PERS *Gold*

Understanding your costs

As a CalPERS member enrolled in the PERS Gold plan with Blue Shield of California, it's helpful to know what your costs will be when seeing a provider or having a procedure. We've put together this quick guide to help show your share of costs for services and explain some key healthcare terms. For more details, please see your *Evidence of Coverage* (EOC) or call Included Health at **(855) 633-4436 (TTY: 711)**, 24 hours a day, seven days a week.

PERS Gold cost shares at a glance

	In network	Out of network
Calendar-year deductible*	Individual $1,000 ($500 outpatient; $500 inpatient) Family $2,000 ($1,000 outpatient; $1,000 inpatient)	Individual $2,500 Family $5,000
Calendar-year coinsurance maximum	Individual $3,000 Family $6,000	Does not apply
Calendar-year out-of-pocket maximum (medical)†	Individual $7,200 Family $14,400	Does not apply
	Member copay ($) and coinsurance (%)	
Hospital visit (inpatient or outpatient)	20%	40%
Emergency room visit	$50 + 20%	$50 + 40%
Primary care physician (PCP) office visit‡	$10 when see matched PCP	40%
Specialist or other doctor office visit‡	$35	40%
Urgent care center visit‡	$35	40%

Tip: There are ways you can lower your deductible. See page 3 for details.

* As part of this plan, you have two separate deductibles: one for inpatient care and one for outpatient care. Please note that you cannot use one deductible to satisfy the other. Each deductible must be met separately.

† Three categories count toward your in-network out-of-pocket maximum throughout the year: deductibles, coinsurance, and copays.

‡ Deductible does not apply. This means that this service is covered at the copay amount shown even if the deductible hasn't been met. Also, the copay amount you pay does not count toward your deductible. See your EOC for a list of covered services where the deductible does not apply.

For definitions of common healthcare cost terms, see page 4.

Example: PERS Gold cost breakdown (individual)*

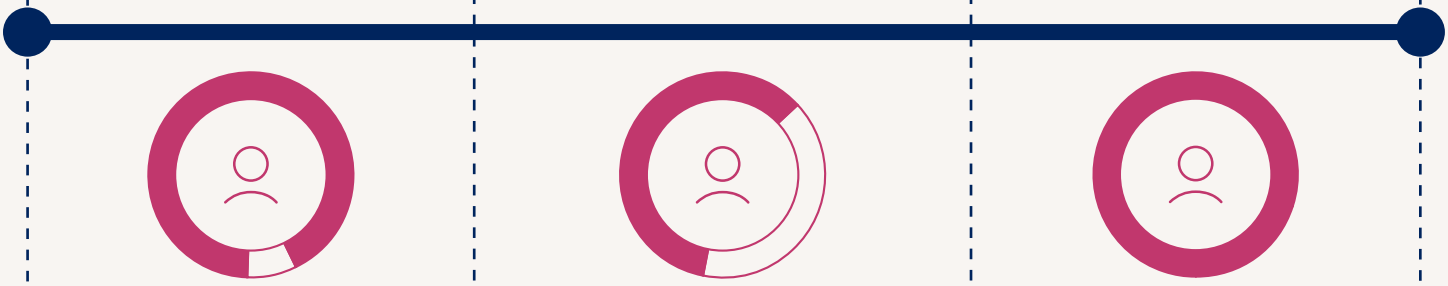
Deductible: $1,000 (Inpatient: $500 Outpatient: $500)† | **Coinsurance:** 20% | **Coinsurance max:** $3,000 | **Out-of-pocket max:** $7,200

January 1 **December 31**

Jane pays a copay for office visits: $10 for matched PCP, $35 for other doctor or specialist. Her deductible does not apply.

Jane is admitted to an in-network hospital for an inpatient stay. She is responsible for her $500 individual inpatient deductible‡ and then for 20% of the allowed amount for in-network services. Her $500 outpatient deductible does not apply here. If she meets both her inpatient and outpatient deductibles, then the plan will pay 80% of her in-network services.

Once Jane has met her $500 inpatient deductible, $500 outpatient deductible, and maximum coinsurance of $3,000 for the calendar year, the plan will pay 100% of in-network services where coinsurance applies. Jane will still pay plan copays.



Deductible: (does not apply to office visits)	$1,000
PCP visit allowed amount:	$125
Jane pays copay:	$10
Plan pays:	$115

Deductible (inpatient):	$500
In-network coinsurance:	20%
Allowed amount:	$2,000
Jane pays deductible:	$500
Jane pays 20% of balance:	$300
Plan pays 80% of balance:	$1,200

Deductible:	Met
Coinsurance max:	Met
Allowed amount:	$1,000
Jane pays 0%:	$0
Plan pays 100%:	$1,000

PCP visit copay: $10
Specialist visit copay: $35

Plan pays Jane pays

If Jane reaches her $7,200 out-of-pocket maximum from in-network copays, deductibles, and coinsurance paid through the plan year, then her plan will pay the full cost of her covered in-network healthcare services, including copays, for the rest of the calendar year.

