



CalCPA Health

2024

Plan Brochure



Health Plans For CPAs
by CPAs Since 1959

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Why CalCPA members choose CalCPA Health

CalCPA Health was created by CalCPA in 1959 to give members exclusive access to various types of employee benefit plans. These benefits are available to CalCPA member firms, solo practitioners, and financial professionals.

CalCPA Health is operated by fellow CalCPA members who are part of the same industry and understand the value of providing quality benefits.

CalCPA Health is visible and accountable to members of CalCPA - they are here to help, whether enrolled in their plans or not because they understand that health benefits can be difficult to navigate.

CalCPA Health offers:

- Largest provider networks in California: Anthem Blue Cross, Delta Dental, Vision Service Plan (VSP), ExpressScripts and CarelonRx
- Medical, Dental, Vision, Long Term Disability and Life
- Plans administered through a single source – one premium bill across all plans
- Integrated Health Savings Account (HSA) plans provide employers and employees healthcare cost alternatives with efficient administration
- LiveHealth Online: Medical, Allergy, Psychology, and Psychiatry
- Complimentary COBRA administration
- Spousal coverage extension (when a CalCPA member leaves CalCPA Health's plan to go on Medicare, the younger spouse may stay with CalCPA Health)
- A.M. Best rated

This brochure provides an overview of our medical benefit plan offerings. For additional information on CalCPA Health plans, visit our website at CalCPAHealth.com or call Banyan Administrators, managers of our plans, at 1-877-480-7923.

Health Plans For CPAs by CPAs Since 1959

We're here to help

Have a Question?

Get a Quote

or 877-480-7923

CalCPAHealth@CalCPAHealth.com

Eligibility

Employer Eligibility

Participation in CalCPA Health is available to California-based accounting firms in public practice or those offering general financial or related business services. Generally, more than 50% of the firm's owners (principals, partners, shareholders, or other owners) must be CalCPA members in good standing.

Participation and Guidelines

- Firms of four (4) or more employees must enroll at least 75% of eligible employees in the medical program, and 100% of eligible employees in the ancillary programs.
- The employer must contribute a minimum of 50% of the cost of the employee's medical premiums, and 100% of employee's dental, vision, life or long-term disability premiums (does not include cost of dependent coverage).
- If the employer pays 100% of the premiums, then 100% of eligible employees must be covered.

All eligible employees must enroll or sign a waiver of coverage. Employees who waive coverage on the grounds that they have other coverage (spouse or dependent on another employer plan) or Medicare are not counted as eligible employees.

Firms may mix-and-match their health plan offerings of their choosing. All CalCPA Health plans, or any subset of plans, may be offered to employees - there is no minimum enrollment per plan.

Employee Eligibility

To be eligible, employees must be:

- Permanent W-2 employees. Form DE-9 is required at initial group enrollment and for annual eligibility verifications.
- Actively at work at least 20 hours per week (or 30 hours per week, if elected by the employer).

Independent contractors with compensation reported on IRS Form 1099 are not eligible to participate.

In circumstances where a spouse, dependent or relative is the only full-time employee of a licensed member, the firm may be required to provide a copy of the most recent W-2 form to verify the employment relationship.

Dependent Eligibility

Participation and Guidelines

- A lawful spouse
- Registered Domestic Partner
- Dependent children of eligible employees through age 26
- Disabled children of eligible employees who, with appropriate medical certification, are eligible for coverage at any age.

How It All Began...

Health Plans For CPAs by CPAs Since 1959

The Group Insurance Trust of the California Society of CPAs was created by CalCPA in 1959 to give members access to various types of employee benefit plans.

In 1993, California Assembly Bill 1672 changed the face of health insurance in the state for small businesses. The law put new regulations on businesses with 2-50 eligible employees by mandating guaranteed issue. The Group Insurance Trust knew there were flaws with this new bill – it would mean that CalCPA members who were solo practitioners (no W-2 employees) would not qualify for guaranteed issue under this law and that many insurers would be driven out of the market because of the mandate of guaranteed acceptance. With these two factors

in mind, in 1996, the Trust filed with the California State Department of Insurance for approval to operate as a Multiple Employer Welfare Arrangement (MEWA). In 1997, the Trust started its own branded and self-insured CPA ProtectPlus health plans, now known as CalCPA Health.

