

PERS Gold and PERS Platinum High Level Benefit Comparison

In-network benefits for a common medical issue	PERS Gold PPO	PERS Platinum PPO
Coinsurance (plan / member)	Plan pays 80% / You pay 20%	Plan pays 90% / You pay 10%
Deductible	Individual \$1,000* Family \$2,000* * Incentives reduce deductible to: • Individual \$500 • Family \$1,000	Individual \$500 Family \$1,000 No incentives
Physician Services	\$10 copay for visits with personal doctor \$35 copay for visits with other doctors	\$20 copay
Emergency Room Deductible	\$50	\$50
Urgent care visits	\$35	\$35
Laboratory tests	20% coinsurance (no copay for preventive)	10% coinsurance (no copay for preventive)
Inpatient maternity (delivery)	Inpatient covered in full when enrolled in the Future Moms program 20% coinsurance (without enrollment)	10% coinsurance
X-ray/imaging	20% coinsurance	10% coinsurance
Mental health/Behavior health/ Substance use physician visit	\$10 copay	\$20 copay
Inpatient mental health	20% coinsurance	10% coinsurance
Occupational/Physical/Speech Therapy (outpatient visits)	20% coinsurance	10% coinsurance
Maximum coinsurance out-of-pocket	\$3,000 Individual \$6,000 Family	\$2,000 Individual \$4,000 Family
Out of state and out of country coverage	No	Yes

PERS GOLD: Anthem Select PPO Network (Restrict to CA residents only)

PERS PLATINUM: Anthem PRUDENT BUYER PPO Network

*For complete details about the benefits provided in these plans, refer to that plan's Evidence of Coverage.