



California Public Employees' Retirement System  
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Date: **July 19, 2000**

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Circular Letter No: **600-062**

Distribution:

Special:

**TO: HEALTH BENEFIT OFFICERS AND ASSISTANTS OF THE STATE,  
CALIFORNIA  
STATE UNIVERSITY AND CONTRACTING PUBLIC AGENCIES**

**SUBJECT: 2000 HEALTH BENEFIT OPEN ENROLLMENT**

***The CalPERS Health Open Enrollment period has been changed to October 1 – October 31, 2000.***

This letter addresses the following topics:

- Open Enrollment Information
- Open Enrollment Procedures
- Health Fairs
- ZIP Code Access
- HMO Premium Rates
- Self-Funded Premium Rates
- Heal System Deactivation
- CalPERS Physician Directory

## **OPEN ENROLLMENT INFORMATION**

The 2000 Open Enrollment has been changed to October 1, 2000 through October 31, 2000. Generally, you would receive a supply of Open Enrollment posters to use as part of the advertising campaign for the Open Enrollment period. A decision has been made to not use posters for this Open Enrollment period. Instead, we have attached a flyer (Section 1) that can be photocopied and distributed to your employees announcing the 2000 Open Enrollment.

Open Enrollment is the time when eligible employees and annuitants may enroll, add family members, or change health plans. The effective date of Open Enrollment transactions is January 1, 2001. The health plan contract year will be January 1, 2001 through

December 31, 2001. All Open Enrollment forms must be received by CalPERS Health Benefits by close of business on November 7, 2000.

The Health Benefit Officer or Assistant is responsible for completing the *Health Benefit Plan Enrollment* forms (HBD-12) or *COBRA Enrollment* forms (HBD-85) for agency's active employees and COBRA enrollees; retired members can make open enrollment changes by telephone. Retirees not

using the telephone service may use the Retiree *Open Enrollment Request* form (HBD-30) located in CalPERS *Health Plan Decision Guide*.

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### Open Enrollment Materials

The Open Enrollment packets will be mailed in September to the homes of all enrolled members, including COBRA enrollees. At this same time, a supply of the open enrollment packages will be sent to each agency. Your agency will receive a supply of packets equal to two percent (2%) of your eligible employees. CalPERS requests that you keep these packets for those employees who may not receive them at home and for new hires.

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### Ordering Additional Open Enrollment Materials

If you need to order additional Open Enrollment packets, or any Health Benefits forms, contact the CalPERS Central Supply Unit at (916) 658-1493. You may also FAX your request to (916) 326-3281. Always include your agency's name, a contact person, a telephone number, the agency's mailing address, and the quantity of the item you want mailed.

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### Administrative Fee

CalPERS' administrative fee remains at 0.5 percent of the total gross monthly premium for the January 1, 2001, contract year.

## **OPEN ENROLLMENT PROCEDURES**

Complete Open Enrollment HBD-12s as follows:

<b>Box 11</b>	Primary Care Physician  (HMO Only)	Providing this information will assist in the timely issuance of identification cards.
<b>Box 14</b>	Reason Code	
	104	New Enrollment during Open Enrollment
	206	Adding dependent during Open Enrollment
	400	Changing plans during Open Enrollment
	28a*	Change plan/add family member during Open Enrollment
<b>Box 15</b>	Permitting Event Date	October 1, 2000 -- October 31, 2000

<b>Box 16</b>	Effective Date	January 1, 2001
<b>Box 21</b>	Employee Sign Date**	Between October 1 and October 31
<b>Box 33</b>	HBO Received Date	No later than October 31 <sup>st</sup>

\*For the 2000 Open Enrollment period, continue using 28a for plan change/add dependent.

**\*\*To assist health plans in issuing accurate and timely identification cards, please include your *employee's daytime telephone number* on the HBD-12 next to employee signature.**

**\*\*To assist health plans in issuing accurate and timely identification cards, please include your *employee's daytime telephone number* on the HBD-12 next to employee signature.**

**Note:** State Permanent Intermittent (PI) employees may **not** enroll as "new" during the Open Enrollment period. PI eligibility is based on the completion of the required hours during the designated control periods. PI employees who are currently enrolled may add eligible family members and/or change health plans during Open Enrollment.

