

2006 Basic Plan Comparison

PERS Choice and PERSCare

	PERSChoice		PERSCare	
DEDUCTIBLES:				
<i>(Not transferable between plans)</i>				
CALENDAR YEAR DEDUCTIBLE				
Individual	\$500		\$500	
Family	\$1000		\$1000	
HOSPITAL ADMISSION DEDUCTIBLE	PPO	non-PPO	PPO	non-PPO
Per Admission	None	None	\$250	\$250
EMERGENCY ROOM DEDUCTIBLE	PPO	non-PPO	PPO	non-PPO
Per Visit	\$50	\$50	\$50	\$50
MAXIMUM CALENDAR YEAR COPAYMENT	PPO	non-PPO	PPO	non-PPO
Member	\$3,000	None	\$2,000	None
Family	\$6,000	None	\$4,000	None
LIFETIME MAXIMUM BENEFIT	\$2,000,000			None
	<i>(per individual)</i>			
MEDICAL BENEFITS	PPO	non-PPO	PPO	non-PPO
Hospital -- In-Patient and Outpatient	20%	40%	10%†	40%†
Physician In-Patient Hospital Visits	20%	40%	10%	40%
Physician Office Visits	\$20 copay‡	40%	\$20 copay‡	40%
Other Physician Services	20%	40%	10%	40%
Preventive Care <i>(Immunizations and periodic health exams)</i>	No Charge‡	40%	No Charge‡	40%
Diagnostic X-ray and Laboratory	20%	40%	10%	40%
Hearing Aid Services <i>(\$1,000 maximum in 36-month period for hearing aids)</i>	20%	40%	10%	40%
Ambulance Services	20%	20%	20%	20%
Emergency Services <i>(\$50 deductible per visit for covered ER charges)</i>	20%	20%	10%	10%
Chiropractic/Acupuncture Services <i>(Combined benefit)</i>	20%	40%	10%	40%
	<i>(15 visits per calendar year)</i>		<i>(20 visits per calendar year)</i>	
Speech Therapy <i>(\$5,000 lifetime maximum)</i>	20%*	40%	10%*	40%
Durable Medical Equipment <i>(Precertification required)</i>	20%	40%	10%	40%
	<i>(\$3,000 calendar year maximum)</i>			
Hospice Care <i>(\$10,000 lifetime maximum)</i>	20%	20%	10%	10%
Physical Therapy	20%**	40%**	10%	40%
Occupational Therapy	20%**	20%**	20%	20%

(Continued on the back page)

† Services received are not subject to the calendar year deductible, but are subject to the \$250 hospital admission deductible.

‡ Services received from a Preferred Provider are not subject to the calendar year deductible.

* PPO and Out-of-Area Providers.

** A \$3,500 calendar year maximum for combined physical therapy and occupational therapy applies for PERS Choice.

*** A \$250 hospital admission applies for PERSCare.

Note:

- **Cardiac and Pulmonary Rehab precertification is not required.**
- **Reimbursement for non-preferred professional charges will be at 60% of the Blue Cross Prudent Buyer fee schedule.**

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(Continued)