* This is an example only. Specific amounts and situations will vary.
† Each deductible must be met separately. You cannot use one deductible to satisfy the other.
‡ See page 3 for opportunities to reduce your inpatient deductible.
For definitions of common healthcare cost terms, see page 4.

PERS Gold members: Lower your deductible with healthy activities

Every year that you're enrolled in PERS Gold, you can earn up to $500 in credits toward your in-network inpatient deductible by completing healthy activities.

Check your credits and outstanding deductible with the Inpatient Deductible Tracker:
1. Log in to **includedhealth.com/calpers** or the Included Health mobile app.
2. Look under "Get Care" and select *View All Services*.
3. Scroll to "Financial Benefits" and select *Inpatient Deductible Tracker*.

You can receive up to a $500 credit towards your inpatient calendar-year deductible for in-network providers ONLY by completing the following activities. Each activity is worth a $100 credit, and while not all five activities must be completed, ALL five activities must be completed in order to receive the full $500 credit.

Your savings can add up

If you qualify for all five credits, your 2025 in-network deductible will be:

- $0 individual inpatient, $500 individual outpatient
- $0 family inpatient, $1,000 family outpatient*

Here is what you need to do:

Activity		Credit
Flu shot	Get a flu shot at an in-network pharmacy or at your doctor's office. Then log in to **includedhealth.com/calpers**, go to the "View All Services" page, select *Value Based Inpatient Deductible Credits*, and report your flu shot.	$100
Nonsmoking attestation	Let us know that you don't smoke by logging in to **includedhealth.com/calpers**. Then go to the "View All Services" page, select *Value Based Inpatient Deductible Credits*, and report that you're a nonsmoker.	$100
Preventive screening	Complete a preventive screening (e.g., cancer, diabetes, hypertension) at your doctor's office or lab facility.	$100
Virtual second opinion	Second opinion will be automatically credited unless you have a surgery without a second opinion.	$100
Condition care management	Care and case management participation will be automatically credited unless you are contacted by a nurse and decline to participate in Included Health's Care Management program.	$100

* Dependents of any age (other than a spouse or domestic partner) will automatically receive all five credits applied at the beginning of the year. Combined family deductible credits will not exceed $1,000 for subscriber and spouse or domestic partner.

Definitions of common healthcare cost terms for PERS Gold[1]

Allowed amount
The most you will pay for covered healthcare services when you see an in-network provider. It can also be called "eligible expense," "payment allowance," or "negotiated rate." If you use an out-of-network provider that charges more than the allowed amount, you will have to pay the difference. (See balance billing.)

Balance billing
When an out-of-network provider bills you for the difference between their rate and the allowed amount. For example, if the provider charges $100 and the allowed amount is $70, the provider may bill you for the remaining $30.

Copayment (copay)
A fixed amount that you pay for a covered healthcare service. For example, if you have a sore throat and see your PCP, you'll likely need to pay $10 for the visit. The amount can vary by the type of service.

Deductible
This is the amount you owe for covered healthcare services before your plan begins to pay.* For example, if your deductible is $500, you pay the full cost of services up to that amount. Once you've paid $500, your plan will start paying for services. The PERS Gold plan includes a separate deductible for inpatient and outpatient services. Inpatient services require an overnight stay in an inpatient facility. Outpatient services do not require an overnight stay and can vary in location.

*** Please note:** The PERS Gold deductible does not apply to doctor or urgent care visits. This means you'll only have to pay the copay amount even if the deductible hasn't been met. Also, the copay amount you pay does not count toward your deductible. See the EOC for services that do not apply to the deductible.

In-network provider (also called "preferred provider")
A provider (includes doctors, hospitals, urgent care centers, etc.) that has agreed to contract with Blue Shield to provide services. Seeing in-network providers can keep your costs down.

Coinsurance
This is the percentage of the cost you will pay for covered healthcare services. For example, if a doctor's allowed amount is $100 for a service and your coinsurance is 20%, you'll pay $20 and your health plan will pay $80.

- In-network coinsurance is the percentage you pay when you use an in-network provider. It is usually less than out-of-network coinsurance.
- Out-of-network coinsurance is the percentage you pay when you use a provider that does not contract with your health plan. Out-of-network coinsurance costs you more than in-network coinsurance.

Calendar-year coinsurance maximum
This is the most you will pay in a year in coinsurance for covered in-network services. After you have spent this amount in coinsurance costs, your plan will pay 100% of the covered in-network services where coinsurance applies and you'll pay no coinsurance for the rest of the year. You'll continue to pay plan copays. The coinsurance maximum for PERS Gold is $3,000 per individual or $6,000 per family per calendar year.

Calendar-year out-of-pocket maximum
This is the most you will pay in a year for covered services from in-network providers. This maximum is reached by adding what you've spent on your deductibles, coinsurance, and copays. Once you've spent this amount, your health plan will pay 100% of the allowed amount for covered in-network services and you won't have copays for the rest of the year.

For 2025, the out-of-pocket maximum for medical expenses is $7,200 per individual or $14,400 per family.

For questions, please go to **includedhealth.com/calpers**.

1 If there are discrepancies between this information and the EOC, defer to the EOC.

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