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Employees on Leave of Absence (LOA)

Employees on a LOA during Open Enrollment may change plans and/or add dependents. Employees who do not change plans or add dependents during Open Enrollment may do so within 60 days from the date they return to regular pay status.

- *LOA and paying direct* -- Complete an HBD-12 and *Direct Payment Authorization Form* (HBD-21). For dependent changes with no change in plan code or party rate, use the HBD-12 only.
- *LOA not paying direct* -- Complete an HBD-12 to make a plan or dependent change.

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COBRA Enrollees

Enrollees who are eligible through COBRA may change health plans and/or add eligible dependents during Open Enrollment. Changes to the enrollment are completed on a *COBRA Form* (HBD-85). The effective date rules for completion of the enrollment forms are the same as for active employees.

See Section 4 for 2001 COBRA Group Continuation Coverage Rates and Section 5 for Regular COBRA Ending Dates.

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Form Submission

Submit your Open Enrollment forms as they are completed. Early submission helps the health plan in

the timely issuance of identification cards. Submit forms to:

US Postal Service	Express Service/Direct Delivery
CalPERS Health Benefit Services Division Eligibility & Enrollment Section P. O. Box 942714 Sacramento, CA 94229-2714	CalPERS Central Mail Room 400 P Street, Room 2220 Sacramento, CA 95814 (916) 326-3044

Rescissions

If an employee wishes to rescind an Open Enrollment change, the rescinding HBD-12 must be received by CalPERS prior to January 1, 2001. Rescissions may delay the arrival of identification cards.

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Premium Adjustments

The January 1, 2001 pay warrant may not reflect the proper premium payment due to unavoidable processing delays during Open Enrollment. If this happens, the premium payment will be adjusted during a subsequent pay period. Members who changed health plans and have not received identification cards **may not continue to use the prior plan** after January 1, 2001. You should contact HBSD for assistance in resolving the problem.

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Multiple HBD-12s

During the next few months, you may be preparing enrollment forms that **add or delete dependents that may affect the dependent information on the Open Enrollment form that you have prepared for January 1<sup>st</sup>**. The effective dates and the dependent information for enrollment and Open Enrollment changes must be coordinated.

**Example:** Employee had a child on November 15, 2000. The employee changed health plans during Open Enrollment (October 1 through October 31, 2000) and you have completed the enrollment form to change plans. Complete one HBD-12 to add the newborn child effective December 1, 2000.

When completing enrollment forms to delete family members with the **same effective date** as an Open Enrollment change, use the following procedure:

Complete an HBD-12 deleting the dependent effective January 1, 2001. Complete an HBD-12 to change health plans and/or add family members effective January 1, 2001. Staple the two enrollment forms together. In "Remarks" number the forms as "1 of 2"; "2 of 2."

## HEALTH FAIRS—2000 OPEN ENROLLMENT

To schedule a Health Fair for your agency, you should contact the health plan representatives directly. Section 2 provides a listing of each plan's representative with his or her telephone number. We recommend that you contact the plans' representatives as soon as possible to ensure their availability.

## ZIP CODE ACCESS

The service area chart in the Health Plan Decision Guide gives employees a health plan's general service area by county. To be eligible for a health plan the employee must reside in the health plan's service area as specified in the service area chart. Please use the Health Plan Search By ZIP Code function on the Internet to determine the employee's eligibility for a health plan. For agencies that do not have Internet access, call CalPERS at (800) 237-3345 after October 1 for a ZIP Code Table.

## HMO PREMIUM RATES FOR 2001

For the 2001 contract year, the Basic HMO plan premiums represent an average increase of 9.2 percent from the 2000 rates. The level of premium is consistent with the historical cost experience of the Health Program and the expected cost trends for 2001.

