



**2017 Monthly Employee Share of Premium Cost**

Health Plans Available in Butte County\*



Coverage Level	HMO Plan		Preferred Provider Organization (PPO) Plans					
	All (except R06)	Unit R06	All (except R06)	Unit R06	All (except R06)	Unit R06	All (except R06)	Unit R06
<b>Employee Only</b>	\$ 123.44	\$ 118.44	\$ 119.37	\$ 114.37	\$ 0	\$ 0	\$ 33.88	\$ 28.88
<b>Employee + 1</b>	\$ 311.88	\$ 301.88	\$ 303.74	\$ 293.74	\$ 0	\$ 0	\$ 132.76	\$ 122.76
<b>Employee + 2 or more</b>	\$ 432.14	\$ 412.14	\$ 421.56	\$ 401.56	\$ 23.45	\$ 3.45	\$ 199.29	\$ 179.29

\* If your primary residence is outside of Butte County, you can use the [Health Benefit Summary](#) to check the availability of other plan options.

**2017 Monthly Employer Share of Premium Cost**

Coverage Level	All (except R06)	Unit R06
<b>Employee Only</b>	\$ 707	\$ 712
<b>Employee + 1</b>	\$ 1,349	\$ 1,359
<b>Employee + 2 or More</b>	\$ 1,727	\$ 1,747

**ANNUAL BENEFITS OPEN ENROLLMENT PERIOD**  
**September 12, 2016 through October 07, 2016**

The open enrollment period covers: Health; Dental; Vision; Dependent Care Reimbursement Account (DCRA); Health Care Reimbursement Account (HCRA); FlexCash; Tax Advantage Premium (TAPP); and CSU Voluntary Benefits plans. The effective date for all changes made during open enrollment will be January 1, 2017.

**ELIGIBLE EMPLOYEES**

To be eligible for plan coverage:

- An employee must be appointed at least half-time (equivalent to 7.5 weighted teaching units for academic year appointments) for more than six months, or:
- If employed in a R03 Lecturer or Coach Academic Year position, employee must be appointed for at least six (6) weighted teaching units for at least one semester, or two or more consecutive quarter terms.
- Qualifying appointments may be either permanent or temporary.

Once an employee has acquired eligibility and has enrolled in a plan, they may continue enrollment during subsequent continuous appointments of at least half-time (or 6.0 weighted teaching units) regardless of the duration of new appointment.

**EFFECTIVE DATE OF COVERAGE**

**Eligible employees must enroll in a plan(s) within 60 calendar days of employment (or re-employment, if there has been a break of service of more than 30 calendar days).** The effective date of benefits depends on many factors; including your first day of employment, the date you submit enrollment documents, your pay plan and the pay period.

**CHOOSING A HEALTH PLAN**

While CalPERS provides a variety of health plans, only you can decide which is best for yourself and your family. Although cost is a key factor in choosing a health plan, as with other major purchases, you will want to consider other factors, such as the availability of doctors and hospitals in your area, the location of care facilities, and how the plan works with other health plans like Medicare. When you choose a health plan, be sure to review the plan's covered and non-covered services and restrictions on your choice of providers. The right health plan for you will be the one that best fits your specific situation.

If you need help selecting a health plan, visit [www.calpers.ca.gov](http://www.calpers.ca.gov) to access the following tools and resources:

- The [Health Plan Chooser](#) tool lets you compare and rank health plans and search for specific doctors.
- The [Health Benefit Summary](#) provides a side-by-side comparison of health plans and benefits, covered services, and co-payment
- The [CalPERS Compare](#) is a one-stop-shop for current subscribers of the Basic PERSCare, PERS Choice, and PERS Select health plans

Evidence of Coverage (EOC) booklets are available online at:

- Blue Shield Access+ CA: [www.blueshieldca.com/calpers](http://www.blueshieldca.com/calpers)
- PERS Care/PERS Select CA/PERS Choice: [www.anthem.com/ca/calpers/](http://www.anthem.com/ca/calpers/)

If you have a specific question about a plan's coverage, benefits, or participating providers, please contact the plan directly.

