

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.

With our Value-Based Site of Care program, you can use an in-network ambulatory surgery center (ASC) instead a hospital for common procedures. Your costs will be limited to your plan's deductible and coinsurance. Common procedures include colonoscopy/endoscopy, arthroscopy, sinus or cataract surgery, hernia repair, or gallbladder removal.

What are ambulatory surgery centers?

ASCs specialize in providing safe, same-day surgical care. This includes 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. For PERS Platinum members, the plan pays 90%. You must pay your plan's deductible and coinsurance, but if you choose an in-network ASC, you'll have 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 billed for any charges from your provider above the maximum benefit of \$350.

(See a list of value-based procedures on the next page)

Value-based outpatient procedures:

If you choose to have one of the below procedures 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 billed for the difference between the plan's allowed amount and the maximum benefit. This amount could be significant.

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

1. Request approval with the CalPERS PPO Hospital Outpatient Facility Request Form at includedhealth.com/calpers/health-plan-resources.
2. Out-of-state members can use 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. However, staying in network or within our Value-Based Site of Care program will save you money.

See your *Evidence of Coverage* (EOC) for more information. Find your EOC 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 includedhealth.com/calpers.

*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.

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