The 2001 premiums for HMO Medicare-coordinated plans represent an average increase of 31.7 percent from the 2000 rates. The most significant factor in this premium increase results from the fact that Medicare payment rates from the Health Care Financing Administration (HCFA) are expected to lag behind the rate of medical inflation for 2001. Additionally, the Medicare coordinated plans in our program continue to experience high prescription drug trends.

2001 Rates for Basic and Supplemental plans are available on-line.

### Kaiser Out-of-State Premium Rates

Kaiser is currently providing health benefits to CalPERS members residing in Kaiser's out-of-state regions at the California premium rate. The costs to provide the out-of-state benefits are higher and Kaiser does not want to continue to blend them into the California Kaiser rates. Therefore, Kaiser has negotiated a single blended premium rate for 2001 for CalPERS out-of-state members. The out-of-state Kaiser premium rates for Kaiser are as follows:

<b>Kaiser Out-of-State Premium Rates</b>	<b>Basic</b>	<b>Supplement to Medicare</b>
One-Party	\$273.12	\$140.06
Two-Party	\$546.24	\$280.12
Family	\$710.11	\$420.18

## ASSOCIATION PLANS BENEFIT CHANGES AND PREMIUM RATES

### California Association of Highway Patrolmen (CAHP) Health Benefits Trust

The CAHP Health Benefits Trust, Board of Trustees has approved an 18 percent rate increase in the Basic plan and a 13.7 percent rate increase in the Supplement to Medicare plan (see Section 3). The Trust will continue to subsidize their members' monthly out-of-pocket costs for 2001.

CAHP's benefit changes for 2001 include increases in co-payments for prescription drugs (Brand) and office visits. Also, the individual annual maximum out-of-pocket expense will increase from \$1000 to \$2000, and the family annual out-of-pocket expense will increase from \$2000 to \$4000.

### California Correctional Peace Officers' Association (CCPOA) Benefit Trust Fund

The CCPOA Benefit Trust Fund rate increased 3.7 percent for the Basic Plan. There will be no increase for their Supplement to Medicare plan (see Section 3).

CCPOA has no benefit changes for 2001.

### Peace Officers' Research Association of California (PORAC) Insurance and Benefits Trust

The PORAC Insurance and Benefits Trust rate increase is 11.2 percent for the Basic Plan and a 15 percent increase in the Supplement to Medicare Plan (see Section 3).

## SELF-FUNDED PROGRAM PREMIUM RATES FOR 2001

On June 21, 2000, the CalPERS Board of Administration approved the following premium rate increases for the PERSCare and PERS Choice Basic and Supplement to Medicare Health Plans. These rates will be effective January 1, 2001.

	1 Party		2 Party		Family		Percent Increase
	2000	2001	2000	2001	2000	2001	
PERSCare Basic	\$296.00	<b>\$343.00</b>	\$592.00	<b>\$686.00</b>	\$770.00	<b>\$892.00</b>	15.9%
PERSCare Supplement	\$225.00	<b>\$277.00</b>	\$450.00	<b>\$554.00</b>	\$675.00	<b>\$831.00</b>	23.1%
PERS Choice Basic	\$176.00	<b>\$214.00</b>	\$352.00	<b>\$428.00</b>	\$458.00	<b>\$556.00</b>	21.6%
PERS Choice Supplement	\$214.00	<b>\$254.00</b>	\$428.00	<b>\$508.00</b>	\$642.00	<b>\$762.00</b>	18.7%

The substantial increase in premium rates is attributed to the following:

- Industry indicators are showing that Preferred Provider Organizations (PPO) nationwide are coming under increasing financial pressures. Projected nationwide medical cost trends for PPO plans are expected to run in the 9-12 percent range for 2000, somewhat higher than projected HMO trends in the 5-7 percent range.
- Industry cost pressures have precipitated a wave of HMO withdrawals from service areas and increased the number of newly contracting public agencies, fueling extraordinary growth in the self-funded health plans. PERS Choice experienced over 46 percent growth in prime lives during calendar year 1999. More so in recent years, the self-funded plans are the primary plans serving rural areas, with their associated higher costs.
- A leading contributor to escalating costs in the PERSCare and PERS Choice plans is the prescription drug trend. Projected nationwide prescription drug trends are in the 10-15 percent range. In 1999, prescription drugs accounted for approximately 26 percent of CalPERS PPO basic plan costs and approximately 52 percent of Supplement to Medicare plan costs.
- In 1999, we held premiums below actual operating costs in order to reduce excess reserves. The extraordinary growth experienced in 1999 and 2000 has resulted in the drawing down of reserves faster than planned. Had the self-funded PPO plans been fully funded for 2000, the 2001 premium increases would have been approximately 10-12 percentage points less.
- Assembly Bill 88, providing for limited "parity" coverage of severe mental disorders, was supported by the CalPERS Board of Administration. Although not binding on the self-funded plans, the Board adopted this legislation for the PPO basic plans. Coverage for severe mental disorders is expected to add approximately 1.2 percent to the basic plan premiums.

See Section 6 for a Basic Plan Comparison of PERSCare and Choice.

## **HEAL SYSTEM DEACTIVATION**

The HEAL inquiry system used by state agencies to monitor and review health enrollment data will be deactivated in December 2000. The COMET CHPIS inquiry system will replace the HEAL System. The minimum requirements to have the CHPIS inquiry system installed are as follows:

- PC platform capable of running Microsoft Windows 95 or Windows NT 4.x
- TCP/IP Internet Access
- Microsoft Windows 95 or Windows NT 4.x
- Netscape Communicator 4.7/Netscape Navigator 4.5 or above for Windows 95/98/NT, or
- Microsoft Internet Explorer 4.0 or above for Windows 95/98/NT
- JavaScript enabled
- All Internet Browsers must have 128 Bit SSL Encryption
- 800 width x 600 height x 256 color display screen

If your agency has not made plans to access the CHPIS system, you should contact Lani Garcia through FAX (916) 658-1277 to get access.

## **CaIPERS PHYSICIAN DIRECTORY**

Need help finding a doctor? Have a doctor, but need help finding out what health plans your doctor accepts? The new on-line CalPERS Physician Directory and Health Information contains background information on thousands of physicians located in California, Nevada and Arizona that are affiliated with our HMOs and preferred provider organizations, searchable by geographical area, medical specialty, health plan, or physician's name. It locates all available physicians in the member's local community and even prints a map.

Thank you for ensuring this letter is distributed to all staff who assist employees with the health enrollment process. If you have any questions pertaining to the information provided, please call Yvonne Miller at (916) 326-3658.

Sincerely,

Fred Steinmetz, Chief  
Health Benefit Services Division

Sections Following:

CalPERS Open Enrollment -- Section 1  
Health Plan Representatives--Section 2  
2001 Premiums For Association Plans--Section 3  
2001 COBRA Rates--Section 4  
COBRA Dates--Section 5  
PERSCare and PERS Choice Benefit Comparison Chart--Section 6

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## Section 1

**Flyer/Active CSU & PA Employees**

**Open Enrollment**

### **CaIPERS OPEN ENROLLMENT Starts October 1<sup>st</sup>**

**ATTENTION ACTIVE PUBLIC AGENCY & CSU EMPLOYEES:** If you receive your health benefits from CalPERS, you need to be aware that the dates for open enrollment have been changed, and premium rates are going up again.

The new open enrollment dates are **October 1 through October 31, 2000**. An information packet



with complete details on new premium rates will be mailed to your home a week or two prior to the start of open enrollment. If you haven't received your packet by October 1st, ask the health benefits officer in your local personnel office for a replacement packet.

During open enrollment, you can change health plans or add eligible dependents who were not enrolled when they first became eligible.

