

Plan Comparison 2016
Berkeley USD vs. CalPers Basic

Benefit	Berkeley - \$15 HMO	Berkeley - \$25 HMO	CalPers - Basic Plan
Out of Pocket Maximum			
Accumulation Period	Calendar Year	Calendar Year	Calendar Year
Plan OOP Max	\$1,500 Indiv, \$3,000 Family	\$1,500 Indiv, \$3,000 Family	\$1,500 Indiv, \$3,000 Family
Rx OOP Max	N/A - Rx accumulates to plan OOPM (except infertility Rx)	N/A - Rx accumulates to plan OOPM (except infertility Rx)	*\$5,350 indiv, \$10,700 Family (except infertility Rx)
Professional Services			
Most Primary Care Visits and most Non-Physician Specialist Visits	\$15 per visit	\$25 per visit	\$15 per visit
Most Physician Specialist Visits	\$15 per visit	\$25 per visit	\$15 per visit
Routine physical maintenance exams, including Well-woman exams	No charge	No charge	No charge
Well-Child preventive exams (through age 23 months)	No charge	No charge	No charge
Family planning counseling and consultations	No charge	No charge	No charge
Scheduled prenatal care exams	No charge	No charge	No charge
Routine Eye exams with a Plan Optometrist	No charge	No charge	No charge
Hearing Exams	No charge	No charge	No charge
Urgent care consultations, evaluations and treatment	\$15 per visit	\$25 per visit	\$15 per visit
Most physical, occupational, and speech therapy	\$15 per visit	\$25 per visit	\$15 per visit
Outpatient Services			
Outpatient surgery and certain other outpatient procedures	\$50 per procedure	\$50 per procedure	\$15 per procedure

Allergy injections (including allergy serum)	\$3 per visit	\$3 per visit	No charge
Most immunizations (including the vaccine)	No charge	No charge	No charge
Most X-rays and laboratory tests	No charge	No charge	No charge
Covered individual health education counseling	No charge	No charge	No charge
Covered health education programs	No charge	No charge	No charge
Hospitalization Services			
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	\$250 per admission	\$250 per admission	No charge
Emergency Health Coverage			
Emergency department visits (waived if admitted)	\$50 per visit	\$50 per visit	*\$50 per visit, \$0 Observation
Ambulance Services			
Ambulance Services	\$50 per trip	\$50 per trip	No charge

*The benefit is custom for CalPERS

Benefit Summary provided by Kaiser

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Prescription Drug Coverage			
Most Generic Items at a plan Pharmacy	\$10 for up to a 100 day supply	\$10 for up to a 30 day Supply	\$5 for up to a 30 day Supply
Most Generic Refills through Mail-Order Service	\$10 for up to a 100 day supply	\$20 for up to a 100 day supply	\$10 for up to a 100 day supply
Most Brand-name items at a Plan Pharmacy	\$20 for up to a 100 day supply	\$25 for up to a 30 day supply	\$20 for up to a 30 day supply
Most Brand-name refills through our mail-order service	\$20 for up to a 100 day supply	\$50 for up to a 100 day supply	\$40 for up to a 100 day supply

Durable Medical Equipment			
DME Items in accord with our DME formulary guidelines	No Charge	No Charge	*No Charge
DME items that are not essential health benefits in accordance with our DME Guidelines	No Charge	No charge	*No Charge
Out of Area DME Services	Not Covered	Not Covered	*No Charge
Mental Health Services			
Inpatient psychiatric hospitalization	\$250 per admission	\$250 per admission	No charge
Individual outpatient mental health evaluation and treatment	\$15 per visit	\$25 per visit	\$15 per visit
Group outpatient mental health treatment	\$7 per visit	\$12 per visit	\$7 per visit
Chemical Dependency Services			
Inpatient detoxification	\$250 per admission	\$250 per admission	No charge
Individual outpatient chemical dependency evaluation and treatment	\$15 per visit	\$25 per visit	\$15 per visit
Group outpatient chemical dependency treatment	\$5 per visit	\$5 per visit	\$7 per visit
Home Health Services			
Home health care (up to 100 visits per calendar year)	\$0/visit, 100 visits/year	\$0/visit, 100 visits/year	*\$0/visit - Unlimited
Other			
Hearing aid(s) every 36 months	Not covered	Not covered	*Amount in excess of \$1000 allowance
Eyeglasses or contact lenses every 24 months	Amount in excess of \$175 allowance	Amount in excess of \$175 allowance	\$0 eyewear post cataract surgery, max 2 eye/procedure

Skilled nursing facility care (up to 100 days per benefit period)	No charge	No charge	No charge
Prosthetic and orthotic devices that are essential health benefits	No charge	No charge	No charge
Prosthetic and orthotic devices that are not essential health benefits	Not covered	Not covered	*No charge - includes OOA svcs + special footwear
All covered services related to infertility treatment	\$15 outpatient, \$250 Inpatient. \$0 lab/imaging	\$25 outpatient, \$250 Inpatient. \$0 lab/imaging	50% coinsurance for all covered services
Chiropractic and Acupuncture	Not covered	Not covered	\$15 per vist, up to 20 total visits annually
Hospice Care	No charge	No charge	No charge

Sub Only:	\$722.98	\$701.22	\$746.47
Sub + 1:	\$1,445.96	\$1,402.45	\$1,492.94
Su + 2 or more:	\$2,046.04	\$1,984.46	\$1,940.82

**The benefit is custom for CalPERS. CalPERS rates shown are for the Bay Area Region*

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