CalCPA Health operates under a Certificate of Compliance issued by the California Department of Insurance and is the only A.M. Best rated MEWA in the United States. As a MEWA, there are certain regulatory and financial advantages over the for-profit insurance providers, resulting in great value to CalCPA member firms. The Trust is operated by our Participating Employer members who are all members of CalCPA.

Medical Plans

PPO, HSA and EPO Plans

CalCPA Health offers PPO copay and Health Savings Account (HSA) plans through the Anthem Blue Cross provider network and offers both Standard Prudent Buyer and Select Networks. The Standard Prudent Buyer network is Anthem's largest network, consisting of over 70,000 participating physicians and approximately 430 hospitals in California. Anthem's Select Network is smaller but provides a premium savings range of roughly 2 to 12 percent, depending on the selected rating region and/or plan.

PPO plans allow you to see any physician or other eligible provider without a referral. However, if you use out-of-network providers, you should expect to pay a significantly greater portion of the eligible charges.

An Exclusive Provider Organization (EPO) provides subscribers with overall savings on premium and offers the same benefits a PPO plan does. The difference is with an EPO, you must stay within the network (no out-of-network visits).

HMO Plans

CalCPA Health also offers Anthem Blue Cross HMO and Select HMO plans. In the HMO network, Anthem has contracted with more than 57,000 physicians and approximately 420 hospitals throughout the state.

Firms with two or more plan participants may choose from Anthem Blue Cross HMO and Select HMO plans.

When enrolling in a HMO plan, each member chooses a doctor in the Anthem HMO network to be assigned as their Primary Care Physician (PCP). A PCP specializes in General Practice, Internal Medicine, Family Practice or Pediatrics and would be responsible for managing your medical needs; including referrals to any specialty care. With an HMO, there are no claim forms to fill out when you use in-network providers.

While some specialty care such as OB/GYN and Mental Health may be self-referred within the Anthem network; all other specialty care requires a referral from your PCP, including non-emergency hospitalization.

All plans provide the following:

Access to quality healthcare through the Anthem Blue Cross network of healthcare providers

Coverage for mental health and substance abuse services

Comprehensive coverage for a wide range of healthcare services

Emergency care coverage worldwide, 24 hours a day

LiveHealth Online: Medical, Allergy, Psychology and Psychiatry visits online



Copay Plans — Options at a Glance

10/0 Platinum

30/650 Gold

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$0	\$2,000/\$4,000	\$650/\$1,950	\$1,300/\$3,900
	Prescription Drug Deductible (Annual Member/Family)	\$200/\$400 ⁷		\$250/\$500 ⁷	
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	\$300		\$300	
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$6,750/\$13,500	\$13,500/member	\$9,000/ \$18,000	\$16,000/ member
Medical Event	Benefit ^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$10 (Deductible waived)	50%	\$30 (Deductible waived)	50%
	Specialist Visit	\$25 (Deductible waived)	50%	\$60 (Deductible waived)	50%
	Urgent Care	\$25 (Deductible waived)	50%	\$60 (Deductible waived)	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0 (Deductible waived)	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	20%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	20%	50%	30%	50%
	Advanced Imaging (CT/PET Scans/MRI)	20%	50%; \$800/test benefit	30%	50%; \$800/test benefit max
Emergency Care	Emergency Medical Transportation	20%	20%	30%	30%
	Emergency Room	20%	20%	30%	30%
Hospital Care	Inpatient Hospital	20%	50%; \$650/day benefit	30%	50%; \$650/day benefit max
	Outpatient Hospital Surgery	20%	50%; \$350/day benefit	30%	50%; \$350/day benefit max
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁵	\$10; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined	\$30 max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$5	\$5 + 50%	\$10	\$10 + 50%
	Brand Formulary - Tier 2	\$30	\$30 + 50%	\$40	\$40 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$60	\$60 + 50%	\$80	\$80+ 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

Notice: In the event of a conflict between this information and the Summary Plan Document, the benefits detailed in the Summary Plan Document are binding.

Benefit changes made by the Trust are applied to applicable to all plans on January 1st regardless of the firm's renewal date.