**Premium rates are rising again that may impact the amount deducted from your paycheck for health coverage.** Therefore, CalPERS is urging you to be an *especially* careful shopper this year. When the open enrollment packet is mailed to your home, you should check the new rate charts carefully to see which plan is the most cost-effective for you. Copayments for office visits and prescriptions will **not** change.

Payroll deductions vary widely from one public agency to another, depending on local collective bargain agreements. If you have questions, check with the health benefits officer in your local personnel office.

Average premium rate increases are: Basic HMOs -- 9.2 percent. Basic preferred provider organizations (PPOs) 18.8 percent. (Your plan may be higher or lower than these averages.)

**Don't be caught by surprise when those higher premiums begin on January 1, 2001.** The October open enrollment period is the time to carefully examine the *new* rates your health plan will be charging next year. Decide if you need to change to a more economical plan. Shop wisely.

The biggest single factor in the rate hikes is the **soaring cost of prescription drugs**. It accounts for up to 30 percent for members of basic HMOs. Prescription costs are increasing at three times the inflation rate for other medical costs and are playing havoc with premium rates throughout the United States. Other factors include **increased utilization of expensive medical services and drugs, more money for providers, changes in federal Medicare reimbursements, an aging population, and managed care reforms.**

## Section 2

<b>Health Plan Representatives</b>	
Christopher Speece, Account Executive <b>Aetna US Health Care</b> 9500 Cleveland Avenue, Suite 100 Rancho Cucamonga, CA 91730 (909) 476-5462	Kathy Adler Manager of Major Accounts <b>Lifeguard Health Plan</b> 111 Pine Street, Suite 777 San Francisco, CA 94111 (415) 765-9377
Russell Clark, Director Government Programs <b>Blue Shield - HMO Access +</b> 11249 Gold Country Blvd., Suite 160 Gold River, CA 956	Kenneth Reuter Director of Sales/Marketing <b>Maxicare</b> 1320 Harbor Bay, Suite 140

<p>(916) 851-3420</p>	<p>Alameda, CA 94502 (510) 747-0303</p>
<p>Angie Costello, Marketing Representative Health Net on behalf of <b>California Correctional Peace Officers' Association</b> 3400 Data Drive, 3<sup>rd</sup> Floor—East Rancho Cordova, CA 95670 (916) 631-5714</p>	<p>Debbie Cottrell Director, Account Management Major Accounts <b>PacifiCare of California</b> 5995 Plaza Drive, Mail Stop CY 20-303 Cypress, CA 90630-4729 (714) 226-3579</p>
<p>Cynthia Clinton, Client Manager <b>CIGNA HealthCare</b> 1251 East Dyer Road, Suite 110 Santa Ana, CA 92705 (714) 428-5871</p>	<p>Ann DeRose Insurance and Benefits Manager <b>PORAC Police &amp; Fire Health Plan</b> 2495 Natomas Park Drive, Suite 555 Sacramento, CA 95833-2941 (916) 921-0660</p>
<p>Marshon Thorsen</p> <p>Senior Account Manager</p> <p><b>Health Net</b></p> <p>3400 Data Drive, 3rd Floor—East</p> <p>Rancho Cordova, CA 95670</p> <p>(916) 631-5704</p>	<p>Mark R. Johnson Senior Managing Account Consultant Blue Cross of California <b>PERSCare and PERS Choice</b> 11050 Olson Drive, Suite 110 Rancho Cordova, CA 95670 (916) 636-2181</p>
<p>William Eichelberg Senior Marketing Services Representative <b>Health Plan of the Redwoods</b> 3033 Cleveland Avenue Santa Rosa, CA 95403-2170 (707) 544-2273, ext. 817</p>	<p>Susan Bockelman Government Programs Manager <b>Universal Care</b> 1600 East Hill Street Signal Hill, CA 90806-3682 (562) 981-4030 (562) 981-5825 (FAX) (916) 614-4556</p>
<p>Carolyn Havicon, Major Accounts Manager <b>Kaiser Permanente</b> Point West Medical Office 1650 Response Road, 3<sup>rd</sup> Floor Sacramento, CA 95815</p>	

