



**PERS** *Choice*



**PERS** *Care*



***Freedom to Choose***

The PERS Choice and PERSCare Preferred Provider Organization (PPO) plans are designed for individuals who value the freedom to choose health care providers and pharmacies. 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 and PERS Choice provide a network of high-quality providers that you can access without a referral. You can receive care from any network provider and have your health care costs covered at the maximum plan coverage amount. 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 in this brochure, 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.

CalPERS has a third option called PERS Select. The high-efficiency network gives members access to high-quality, cost-effective providers at a lower premium. Although PERS Select benefits can match benefits available under PERS Choice by using Select network physicians and Tier One hospitals, **the 2011 premium is 13% lower than PERS Choice.** PERS Select provides access to a subset (approximately half) of the Anthem Blue Cross PPO physician network that the PERS Choice plan uses. Please refer to the *Freedom to Select* brochure for more information about PERS Select.

### How does a PPO health plan work?

Anthem Blue Cross contracts with over 55,000 physicians and approximately 380 hospitals throughout the state (our "preferred providers") who have agreed to accept payment amounts set by Anthem Blue Cross for their services. These "allowable amounts" are usually lower than what other physicians and hospitals charge for their services. Your portion of the charges 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 plan will cover your health care costs at a high percentage (depending on your plan, usually 80 or 90 percent) when you use Anthem Blue Cross PERS Choice/PERSCare preferred providers.

Once you have met your maximum calendar year responsibility (\$3,000 for PERS Choice and \$2,000 for PERSCare), most of your health care costs are paid 100 percent when you use a preferred provider. If you don't use

preferred providers, you will pay substantially more. The chart in this brochure shows how your choice of physician affects your out-of-pocket responsibility.

### What is Value Based Purchasing Design?

CalPERS members who will be scheduling a hip and knee joint replacement on or after January 1, 2011 should be aware of a pilot program designed to keep you informed about the variances in cost of care and to keep your overall out-of-pocket costs down.

Hospital charges for these procedures vary throughout the state with no clinical evidence of better quality or outcomes. CalPERS and Anthem Blue Cross have designated 44 facilities throughout California where hip and knee joint replacement surgeries can be rendered and CalPERS members will be held harmless for any hospital charges above the plan's deductible and coinsurance.

As a PPO plan member you continue to have the option to choose any facility, but may have lower out-of-pocket cost if you seek services from one of the 44 facilities in this program. If you choose to seek services in a facility outside of this program you will be responsible for allowed hospital charges in excess of \$30,000 in addition to your plan's deductible and coinsurance.

Please refer to your *Evidence of Coverage* booklet for further details. Please contact Customer Service to verify that your provider is a Value Based Purchasing Center for hip and knee joint replacement.

### May I choose my own doctor?

You have the freedom to access any licensed physician in the PERS Choice and PERSCare networks.

Physicians who do not participate in the PERS Choice and PERSCare networks may choose to charge a fee that exceeds the "allowable amount." You are responsible for the difference between their fees and Anthem Blue Cross' payment. You will pay more if you go to a physician that is outside of the PERS Choice and PERSCare networks. It's easy to keep your costs to a minimum; simply choose a provider within the PERS Choice and PERSCare networks.

### Can I get health information around the clock?

Yes! The PERS Choice and PERSCare plans offer a 24-hour service called 24/7 NurseLine that connects you to a registered nurse with a 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. The telephone number is 800-700-9185.

## 2011 PERS Choice and PERSCare Basic Plan Comparison

	PERS Choice		PERSCare	
<b>DEDUCTIBLES:</b>				
CALENDAR YEAR DEDUCTIBLE/ AND MAXIMUM COPAYMENT/COINSURANCE				
Individual	\$500		\$500	
Family	\$1,000		\$1,000	
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/COINSURANCE	PPO	non-PPO	PPO	non-PPO
Member	\$3,000	None	\$2,000	None
Family	\$6,000	None	\$4,000	None
<b>MEDICAL BENEFITS</b>	<b>PPO</b>	<b>Non-PPO</b>	<b>PPO</b>	<b>Non-PPO</b>
Hospital – Inpatient and Outpatient	20%	40%	10%†	40%†
Physician Inpatient Hospital Visits	20%	40%	10%	40%
Physician Office Visits & Urgent Care Visits	\$20 copay‡	40%	\$20 copay‡	40%
Other Physician Services	20%	40%	10%	40%
Preventive Care (e.g., immunizations and periodic health exams)	No charge	40%	No charge	40%
Diagnostic X-ray and Laboratory	20%	40%	10%	40%
Hearing Aid Services (\$1,000 maximum in 36-month period for hearing aids)	20%	40%	10%	40%
Ambulance Services	20%	20%	20%	20%
Emergency Services (\$50 deductible per visit for covered ER charges)	20%	20%	10%	10%
Chiropractic/Acupuncture Services (Combined benefit)	20% (15 visits per calendar year)	40% (15 visits per calendar year)	10% (20 visits per calendar year)	40% (20 visits per calendar year)
Speech Therapy (\$5,000 lifetime maximum)	20%*	40%	10%*	40%
Durable Medical Equipment (Precertification required)	20% (\$6,000 calendar year maximum)	40% (\$6,000 calendar year maximum)	10%	40%
Hospice Care (\$10,000 lifetime maximum)	20%	20%	10%	10%
Physical Therapy	20%**	40%**	10%	40%
Occupational Therapy	20%**	20%**	20%	20%

† 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 deductible applies for PERSCare.

\*\*\*\* Hip and knee joint replacement surgery provided by a designated Value Based Purchasing Center, benefits would be limited to \$30,000 per procedure.



