

PERS Gold and PERS Platinum High Level Benefit Comparison (In-Network)

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.

PERS Gold and PERS Platinum High Level Benefit Comparison (Out-of Network)

Out-of-network benefits	PERS Gold PPO	PERS Platinum PPO
Coinsurance (plan / member)	Plan pays 60% / You pay 40%	Plan pays 60% / You pay 40%
Deductible	Individual \$2,500 Family \$5,000 No incentives	Individual \$2,000 Family \$4,000 No incentives
Physician Services	40%	40%
Emergency Room Deductible	\$50	\$50
Urgent care visits	40%	40%
Laboratory tests	40% coinsurance	40% coinsurance
Occupational/Physical/Speech Therapy (outpatient visits)	40% coinsurance Occupational Therapy: 20% coinsurance	40% coinsurance Occupational Therapy: 10% coinsurance
X-ray/imaging	40% coinsurance	40% coinsurance
Inpatient maternity (delivery)	40% coinsurance	40% coinsurance
Inpatient mental health	40% coinsurance	40% coinsurance
Mental health/Behavior health/ Substance use physician visit	40% coinsurance	40% coinsurance
Maximum coinsurance out-of-pocket	Unlimited	Unlimited
Out of state and out of country coverage	No	Yes

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PERS PLATINUM: Anthem PRUDENT BUYER PPO Network

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