3,000		\$3,000	\$3,000	\$4,000	N/A	\$9,200	N/A	\$9,200	N/A	\$9,200	N/A	\$6,600	\$6,600
Hospital (including Mental Health and Substance Abuse)																						
Deductible (per admission)	N/A			N/A		N/A	N/A		N/A		N/A	N/A	N/A		N/A		\$250		N/A		N/A	N/A
Inpatient	No Charge			No Charge		\$100/admission	No Charge		No Charge		No Charge	No Charge	10%	Varies	20-30% (hospital tiers)	40%	20%	40%	10%	40%	10%	10%
Outpatient Facility/ Surgery Services	No Charge			No Charge		\$50	No Charge		\$15		No Charge	No Charge	\$50 (exceptions may apply)		20-30% (hospital tiers)	40%	20%	40%	10%	40%	10%	10%
Emergency Services																						
Emergency Room Deductible	N/A			N/A		N/A	N/A		N/A		N/A	N/A	N/A		\$50 (applies to hospital emergency room charges only)		\$50 (applies to hospital emergency room charges only)		\$50 (applies to hospital emergency room charges only)		N/A	N/A
Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	\$50			\$50		\$75	\$50		\$50		\$50	\$50	\$50+10% (co-pay reduced to \$25 if admitted on an inpatient basis)		20% (applies to other services such as physician, x-ray, lab, etc.)		20% (applies to other services such as physician, x-ray, lab, etc.)		10% (applies to other services such as physician, x-ray, lab, etc.)		10%	10%
Non-Emergency (co-pay waived if admitted as an inpatient or for observation as an outpatient)	\$50			\$50		\$75	\$50		\$50		\$50	\$50	\$50+10% (co-pay reduced to \$25 if admitted on an inpatient basis)		20% (payment for physician charges only; emergency room facility charge is not covered)		40% (payment for physician charges only; emergency room facility charge is not covered)		10% (payment for physician charges only; emergency room facility charge is not covered)		50%	50% (for non-emergency services provided by hospital emergency room)
Physician Services (including Mental Health and Substance Abuse)																						
Office Visits (co-pay for each service provided)	\$15			\$15		\$15	\$15		\$15		\$15	\$15	\$15	40%	\$20	40%	\$20	40%	\$20	40%	\$20	40%
Inpatient Visits	No Charge			No Charge		No Charge	No Charge		No Charge		No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
Outpatient Visits	\$15			\$15		\$15	\$15		\$15		\$15	\$15	10%	40%	\$20	40%	\$20	40%	\$20	40%	10%	10%
Urgent Care Visits	\$15			\$15		\$15	\$15		\$15		\$15	\$15	10%	40%	\$20	40%	\$20	40%	\$20	40%	10%	10%
Vision Exam/Screening	No Charge			No Charge		\$15	No Charge		No Charge		No Charge	No Charge	Not Covered		Not Covered		Not Covered		Not Covered		Not Covered	
Surgery/Anesthesia	No Charge			No Charge		No Charge	No Charge		No Charge		No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%
Diagnostic X-Ray/Lab																						
	No Charge			No Charge		No Charge	No Charge		No Charge		No Charge	No Charge	10%	40%	20%	40%	20%	40%	10%	40%	10%	10%

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	EPO	Select HMO	Traditional HMO	Access+	Access+ EPO	NetValue	Salud y Más	SmartCare			PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO	
Prescription Drugs																					
Deductible	N/A		N/A		Brand Formulary: \$50 (not to exceed \$150/family)	N/A		N/A	N/A	N/A	N/A		N/A		N/A		N/A		N/A		
Retail Pharmacy (not to exceed 30-day supply)	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50		Generic: \$5 Brand: \$20	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Brand Formulary: \$20 Non-Formulary: \$50	Generic: \$5 Single Source: \$20 Multi Source: \$25		Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50		Generic: \$5 Preferred: \$20 Non-Preferred: \$50 (not to exceed 34-day supply)		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$45 Compound: \$45		
Retail Pharmacy Maintenance Medications filled after 2 nd fill (i.e. a medication taken longer than 60 days) (not to exceed 30-day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$25 Non-Formulary: \$50	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		N/A	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Single Source: \$40 Multi Source: \$50		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100 (not to exceed 34-day supply)		N/A		
Mail Order Pharmacy Program (not to exceed 90-day supply for maintenance drugs)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$20 Brand Formulary: \$50 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100		Generic: \$10 Brand: \$40 (31-100 day supply)	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Brand Formulary: \$40 Non-Formulary: \$100	Generic: \$10 Single Source: \$40 Multi Source: \$50		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$10 Preferred: \$40 Non-Preferred: \$100		Generic: \$20 Brand Formulary: \$40 Non-Formulary: \$75	N/A	
Mail order maximum co-payment per person per calendar year	\$1,000		\$1,000		N/A	\$1,000		N/A	\$1,000	\$1,000	N/A		\$1,000		\$1,000		\$1,000		N/A		
Durable Medical Equipment																					
	No Charge		No Charge		No Charge	No Charge		No Charge	No Charge	No Charge	10% 40%		20% 40% (pre-certification required for equipment)		20% 40% (pre-certification required for equipment)		10% 40% (pre-certification required for equipment \$1,000 or more)		20% 20%		
Infertility Testing/Treatment																					
	50% of Covered Charges		50% of Covered Charges		50% of Allowed Charges	50% of Covered Charges		50% of Covered Charges	50% of Covered Charges	50% of Covered Charges	Not Covered		Not Covered		Not Covered		Not Covered		50%		
Occupational / Physical / Speech Therapy																					
Inpatient (hospital or skilled nursing facility)	No Charge		No Charge		No Charge	No Charge		No Charge	No Charge	No Charge	10% 40%		No Charge		No Charge		No Charge		10% 10%		
Outpatient (office and home visits)	\$15		\$15		No Charge	\$15		\$15	\$15	\$15	10% 40% (pre-certification required for more than 24 visits)		40%; Occupational therapy: 20% (pre-certification required for more than 24 visits)		40%; Occupational therapy: 20% (pre-certification required for more than 24 visits)		20%		\$20 10%		
Diabetes Services																					
Glucose monitors, test strips	No Charge		No Charge		No Charge	No Charge		No Charge	No Charge	No Charge	Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		Coverage Varies		
Self-management training	\$15		\$15		\$15	\$15		\$15	\$15	\$15	\$20		\$20		\$20		\$20		\$20		
Acupuncture																					
	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		N/A	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (combined 20 visits per calendar year)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 15 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 15 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$20 (10% for all other services) 10%		
Chiropractic																					
	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		No Charge diagnostic services; chiropractic appliances (up to \$50)	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)		\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (up to 20 visits per calendar year)	\$15/visit (up to 20 visits per calendar year)	10% 40% (acupuncture/chiropractic; combined 20 visits)		20% 40% (acupuncture/chiropractic; combined 15 visits)		20% 40% (acupuncture/chiropractic; combined 15 visits)		10% 40% (acupuncture/chiropractic; combined 20 visits)		\$20/up to 20 visits \$35/visit		