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**Section 3**

**2001 PREMIUMS FOR ASSOCIATION PLANS**

**BASIC**

<b><u>Carrier</u></b>	<b>1 Party Premium</b>	<b>2 Party Premium</b>	<b>Family Premium</b>
CAHP	\$223.20	\$442.80	\$579.60
CCPOA	\$179.12	\$387.69	\$538.69
PORAC	\$250.00	\$460.00	\$599.00

**SUPPLEMENT TO MEDICARE**

<b><u>Carrier</u></b>	<b>1 Party Premium</b>	<b>2 Party Premium</b>	<b>Family Premium</b>
CAHP	\$228.06	\$433.44	\$555.66
CCPOA	\$205.01	\$410.02	\$615.03
PORAC	\$228.00	\$455.00	\$683.00

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**Section 4**

**"COBRA"**

**GROUP CONTINUATION COVERAGE**

**RATES FOR JANUARY 1, 2001 TO DECEMBER 31, 2001**

Rates are calculated at 1-2%. Not all carriers, however, will require 102%.

PLAN CODE	PLAN NAME	--BASIC--		
		1 Party	2 Party	3 Party
201	Aetna US HealthCare	\$197.88	\$395.76	\$514.49
288	Aetna of Illinois	209.00	418.00	543.41
251	Aetna NY/NJ	229.70	445.89	634.02
211	Aetna Texas	234.78	483.94	675.08
205	Blue Shield HMO	205.19	410.39	533.50
230	CA Assoc. Hwy. Patrolmen	227.66	451.66	591.19
274	CA Corr. Peace Officers Assoc.	182.70	395.44	549.46
58	CIGNA	189.01	378.01	491.42
86	Health Net	201.21	402.41	523.14
34	Health Plan of the Redwoods	203.15	406.31	528.20
56	Kaiser	206.25	412.51	536.27
**	Kaiser Out-of-State	278.58	557.16	724.31
228	Lifeguard	218.94	437.88	569.24
43	Maxicare	180.59	361.18	469.54
238	PacifiCare of California	191.93	383.87	499.02
235	PacifiCare of Arizona	332.15	664.32	863.62
217	PacifiCare of Nevada	317.51	635.01	825.51
278	PERSCare	349.86	699.72	909.84
222	PERS Choice	218.28	436.56	567.12
207	PORAC	255.00	469.20	610.98
232	Universal Care	170.32	340.64	442.83

\*\* These premiums cover all Regions of Kaiser Out-of-State.

**Section 5**

**REGULAR COBRA ENDING DATES**

<b>18 - month event date</b>	<b>36 - month event date</b>	<b>COBRA coverage begins</b>	<b>18 - month ending date</b>	<b>36 - month ending date</b>
July, 2000	August, 2000	9-1-2000	2-28-2002	8-31-2003
August, 2000	September, 2000	10-1-2000	3-31-2002	9-30-2003
September, 2000	October, 2000	11-1-2000	4-30-2002	10-31-2003
October, 2000	November, 2000	12-1-2000	5-31-2002	11-30-2003
November, 2000	December, 2000	1-1-2001	6-30-2002	12-31-2003
December, 2000	January, 2001	2-1-2001	7-31-2002	1-31-2004
January, 2001	February, 2001	3-1-2001	8-31-2002	2-29-2004
February, 2001	March, 2001	4-1-2001	9-30-2002	3-31-2004
March, 2001	April, 2001	5-1-2001	10-31-2002	4-30-2004
April, 2001	May, 2001	6-1-2001	11-30-2002	5-31-2004
May, 2001	June, 2001	7-1-2001	12-31-2002	6-30-2004
June, 2001	July, 2001	8-1-2001	1-31-2003	7-31-2004
July, 2001	August, 2001	9-1-2001	2-28-2003	8-31-2004
August, 2001	September, 2001	10-1-2001	3-31-2003	9-30-2004
September, 2001	October, 2001	11-1-2001	4-30-2003	10-31-2004
October, 2001	November, 2001	12-1-2001	5-31-2003	11-30-2004
November, 2001	December, 2001	1-1-2002	6-30-2003	12-31-2004
December, 2001	January, 2002	2-1-2002	7-31-2003	1-31-2005
January, 2002	February, 2002	3-1-2002	8-31-2003	2-28-2005
February, 2002	March, 2002	4-1-2002	9-30-2003	3-31-2005
March, 2002	April, 2002	5-1-2002	10-31-2003	4-30-2005
April, 2002	May, 2002	6-1-2002	11-30-2003	5-31-2005
May, 2002	June, 2002	7-1-2002	12-31-2003	6-30-2005
June, 2002	July, 2002	8-1-2002	1-31-2004	7-31-2005
July, 2002	August, 2002	9-1-2002	2-29-2004	8-31-2005
August, 2002	September, 2002	10-1-2002	3-31-2004	9-30-2005
September, 2002	October, 2002	11-1-2002	4-30-2004	10-31-2005
October, 2002	November, 2002	12-1-2002	5-31-2004	11-30-2005
November, 2002	December, 2002	1-1-2003	6-30-2004	12-31-2005
December, 2002	January, 2003	2-1-2003	7-31-2004	1-31-2006
January, 2003	February, 2003	3-1-2003	8-31-2004	2-28-2006