## CALPERS BASIC HEALTH PLANS

Depending on where you reside or work, one or more of the following Basic health plan types may be available to you. (For a full listing of health plan options, refer to the [Health Benefit Summary](#) or [Health Plan by Zip](#))

**Health Maintenance Organization (HMO) Health Plans:** HMOs offer members a range of health benefits, including preventive care. The HMO has a list of doctors from which you select a primary care provider (PCP). Your PCP coordinates your care, including referrals to specialists. Other than applicable co-payments, you pay no additional costs when you receive pre-authorized services from the HMO's contracted providers. (Certain exceptions may apply. Please refer to the evidence of coverage booklet, which can be found by visiting the plan's website (website addresses are provided on page 1 of this brochure).

Except for emergency and urgent care, if you obtain care outside your HMO's provider network without a referral from the health plan, you will be responsible for the total costs of services.

### Preferred Provider Organization (PPO) Basic Health Plans:

Unlike an HMO, where a primary care physician directs all your care, a PPO allows you to select a primary care provider and specialists without referral. A PPO is similar to a traditional "fee for service" health plan, but you must use doctors in the PPO network or pay higher co-insurance (percentage of charges). In a PPO health plan, you must meet an annual deductible before some benefits apply. You are responsible for a certain co-insurance amount, and the health plan pays the balance up to the allowable amount.

Deductible/Coinsurance	HMO Plan	Preferred Provider Organization (PPO) Plans		
	<a href="#">BLUE SHIELD ACCESS+ CA</a>	<a href="#">PERS-CARE</a>	<a href="#">PERS-SELECT CA*</a>	<a href="#">PERS-CHOICE</a>
Calendar Year Deductible Individual Family	N/A	\$ 500 \$1,000	\$ 500 \$1,000	\$ 500 \$1,000
Hospital Admission Deductible (per admission)	N/A	\$ 250	\$ 0	\$ 0
Emergency Room Deductible	N/A	\$ 50	\$ 50	\$ 50
Maximum Calendar Year Coinsurance Individual Family	See EOC	\$2,000 \$4,000	\$3,000 \$6,000	\$3,000 \$6,000

\*Anthem Blue Cross has designated certain hospitals in California as participating in Tier 1 or Tier 2 of the PERS-Select PPO network. If Members use a Tier 2 hospital for inpatient or outpatient hospital services, the coinsurance responsibility will be higher. Enloe Medical Center is a Tier 2 Preferred hospital (see [PERS Select Tier 1 & 2 Hospital List](#)).

**BENEFIT COVERAGE-** If there is a discrepancy between this information and the official plan documents and contracts the official documents will always govern. This is only provided as a summary.

#### Member Pays

	BLUE SHIELD ACCESS+ CA	PERS-CARE		PERS-SELECT CA		PERS-CHOICE	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Ambulance	No Charge	20%	20%	20%	20%	20%	20%
Ambulatory Surgery	See EOC Booklet	10%	40% (max. plan payment \$350 applies to facility charges)	20%	40% (max. plan payment \$350 applies to facility charges)	20%	40% (max. plan payment \$350 applies to facility charges)
Cardiac Care		10%	40%	20%	40%	20%	40%
Chiropractic and Acupuncture	\$15/visit (acupuncture/chiropractic; combined 20 visits per calendar year)	\$15/visit (combined 20 visits per calendar year)	40%	\$15/visit (combined 20 visits per calendar year)	40%	\$15/visit (combined 20 visits per calendar year)	40%
Diagnostic X-ray/Laboratory	No Charge	10%	40%	20%	40%	20%	40%
Durable Medical Equipment	No Charge	10%	40%	20%	40%	20%	20%
Emergency Care Services (Emergency room facility charges for non-emergency care services are the Plan member's responsibility. A \$50 emergency room deductible applies for covered emergency charges unless admitted to the hospital for outpatient medical observation or on an inpatient basis.)	\$50 per visit (does not apply if hospitalized or kept for observation)	10%	10%	20%	20%	20%	20%
Hearing Aid Services (Up to one hearing aid every 36 months)	Maximum of \$1,000	10%	40%	20%	40%	20%	40%

