

PERS Gold

Understanding your costs for 2027

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.

2027 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 \$10,000 Family \$20,000	Does not apply
	Member copay (\$) and coinsurance (%)	
 Hospital visit (inpatient or outpatient)	20%	40%
Emergency room visit	\$50 + 20%	\$50 + 20%
 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.

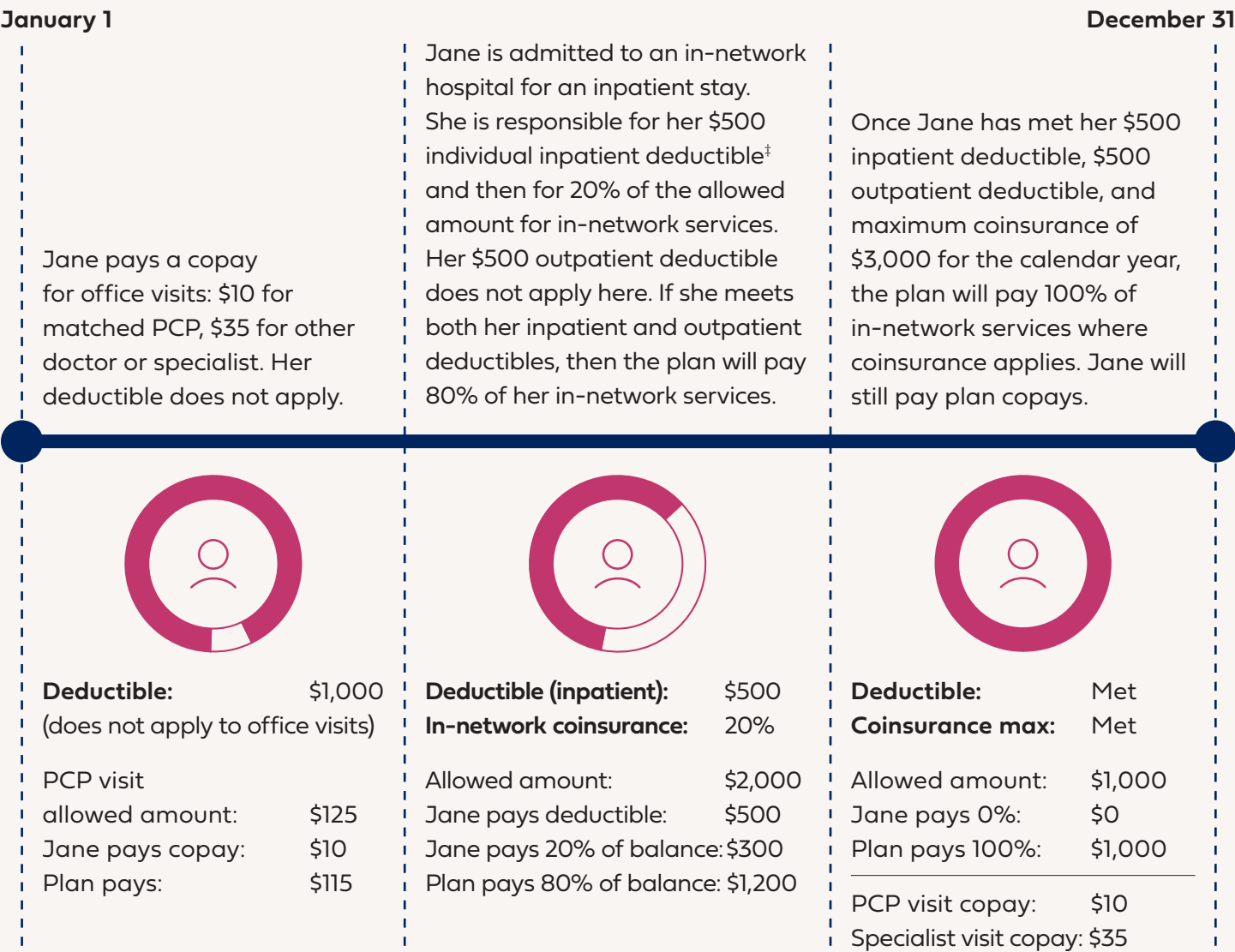
† Three categories count toward your in-network out-of-pocket maximum throughout the year: deductibles, coinsurance, and copays.

‡ 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 | **Coinsurance:** 20% | **Coinsurance max:** \$3,000 | **Out-of-pocket max:** \$10,000
Outpatient: \$500)[†]



 Plan pays  Jane pays

If Jane reaches her \$10,000 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

As a PERS Gold member, 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 five of the seven following activities. Each activity is worth a \$100 credit, and while not all activities must be completed, 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 2027 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
Preventive screening	Complete up to four preventive screenings or immunization as follows: 1. Cancer screening (breast, cervical colorectal, or lung) 2. Metabolic health screening (hypertension, diabetes, lipid monitoring, or diabetes screening during pregnancy) 3. Preventive adult immunization (e.g., flu shot, COVID-19, DTaP, shingles) ²	Up to \$400
Mental health screening	Complete a depression or anxiety screening (e.g., depression screening with the PHQ-2 or PHQ-9 or anxiety screening with the GAD-7).	\$100
Diabetes prevention	Participate in the Diabetes Prevention Program offered through Blue Shield of California. Contact Included Health or speak to your doctor to see if you are eligible.	\$100
Medical second opinion	Second opinion will be automatically credited unless you have a surgery without a second opinion.	\$100
Care and case management	Care and case management participation will be automatically credited unless you are contacted by and decline to participate in Included Health's Care Management program.	\$100

Deductible credits participation requirements are found in the EOC.

Many activities may be self-reported via the Included Health app or web portal. Log in to **includedhealth.com/calpers**, go to the "View All Services" page, select Value Based Inpatient Deductible Credits to report.

* 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 Gold¹

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 coinsurance for covered in-network services in a year. Once you reach this amount for coinsurance costs, your plan will pay 100% of covered in-network services that usually require coinsurance, and you’ll pay no coinsurance for the rest of the year. You’ll continue to pay copays. For PERS Gold, the coinsurance maximum 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 2027, the out-of-pocket maximum for medical expenses is \$10,000 per individual or \$20,000 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.

2 If you cannot have a flu shot due to health, personal, or religious reasons, you are eligible to receive the \$100 deductible credit. Contact Included Health to get more information on how to get credit.

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For assistance in English at no cost, call (866) 346-7198. Para obtener asistencia en español sin cargo, llame al (866) 346-7198. 如果需要中文的免费帮助，请拨打这个号码 (866) 346-7198.

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