February, 2003	March, 2003	4-1-2003	9-30-2004	3-31-2006
March, 2003	April, 2003	5-1-2003	10-31-2004	4-30-2006
April, 2003	May, 2003	6-1-2003	11-30-2004	5-31-2006
May, 2003	June, 2003	7-1-2003	12-31-2004	6-30-2006
June, 2003	July, 2003	8-1-2003	1-31-2005	7-31-2006
July, 2003	August, 2003	9-1-2003	2-28-2005	8-31-2006
August, 2003	September, 2003	10-1-2003	3-31-2005	9-30-2006

## Section 6

### BASIC PLAN COMPARISON PERSCare and PERS Choice 2001 Contract Year

<b>PREMIUMS</b>	<b>PERSCare</b>		<b>PERS Choice</b>	
1 Party	\$343		\$214	
2 Party	\$686		\$428	
Family	\$892		\$556	
<b>CALENDAR YEAR DEDUCTIBLE</b>	(Not transferable between plans)			
Member	\$250		\$250	
Family	\$500		\$500	
<b>MAXIMUM ANNUAL COPAYMENT</b>	PPO	non-PPO	PPO	non-PPO
Member	\$2,000	None	\$3,000	None
Family	\$4,000	None	\$6,000	None
<b>LIFETIME MAXIMUM BENEFIT</b>	None		\$2,000,000 (per member)	
<b>BENEFITS</b>	PPO	non-PPO	PPO	non-PPO
Hospital	10%†	40%†	20%	40%
Physician Office and Hospital Visits	10%	40%	\$10 copayment‡	40%
Immunizations	No Charge‡	40%	No Charge‡	40%
Periodic Health Exams	No Charge‡	40%	No Charge‡	40%

Diagnostic X-ray and Laboratory	10%	40%	20%	40%
Hearing Aid Services	10%	40%	20%	40%
Ambulance Services	20%	20%	20%	20%
Emergency Services	10%	10%	20%	20%
Chiropractic Care	10%	40%	20%	40%
Acupuncture	10%	40%	20%	40%
Mental Health				
Inpatient	10%	40%	20%	40%
Outpatient	10%	40%	20%	40%
Home Health Care	10%	40%	20%	40%
<b>PRESCRIPTION DRUG BENEFITS</b>	<b>PERSCare</b>		<b>PERS Choice</b>	
Retail Pharmacy Program	\$5 generic \$10 brand name		\$5 generic \$10 brand name	
Mail Service	\$5 generic or brand		\$5 generic or brand	

† Services received are not subject to the deductible.

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

This is only a summary of benefits offered by PERSCare and PERS Choice. 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.*