MEDICAL BENEFITS (Continued)	PERS Choice		PERSCare	
	PPO	non-PPO	PPO	non-PPO
Mental Health				
<i>(Includes mental health parity provisions)</i>				
Inpatient <i>(precertification required)</i>	20%	40%	10%***	40%***
	<i>(up to 20 days per calendar year)</i>		<i>(up to 30 days per calendar year)</i>	
Outpatient <i>(precertification required at first visit—for facility-based care)</i>	20%	40%	10%	40%
	<i>(up to 24 visits per calendar year)</i>		<i>(up to 30 visits per calendar year)</i>	
Substance Abuse				
<i>(\$12,000 lifetime maximum for any combination of inpatient and outpatient benefits)</i>				
Inpatient <i>(precertification required)</i>	20%	40%	10%***	40%***
	<i>(up to 20 days per calendar year)</i>		<i>(up to 15 days per calendar year)</i>	
Outpatient <i>(precertification required at first visit—for facility-based care)</i>	20%	40%	10%	40%
	<i>(up to 24 visits per calendar year)</i>		<i>(up to 30 visits per calendar year)</i>	
Home Health Care				
<i>(precertification required)</i>	20%	40%	10%	40%
	<i>(up to \$6,000 per calendar year)</i>		<i>(up to 100 visits per calendar year)</i>	
Skilled Nursing Facility				
<i>(precertification required)</i>				
First 10 Days	20%*	40%	10%*	40%
	30%*	40%	20%*	40%
	<i>(next 90 days)</i>		<i>(next 170 days)</i>	
PRESCRIPTION DRUG BENEFITS				
	Generic	Preferred Brand	Non-Preferred Brand	
Retail Pharmacy <i>(short-term use)</i>	\$ 5	\$15	\$45	
PERSCare <i>(up to 34-day supply)</i>			<i>(\$30 if medical necessity approved)</i>	
PERS Choice <i>(up to 30-day supply)</i>			<i>approved)</i>	
Retail Pharmacy Maintenance Medications after 2nd Fill	\$10	\$25	\$75	
<i>(A maintenance medication taken longer than 60 days for chronic conditions.)</i>			<i>(\$45 if medical necessity approved)</i>	
Mail Service <i>(up to 90-day supply)</i>			\$75	
A \$1,000 maximum copayment per person per calendar year applies	\$10	\$25	<i>(\$45 if medical necessity approved)</i>	
<p>* PPO and Out-of-Area Providers.</p> <p>*** A \$250 hospital admission applies for PERSCare.</p>				
<p>This is only a summary of benefits offered by PERS Choice and PERSCare. Please refer to each plan's Evidence of Coverage booklet for the exact terms and conditions of coverage. Deductibles and copayments will not carry over from one plan to the other.</p>				

*For more information,
please call us at:
1-877-PERSPPO (737-7776)*

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- *Hassle-free access to specialists*
- *Quality providers*
- *Nationwide coverage*
- *Online services*





Freedom to Choose



 **PERS** Choice
 **PERS** Care

The PERS Choice and PERSCare Preferred Provider Organization (PPO) Plans are designed for individuals who value the freedom to choose their health care providers. We've developed this brochure to answer some commonly asked questions about PERS Choice and PERSCare.

How do I decide which plan meets my needs?

PERSCare pays a higher percentage of your medical bills, but with PERS Choice you have a lower monthly premium. Take a minute to consult the chart to the right, and then consider your medical and financial needs.

If you'd like to cut down on your monthly premium while maintaining quality coverage, PERS Choice is the plan for you. It offers most of the benefits of PERSCare for a lower premium.

With PERSCare, you pay a higher monthly premium, but have lower out-of-pocket expenses when you receive services. So, if your annual medical bills tend to be high, you may save money with PERSCare.

How does a "Preferred Provider Organization" (PPO) health plan work?

Blue Cross works with over 45,000 physicians and more than 400 hospitals throughout the state (our "Preferred Providers") who have agreed to accept payment amounts set by Blue Cross for their services. These "Allowable Amounts" are usually lower than what other physicians and hospitals charge for their services. So your portion of the charges—or copayment—will also be lower when you use a Preferred Provider. It's health care teamwork that saves you money.

Once you've met your deductible, your health care costs are covered at a high percentage (depending on your plan, usually 80 or 90 percent) when you use Blue Cross Preferred Providers. If you don't use Preferred Providers, you will pay substantially more. The chart to the right shows how your choice of physician affects your out-of-pocket responsibility.

Can I get health information around the clock?

Yes! The PERS Choice and PERSCare plans offer a 24-hour service called MedCall that connects you to a registered nurse or audio library with a simple, toll free phone call. This number is printed on your member ID card. This service provides you with a medical professional's insight and guidance to help you make decisions about your health care.

Members can also take advantage of the audio library, which contains hundreds of audiotapes that provide information on self and preventive care, as well as other health related issues.

Is there a resource to help me make informed health care decisions?

