





Choosing a high-quality, in-network ambulatory surgery center can help you save money



Save on outpatient procedures with our Value-Based Site of Care program

Finding out that you need surgery can be stressful. CalPERS, Blue Shield of California, and Included Health are dedicated to helping PERS Gold and Platinum members access quality care while keeping your out-of-pocket costs down.

By using an in-network ambulatory surgery center instead of a hospital for the common procedures identified as part of our Value-Based Site of Care program, your costs will be limited to your plan's deductible and your coinsurance. Common procedures include colonoscopy/endoscopy, arthroscopy, sinus surgery, cataract surgery, hernia repair, or gallbladder removal.

What are ambulatory surgery centers (ASCs)?

ASCs specialize in providing safe, same-day surgical care, including diagnostic and preventive screening procedures. ASCs focus on certain surgeries and deliver high quality outcomes, with quick recovery times and low risk of complications.

When you have ambulatory surgery, you will:

- · Arrive on the day of your procedure
- Have your surgery in a fully equipped surgical suite
- Recover under the care of highly skilled nurses
- Return home the same day

How much can you save at an in-network ASC?

If you're a PERS Gold member, the plan pays 80% of in-network procedures, and for PERS Platinum members, the plan pays 90%. You are responsible for your plan deductible and coinsurance, but choosing an in-network ASC allows for little to no other out-of-pocket costs.

If you choose an out-of-network ASC for these procedures, the plan will pay a maximum benefit of \$350 per procedure to your provider. You will be responsible for any charges your provider bills above the maximum benefit of \$350.

Value-based outpatient procedures:

If you choose to have one of the 15 procedures listed below at an outpatient hospital facility, the plan will only cover the maximum benefit amount stated in the table. Without an approved exception form, you will be responsible for the difference between the plan's allowed amount and the maximum benefit, which could be significant.

Procedure	Maximum benefit at an outpatient hospital facility
Arthroscopy	\$6,000
Cataract surgery	\$2,000
Gastrointestinal Colonoscopy* Esophagoscopy Upper GI endoscopy Upper GI endoscopy with biopsy Sigmoidoscopy Gall bladder removal (laparascopic)	\$1,500 \$2,000 \$1,500 \$2,000 \$1,000 \$5,000
Hysteroscopy uterine tissue sample (with biopsy, with or without D&C)	\$3,500
Inguinal hernia repair Laparascopic Non-laparascopic, Age 5+	\$5,500 \$4,000
Lithrotripsy – fragmenting of kidney stones	\$7,000
Nasal/Sinus Septoplasty Submucous resection inferior turbinate	\$3,500 \$3,000
Tonsillectomy and/or adenoidectomy, under age 12	\$3,000

- 1. Approval can be requested via the CalPERS PPO Hospital Outpatient Facility Request Form located on includedhealth.com/calpers/health-plan-resources.
- 2. Members who reside out of state are encouraged to utilize ASCs for routine procedures but are not subject to the same benefit maximums.

Remember: Your plan gives you the freedom to visit any healthcare provider, but staying in network or within our value-based program will save you money.

Please see your *Evidence of Coverage* (EOC) for additional information about coverage. EOCs can be viewed at includedhealth.com/calpers.



We're here to help

To learn more about ASCs within our program, or to find a facility near you, please call Included Health at **(855) 633-4436 (TTY: 711)** or visit <u>includedhealth.com/calpers</u>.

^{*} If you are obtaining a screening colonoscopy in accordance with preventive care guidelines, there is no out-of-pocket cost if you have this procedure with an in-network preferred provider and ASC. If you choose an outpatient hospital facility, you will be responsible for the difference.