

# Included Health is your healthcare partner.

CalPERS has partnered with Blue Shield of California and Included Health. This partnership is dedicated to ensuring you receive the highest quality care for your unique needs. To support that goal, Included Health offers personalized, all-in-one healthcare available 24/7.

## How Included Health can help:

### Plan Details:

Get help making sense of deductibles, copays, and out-of-pocket expenses.

### Benefits Directory:

View all your member benefits in one place and see what's available to you for your unique needs.

### Cost Transparency & Claims Advocacy:

Understand costs associated with receiving care and view claims information as soon as it is available.

### Care and Case Management:

Receive personalized support for chronic or complex conditions, like diabetes, heart disease, pregnancy, and more.

**Virtual Care:** Connect with primary care doctors, urgent care providers, or therapists 24/7/365 from your smartphone, tablet, or computer for immediate health concerns, chronic care management, mental health support, and more.

### Acupuncture and Chiropractic Coverage:

Find in-network acupuncturists or chiropractors for holistic care, with up to 20 combined visits covered annually.

### Second Medical Opinion:

Get your diagnosis or treatment reviewed by a world-class expert.

### Office Visits:

Have a Care Coordinator find and schedule a visit with an in-network, local provider.

### Lab Services:

Connect with a provider who offers comprehensive support, like ordering tests and labs, which are covered at 100% when using Quest Diagnostics or Labcorp facilities.

### Live Clinical Advice:

Speak with a nurse over the phone 24/7 or consult with a staff clinician for help deciding the next best steps for your care.

### Provider Search Tool:

Search by condition, procedure, or specialty to find in-network doctors, specialists, and clinics.

## PERS Platinum plan highlights:



**Copays:** Preventive care is 100% covered when you see a doctor in the PERS Platinum Plan network.



**Coverage:** Get medical coverage, plus urgent and emergency care worldwide.



**Flexibility:** Choose any doctor and self-refer to specialists for most services.



**Included Health Access:** Full access to personalized care with Included Health.

Effective January 1, 2026, CVS Caremark (CVS) will replace OptumRx as the new pharmacy benefits manager (PBM) for PERS Platinum members.



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includedhealth.com/calpers



## Your Primary Care Provider (PCP)

Your Primary Care Provider (PCP) is your primary doctor, providing personalized care tailored to your unique health needs. As a PERS Basic PPO member, you have the flexibility to select your own PCP, or let Included Health help match you with one that fits your needs. You can update your PCP selection at any time.

### Find or Change Your PCP

- 1. App:** Download the **Included Health app** to easily search for in-network providers.
- 2. Online:** Login or visit [includedhealth.com/calpers](https://includedhealth.com/calpers) to search under local care for providers and their locations.

IMPORTANT: Before your visit, use our online tool at the URL above to confirm your provider is in-network at that specific location. The same doctor may be in-network at one office but out-of-network at another, which affects your costs.

## Understanding Your PERS Platinum Costs

As a CalPERS member enrolled in the PERS Platinum 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).

### PERS Platinum cost shares at a glance

|                                                                                                                                       | In network                                   | Out of network                       |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
|  <b>Calendar-year deductible</b>                     | Individual \$500<br>Family \$1,000           | Individual \$2,000<br>Family \$4,000 |
| <b>Calendar-year coinsurance maximum</b>                                                                                              | Individual \$2,000<br>Family \$4,000         | Does not apply                       |
| <b>Calendar-year out-of-pocket maximum (medical)*</b>                                                                                 | Individual \$7,200<br>Family \$14,400        | Does not apply                       |
|                                                                                                                                       | <b>Member copay (\$) and coinsurance (%)</b> |                                      |
|  <b>Hospital visit (inpatient or outpatient)†</b>  | \$250 + 10%                                  | \$250 + 40%                          |
| <b>Emergency room visit</b>                                                                                                           | \$50 + 10%                                   | \$50 + 40%                           |
|  <b>Primary care physician (PCP) office visit‡</b> | \$20                                         | 40%                                  |
| <b>Specialist or other doctor office visit‡</b>                                                                                       | \$35                                         | 40%                                  |
| <b>Urgent care center visit‡</b>                                                                                                      | \$35                                         | 40%                                  |

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

†The \$250 copay only applies to inpatient hospital admission. Inpatient services require an overnight stay in an inpatient facility. Outpatient services do not require an overnight stay and can vary in location.

‡Deductible does not apply unless additional services are received during the visit. 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.



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