

**2025 CalPERS "3 Magic Plans" MEDICARE Plans**

BENEFITS	CalPERS Kaiser Senior Advantage (HMO)	PERS <u>Gold</u> Medicare Supplement		PERS <u>Platinum</u> Medicare Supplement	
		PPO	Non-PPO	PPO	Non-PPO
<b>Calendar Year Deductible</b>					
Individual	N/A	N/A		N/A	
Family	N/A	N/A		N/A	
<b>Maximum Calendar Year Copay or Coinsurance</b> <i>(Excluding Pharmacy)</i>					
Individual	\$1,500/Individual <i>(copay)</i>	N/A		\$3,000 <i>(For Benefits Beyond Medicare; See EOC for details)</i>	N/A
Family	N/A	N/A		N/A	
<b>Hospital</b> <i>(including Mental Health and Substance Abuse)</i>					
Inpatient	No Charge	No Charge		No Charge	
Outpatient Facility/Surgery Services	\$10	No Charge		No Charge	
Skilled Nursing Facility <i>(up to 100 days/benefit period)</i>	No Charge	No Charge		No Charge	
Home Health Services	No Charge	No Charge		No Charge	
Hospice	No Charge	No Charge		No Charge	
Emergency Services <i>(waived if admitted or hospitalized as an outpatient)</i>	\$50	No Charge		No Charge	
Ambulance Services	No Charge	No Charge		No Charge	
Surgery/Anesthesia	No Charge Inpatient; \$10 Outpatient	No Charge		No Charge	
<b>Physician Services</b> <i>(including Mental Health and Substance Abuse)</i>					
Office Visits <i>(copay for each service provided)</i>	\$15	No Charge		No Charge	
Inpatient Visits	No Charge	No Charge		No Charge	
Outpatient Visits	\$15	No Charge		No Charge	
Urgent Care Visits	\$15	No Charge		No Charge	
Preventative Services	No Charge	No Charge		No Charge	
Diagnostic X-Ray/Lab	No Charge	No Charge		No Charge	
<b>Occupational/Physical/Speech Therapy</b>					
Inpatient <i>(hospital or skilled nursing facility)</i>	No Charge	No Charge		No Charge	
Outpatient <i>(office and home visits )</i>	\$10	No Charge		No Charge	
<b>Diabetes Services</b>					
Glucose Monitors	No Charge	No Charge		No Charge	
<b>Hearing Services</b>					
Routine Hearing Exam	\$10	No Charge		No Charge	
Physician Services	\$10	No Charge		No Charge	
Hearing Aids	\$1,000 max/ 36 months	20% (\$1,000 max/36 months)		20% (\$2,000 max/24 months)	
<b>Vision Care</b>					
Vision Exam	\$10	One exam per calendar year		One exam per calendar year	
Eyeglasses	No Charge <i>(following cataract surgery)</i>	One set of frames during a 24-month period; \$30 maximum allowance		One set of frames during a 24-month period; \$30 maximum allowance	
Contact Lenses <i>(following cataract surgery)</i>	No Charge <i>(following cataract surgery)</i>	\$100 maximum allowance		\$100 maximum allowance	
<b>Benefits Beyond Medicare</b> <i>(Services covered beyond Medicare coverage)</i>					
Acupuncture	\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>	\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>		\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>	
Chiropractic	\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>	\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>		\$15/visit <i>(acupuncture/chiropractic; combined 20 visits per calendar year)</i>	
<b>Prescription Drugs</b>					
Retail Pharmacy <i>(30-day supply)</i>	Generic: \$5 Brand: \$20	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50	Generic: \$5 Preferred Brand: \$20 Non-Preferred Brand: \$50
Retail Preferred Pharmacy Maintenance Medications <i>(90-day supply)</i>	Generic: N/A Brand: N/A	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100
Mail Order Pharmacy Program <i>(not to exceed 90-day supply for maintenance drugs)</i>	Generic: \$10 Brand: \$40	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100	Generic: \$10 Preferred Brand: \$40 Non-Preferred Brand: \$100
Mail Order Maximum Copayment per person per calendar year	N/A	\$1,000		\$1,000	
<b>Durable Medical Equipment</b>					
Durable Medical Equipment	No Charge	No Charge		No Charge	