**Member Pays**

	BLUE SHIELD ACCESS+ CA	PERS-CARE		PERS-SELECT CA		PERS-CHOICE	
		PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Hospital-Inpatient	No Charge	10%	40%	Tier 1 20% Tier 2 30%	40%	20%	40%
		(\$250 hospital admission deductible applies for each admission)					
Hospital-Outpatient	No Charge	10%	40%	Tier 1 20% Tier 2 30%	40%	20%	40%
Infertility Testing and Treatment	50% of Covered Charges	Not Covered		Not Covered		Not Covered	
Maternity Care	No Charge	10%	40%	Tier 1 20% Tier 2 30%	40%	20%	40%
		(\$250 hospital admission deductible applies for each admission)					
Mental Health-Inpatient	No Charge	10%	40%	Tier 1 20% Tier 2 30%	40%	20%	40%
		(\$250 hospital admission deductible applies for each admission)					
Mental Health-Outpatient Facility-based care Physician office visits	\$15/visit	10% \$20	40% 40%	20%-30% \$20	40% 40%	20% \$20	40% 40%
Occupational Therapy	No charge for inpatient visits/ \$15 for outpatient visits	20%	20%	20%	20%	20%	20%
				pre-certification required for more than 24 visits		pre-certification required for more than 24 visits	
Physical Therapy	No charge for inpatient visits/ \$15 for outpatient visits	10%	40%	20% pre-certification required for more than 24 visits	40%	20% pre-certification required for more than 24 visits	40%
Physician Services – Office visits, outpatient visits and outpatient urgent care visits.	\$15/visit	\$20 copay (office visit only)	40%	\$20 copay (office visit only)	40%	\$20 copay (office visit only)	40%
Physician Services – Other services, including affiliated facility charges	See EOC Booklet	10%	40%	20%	40%	20%	40%
Preventive Care	No Charge	No Charge	40%	No Charge	40%	No Charge	40%
Smoking Cessation Program	Plan pays 100% of program fee up to \$100 per calendar year						
Speech Therapy	No charge for inpatient visits/ \$15 for outpatient visits	10% (up to 24 visits per calendar year)	40% (up to 24 visits per calendar year)	20% (up to 24 visits per calendar year)	40% (up to 24 visits per calendar year)	20% (up to 24 visits per calendar year)	40% (up to 24 visits per calendar year)
Urgent Care-Outpatient urgent care visits to a physician	\$15/visit	\$20 copay (office visit only)	40%	\$20 copay (office visit only)	40%	\$20 copay (office visit only)	40%
Urgent Care-Other physician services provided during the visit, such as lab work or sutures	See EOC Booklet	10%	40%	20%	40%	20%	40%

**PRESCRIPTION DRUG PROGRAM**

**Member Copayment & Limitations**

**Pharmacy:**

\$5 generic, \$20 brand formulary, \$50 non-formulary – not to exceed a 30-day supply for short-term or acute illness. Maintenance drugs after 2<sup>nd</sup> fill; \$10 generic, \$40 brand formulary, \$100 non-formulary – not to exceed a 30-day supply.

**Mail Order:**

\$10 generic, \$40 brand formulary, \$100 non-formulary – not to exceed a 90-day supply for maintenance drugs. \$1,000 out-of-pocket annual maximum excluding non-formulary drugs, drugs for erectile dysfunction and the difference in cost member may have paid between brand name drug and generic equivalent

**High Performance Generic Step Therapy (HPGST):**

High performance Generic Step Therapy encourages the use of a preferred drug prior to the utilization of a non-preferred drug. The preferred drug is FDA recommended and represents the most cost-effective drug for a given condition. According to CalPERS, an established evidence-based protocol must be met before a non-preferred specialty drug will be covered. It is important to note that the targeted brands in HPGST have generic alternatives within therapeutic classes and the dispensing of a generic alternative requires a new prescription from the prescriber.

**MAIL ORDER PRESCRIPTION DRUG PROGRAM**

BLUE SHIELD ACCESS+ CA	PPO PLANS
<p align="center"><b>CVS CARENARJ</b> Toll-Free: 800-552-8159</p> <p>You can visit <a href="http://www.caremark.com">www.caremark.com</a> and register in order to access your personal prescription drug information and order your prescription drugs.</p>	<p align="center"><b>OptumRx</b> Toll-Free: 855-505-8110</p> <p>You can visit <a href="http://www.optumrx.com/calpers">www.optumrx.com/calpers</a> and register in order to access your personal prescription drug information and order your prescription drugs.</p>

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