

**2012 Benefits Summary Plan Comparison - PERS HMOs
(ACTIVES/RETIREEES/SURVIVORS)**

Foothill-De Anza Community College District		CalPERS HMO Plans		
JULY 1, 2010 SUMMARY PLAN COMPARISONS		2012 Benefits (ACTIVES/RETIREEES/SURVIVORS)		
Plan Provisions	Kaiser	Kaiser	Blue Shield Access+	Blue Shield NetValue
Plan	In Network	In Network	In Network	In Network
Plan Type	HMO	HMO	HMO	HMO
Deductible (Calendar Year)	\$0/person \$0/family	\$0/person \$0/family	\$0/person \$0/family	\$0/person \$0/family
Out of Pocket Maximum	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family	\$1,500/person \$3,000/family
Lifetime Maximum Limit	No Limit	No Limit	No Limit	No Limit
Office Visits - Primary Care	\$20 copay	\$15 copay	\$15 copay	\$15 copay
Office Visits - Specialists	\$20 copay	\$15 copay	\$30 copay	\$30 copay
Specialist Referral Required?	YES	YES	No, if in same physician med group such as PAMF or SCCIPA	
Coinurance You Pay	0%	0%	0%	0%
Hospital Copay	No Charge	No Charge	No Charge	
Outpatient Services	\$20 Per Procedure	\$15 Per Procedure	\$0 - (\$250 copay for specified procedures)	
Surgery/Anesthesia	\$20 Outpatient	\$15 Outpatient	No Charge	
Preventative Care	\$0	\$0	\$0	\$0
Allergy Testing/Treatment	No Charge	\$15 testing	No Charge	
Diagnostic X-ray and Lab	Some Copays	Some Copays	No Charge	
DXL with Physician OV	\$0	\$0	\$0	\$0
Chiropractic Care	\$15 copay	Not Covered	Not Covered	
Chiropractic Annual Maximum	30 Visits Per Year	Not Covered	Not Covered	
Acupuncture Care	\$20 copay when med necessary	\$15 copay when med necessary	Not Covered	
Acupuncture Maximum	None	None	Not Covered	
Urgent Care	\$20 Copay	\$15 copay	\$15 copay	\$15 copay
Emergency Room	\$50 Copay(waived if admitted)	\$50 Copay(waived if admitted)	\$50 Copay(waived if admitted)	\$50 Copay(waived if admitted)
Emergency Room Services	100%	100%	100%	100%
If Emergency Criteria Not Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Mental Health				
Inpatient	No Charge	No Charge	No Charge	
Outpatient	Individ. - \$20 copay, Group - \$10 copay	\$15 copay	\$15 copay	\$15 copay
Substance Abuse				
Inpatient	No Charge	No Charge	No Charge	
Outpatient	Individ. - \$20 copay, Group - \$5 copay	\$15 copay	\$15 copay	\$15 copay
Ambulance	No Charge	No Charge	No Charge	
Home Health Care	No Charge	No Charge	No Charge	
Home Health Care Visit Limit	No Limit	No Limit	No Limit	No Limit
Hospice	No Charge	No Charge	No Charge	
Hospice Care Lifetime Limit	No Limit	No Limit	No Limit	No Limit
Occupational/Physical/Speech Therapy				
Inpatient	No Charge	No Charge	No Charge	
Outpatient	\$20 Copay	\$15 copay	\$15 copay	\$15 copay
Pre-Certification Required	Not Required	Not Required	Not Required	Not Required
Skilled Nursing Care				
Inpatient	No Charge - Up to 100 days	No Charge - Up to 100 days	No Charge - Up to 100 days	
Outpatient	Not Covered	Not Covered	Not Covered	
Vision Exam	No Charge	No Charge	No Charge	
Hearing Exam	No Charge	No Charge	No Charge	
Hearing Aids	\$500	\$1,000	First \$1,000 covered	

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Plan Provisions	Kaiser	Kaiser	Blue Shield Access+	Blue Shield NetValue
Plan	In Network	In Network	In Network	In Network
Plan Type	HMO	HMO	HMO	HMO
Hearing Aid Frequency	Every 36 months	Every 36 months	Every 36 months	Every 36 months
Durable Medical Equipment	No Charge	No Charge	No Charge	
DME Precertification	Not Required	Not Required	Not Required	Not Required
Prosthetic Device Limit	No Limit	No Limit	No Limit	No Limit
Infertility Services	Services for diagnosis and treatment of involuntary infertility and artificial insemination only, no outpatient Rx	50% of allowed charges	50% of allowable amount	
Prescription Drug				
Retail				
Generic	\$5 Copay/30 days	\$5 Copay/30 days	\$5 Copay/30 days	\$5 Copay/30 days
Brand Formulary	\$10 Copay/30 days	\$20 Copay/30 days	\$20 Copay/30 days	\$20 Copay/30 days
Brand Non-Formulary	N/A	N/A	\$50 Copay/30 days - \$30 copay specialty Rx	
Retail Maintenance			Generic substitution penalties apply (\$5 plus cost difference)	
Generic	\$5 Copay/30 days	\$5 Copay/30 days	\$10 Copay/30 days	\$10 Copay/30 days
Brand Formulary	\$10 Copay/30 days	\$20 Copay/30 days	\$40 Copay/30 days	\$40 Copay/30 days
Brand Non-Formulary	N/A	N/A	\$100 Copay/30 days	\$100 Copay/30 days
Mail Order				
Generic	\$10 Copay/100 days	\$10 Copay/100 days	\$10 Copay/100 days	\$10 Copay/100 days
Brand	\$20 Copay/100 days	\$40 Copay/100 days	\$40 Copay/100 days	\$40 Copay/100 days
Brand Non-Formulary	N/A	N/A	\$100 Copay/100 days	\$100 Copay/100 days
Rx Copay Maximum/person	No max	No max	\$1,000 per person	\$1,000 per person
Out-of-Plan Coverage	Emergency Only	Emergency Only	Blue Card	Blue Card

NOTE: Discretionary drugs are subject to 50% co-insurance. These are products used to treat non-life threatening conditions such as erectile dysfunction.

Blue Shield NetValue and Access+ Smoking Cessation Benefits: Smoking cessation drugs are covered (minus the co-payment) for members after completion of smoking cessation classes or programs. This benefit is limited to one course of treatment per calendar year. Member pays for the cost of any smoking cessation classes or programs/ Through the Healthy Lifestyle Rewards program, members can access online tools in the Tobacco Use Information Center to assist them in quitting.

Kaiser Smoking Cessation benefits: Limit to one course of therapy per year. They offered discounted prices on nicotine replacement therapy, including over-the-counter products such as nicotine gum, patches and lozenges. Additional, they offered Individual and group counseling Health education classes and workshops, Telephonic counseling, and other free online smoking cessation information, tools and support program called HealthMedia® Breathe TM. This award-winning, interactive program offers step-by-step personalized guidance for members who want to quit smoking.

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a summary plan description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change, or terminate the plan, or any benefits under it, for any reason, at any time and without advance notice to any person.