Yes, Subimo™ is an interactive Web site linked through the Blue Cross Web site, www.bluecross.com. *Healthcare Advisor by Subimo* can help you find additional information about your health condition, treatment options and what to expect. Subimo provides quality and medical outcome data for virtually all of the Blue Cross preferred hospitals. You can screen hospitals based upon the factors that matter most to you; clinical quality, experience, performance data or other characteristics.

The Subimo Web site is owned and operated by Subimo, LLC. Subimo, LLC, is solely responsible for its Web site and is not affiliated with CalPERS, Blue Cross of California or any affiliate of Blue Cross of California.

May I choose my own doctor?

Yes. You may choose any doctor you want each time you need medical care. However, more of your costs will be covered if you select a doctor from Blue Cross' extensive Preferred Provider Network.

Non-Preferred Providers can bill whatever charges they wish, and you are responsible for the difference between their fees and Blue Cross' payment. In addition, your copayment percentage is usually higher with non-Preferred Providers. For these reasons, you will pay more if you go to a non-Preferred Provider. It's easy to keep your costs to a minimum by using Blue Cross Preferred Providers.

Will I have to hassle with complicated claim forms?

With both plans, you do not have to fill out a claim form when you go to a Preferred Provider.

What are the prescription drug benefits?

With PERS Choice and PERSCare, you pay \$5 for up to a one-month supply of generic drugs, \$15 for preferred brand-name drugs, and \$45 for non-preferred brand name drugs when using a Caremark participating retail pharmacy.

When you use mail service, you receive up to a 90-day supply of maintenance medications and pay \$10 for generic drugs, \$25 for preferred brand-name drugs, and \$75 for non-preferred brand-name drugs. A maintenance medication is prescribed to treat a long-term condition, such as birth control; or a chronic condition, such as arthritis, diabetes, or high blood pressure, and does not require frequent dosage adjustments.

Why should I use mail service for maintenance medication?

With mail service, you receive up to a 90-day supply of maintenance medication. The mail service copayment is less than you would pay at a retail pharmacy for three 30-day refills.

If you continue to receive maintenance medication from a Caremark participating retail pharmacy, after the second fill, you will pay the applicable mail service copayment and receive a one-month supply of medication (see Comparison of PERS Choice and PERSCare Plans).

Mail service is safe, convenient and assures privacy. Every prescription is inspected for safety by a registered pharmacist and delivered to your home or a location of your choice in confidential, tamper proof, and when applicable, temperature sensitive packaging.

If you need more information regarding mail service for maintenance medications, please call Caremark toll-free at 1-866-999-7377 or visit www.caremark.com.



Will I have access to health care services nationwide?

Yes. Both PERS Choice and PERSCare have the BlueCard program, which gives you the freedom to choose Blue Cross/Blue Shield PPO providers nationwide. With BlueCard, no matter where you live, work, or travel, you are covered by the largest health care network in the country. You will save money and have no claim forms to complete when you use BlueCard PPO Providers—who represent 74 percent of all doctors and hospitals in the United States. What's more, BlueCard Worldwide® provides benefits at participating hospitals in certain countries around the world.

How can I be sure I'll have coverage when I need it?

Both PERS Choice and PERSCare help pay for a wide range of benefits, including periodic health exams, emergency care, well-baby care, chiropractic services and home health care. This coverage follows you statewide, nationwide and worldwide. Please refer to each plan's Evidence of Coverage booklet for exact benefits.

Where can I get more information about my coverage?

The Blue Cross of California Web site, located at www.bluecrossca.com, offers interactive member services. Once you're enrolled and issued a personal identification number (PIN) from Blue Cross, you can verify family enrollment, review your benefits, check your claims, request ID cards, find a Preferred Provider and electronically communicate with the

Blue Cross CalPERS customer service staff. You may also call us toll-free at 1-877-PERSPPO (737-7776).

PERS Choice and PERSCare offer a combination that's hard to beat—the freedom to choose your own doctor and coverage that will be there when you need it. To find out more, please call our toll-free number 1-877-PERSPPO (1-877-737-7776). For information about your pharmacy benefits, call Caremark toll-free at 1-866-999-7377.