## 2011 PERS Choice and PERSCare Basic Plan Comparison

MEDICAL BENEFITS (Continued)	PERS Choice		PERSCare	
	PPO	non-PPO	PPO	non-PPO
<b>MENTAL HEALTH (Includes mental health parity provisions)</b>				
Inpatient (precertification required)	20%	40%	10%***	40%***
Outpatient (precertification required at first visit – for facility-based care)	20%	40%	10%	40%
<b>SUBSTANCE ABUSE</b>				
Inpatient (precertification required)	20%	40%	10%***	40%***
Outpatient (precertification required at first visit – for facility-based care)	20%	40%	10%	40%
<b>HOME HEALTH CARE (precertification required)</b>	20%	40%	10%	40%
	(up to \$6,000 per calendar year)	(up to \$6,000 per calendar year)	(up to 100 visits per calendar year)	(up to 100 visits per calendar year)
<b>SKILLED NURSING FACILITY (precertification required)</b>				
First 10 Days	20%*	40%	10%*	40%
	30%*	40%	20%*	40%
	(next 90 days)	(next 90 days)	(next 170 days)	(next 170 days)
Hip and knee joint replacement	20%****	40%	10%****	40%

PRESCRIPTION DRUG BENEFITS	Generic	Preferred Brand	Nonpreferred Brand
RETAIL PHARMACY (short-term use)	\$5	\$15	\$45
PERS Choice (up to 30-day supply)			(\$40 if partial waiver of copayment approved)
PERSCare (up to 34-day supply)			(\$40 if partial waiver of copayment approved)
RETAIL PHARMACY MAINTENANCE MEDICATIONS after second fill (a maintenance medication taken longer than 60 days for chronic conditions)	\$10	\$25	\$75
Medco Pharmacy™ mail-order service (up to 90-day supply) A \$1,000 maximum copayment per person per calendar year applies (excludes copayments made for non-preferred brand drugs)	\$10	\$25	\$75 (\$70 if partial waiver of copayment approved)
50% coinsurance discretionary medications applies to both retail and mail order (refer to EOC for details)			

### Note:

In addition to the amounts shown above, if you receive services from a Non-Preferred Provider, you will be responsible for all of the charges in excess of the Allowable Amount, plus all charges for non-covered services. The Allowable Amount for covered services provided by Non-Preferred Providers is usually lower than what the providers customarily charge. Therefore, you may have substantial out-of-pocket responsibility if you visit a Non-Preferred Provider.

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.

## **Anthem Blue Cross helps you put that out of pocket back in your pocket.**

Anthem Care Comparison is our industry-leading cost disclosure tool and it is just a few clicks away. An online-based resource, Anthem Care Comparison allows you to evaluate the cost of 39 common medical procedures between providers and locations in order to facilitate health care decision making. Different health care facilities can charge different prices for the same service. That's a big deal if you're sharing the cost. Anthem Care Comparison clearly lists what those price ranges are — right down to the procedure and facility.

### **Will I have to fill out complicated claim forms?**

You do not have to fill out a claim form when you visit a provider within the PERS Choice and PERSCare networks.

### **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 nonpreferred brand-name drugs when using a Medco participating retail pharmacy. When you use the Medco Pharmacy™ mail-order service, you can 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 nonpreferred brand-name drugs. Maintenance medications are drugs that your doctor prescribes to treat a long-term condition or a chronic condition, such as arthritis, diabetes, or high blood pressure, and that do not require frequent dosage adjustments.

### **Why should I use Medco Pharmacy™ mail-order service for maintenance medications?**

Medco Pharmacy mail-order service is safe, convenient and ensures 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. You also have access to specialist pharmacists, who are experts in the medications used to treat specific ongoing conditions, such as diabetes, high blood pressure, or high cholesterol. Specialist pharmacists are available 24/7 to answer questions regarding your medication. They are familiar with your plan, so they even suggest options that could save you money.

If you need more information regarding mail service for maintenance medications, please call Medco toll free at **800-939-7091**, or visit **medco.com/calpers**.

### **Will I have access to health care services nationwide?**

Yes. PERS Choice and PERSCare have the BlueCard® program, which gives you the freedom to choose Anthem Blue Cross and Blue Shield PPO providers nationwide. With BlueCard, no matter where you 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 network providers. These providers 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?**

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 the plan's *Evidence of Coverage* booklet for exact benefits.

### **Where can I get more information about my coverage?**

The Anthem Blue Cross/CalPERS website, located at **anthem.com/ca/calpers**, offers interactive member services. Once you're enrolled and issued a personal identification card, you can verify family enrollment, review your benefits, check your claims, request ID cards, find a PERS Choice and PERSCare provider and electronically communicate with the CalPERS dedicated Anthem Blue Cross Customer Service staff. You may also call us toll free at **877-PERSPPO (877-737-7776)**.

For information about your pharmacy benefits call Medco toll free at **800-939-7091** or log on to **www.medco.com/calpers**.

***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, 877-PERSPPO (877-737-7776). For information about your pharmacy benefits, call Medco toll free at 800-939-7091.***

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

**Improve your health and earn a reward.**

You have access to tools and resources that can help you live a healthier lifestyle – at no extra cost.

Any CalPERS member enrolled in the PERS Choice or PERSCare program on January 1, 2011, who completes the online Health Risk Assessment will be enrolled in a quarterly raffle for a \$500 debit card (limit one per family). The debit card spends like cash and can be used at any location that accepts debit cards.

***Or reach us at: [anthem.com/ca/calpers](http://anthem.com/ca/calpers)***

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

***For more information about your Medco pharmacy benefits,  
please call Medco toll free at 800-939-7091,  
or visit [medco.com/calpers](http://medco.com/calpers).***



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