1. Applicable unless stated otherwise: All services are subject to the Annual Deductible and must be satisfied before the plan begins to pay benefits. Family coverage includes an embedded per member deductible that is equivalent to the deductible for individual coverage.
2. Includes Deductible and all copayments/coinsurance amounts. Family coverage includes an embedded per member out-of-pocket that is equivalent to the out-of-pocket for individual coverage.
3. Deductible is waived for all visits.
4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.
5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max combined for In and Out of Network.
7. Waived for generic drugs.
8. Waived for standard generic preventative drugs.
9. Child Dental and Vision benefit, for members up to age 19
10. Generic mail order: 90-day supply at 1x retail copay.
11. Generic mail order: 90-day at 2x retail copay.
12. Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

25/750 Gold

25/750 Gold

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		EPO
Network Benefit Level		In-Network	Out-of-Network	In-Network
Annual Deductibles ¹	Medical (Member/Family)	\$750/\$2,250	\$1,500/\$4,500	\$750/\$2,250
	Prescription Drug Deductible (Annual Member/Family)	\$250/\$500 ⁷		\$250/\$500 ⁷
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization
	Emergency Room (per visit, waived if admitted)	\$300		\$300
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$9,000/\$18,000
Medical Event	Benefit ^{1,8}			
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$25 (Deductible waived)	50%	\$25 (Deductible waived)
	Specialist Visit	\$50 (Deductible waived)	50%	\$50 (Deductible waived)
	Urgent Care	\$50 (Deductible waived)	50%	\$50 (Deductible waived)
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0 (Deductible waived)
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge
	Pre/Postnatal Care	25%	50%	25%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	25%	50%	25%
	Advanced Imaging (CT/PET Scans/MRI)	25%	50%; \$800/test benefit	25%
Emergency Care	Emergency Medical Transportation	25%		25%
	Emergency Room	25%		25%
Hospital Care	Inpatient Hospital	25%	50%; \$650/day benefit	25%
	Outpatient Hospital Surgery	25%	50%; \$350/day benefit	25%
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁵	\$25; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined	\$25; max 25 visits/year combined (Deductible waived)
Prescription Drug Benefits:		Retail		Retail
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$10	\$10 + 50%	\$10
	Brand Formulary - Tier 2	\$50	\$50 + 50%	\$50
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$100	\$100 + 50%	\$100
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250

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5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max combined for In and Out of Network.
7. Waived for generic drugs.
8. Waived for standard generic preventative drugs.
9. Child Dental and Vision benefit, for members up to age 19
10. Generic mail order: 90-day supply at 1x retail copay.
11. Generic mail order: 90-day at 2x retail copay.
12. Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

30/1000 Gold

30/1250 Gold

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$1,000/\$3,000	\$2,000/\$6,000	\$1,250/\$2,500	\$2,500/\$5,000
	Prescription Drug Deductible (Annual Member/Family)	\$250/\$500 ⁷		\$250/\$500 ⁷	
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	\$300		\$300	
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$7,750/\$15,500	\$15,500/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$30 (Deductible waived)	50%	\$30 (Deductible waived)	50%
	Specialist Visit	\$60 (Deductible waived)	50%	\$65 (Deductible waived)	50%
	Urgent Care	\$60 (Deductible waived)	50%	\$65 (Deductible waived)	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0 (Deductible waived)	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	20%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	20%	50%	30%	50%
	Advanced Imaging (CT/PET Scans/MRI)	20%	50%; \$800/test benefit	30%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	20%		30%	
	Emergency Room	20%		30%	
Hospital Care	Inpatient Hospital	20%	50%; \$650/day benefit	30%	50%; \$650/day benefit
	Outpatient Hospital Surgery	20%	50%; \$350/day benefit	30%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁹	\$30; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined	\$30; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$10	\$10 + 50%	\$10	\$10 + 50%
	Brand Formulary - Tier 2	\$50	\$50 + 50%	\$40	\$40 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$100	\$100 + 50%	\$80	\$80 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

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- Deductible is waived for all visits.
- Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.
- Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
- Annual Visit Max combined for In and Out of Network.
- Waived for generic drugs.
- Waived for standard generic preventative drugs.
- Child Dental and Vision benefit, for members up to age 19
- Generic mail order: 90-day supply at 1x retail copay.
- Generic mail order: 90-day at 2x retail copay.
- Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

45/1850 Silver

45/2250 Silver

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$1,850/\$3,700	\$3,700/\$7,400	\$2,250/\$4,500	\$4,500/\$9,000
	Prescription Drug Deductible (Annual Member/Family)	\$300/\$600 ⁷		\$300/\$600 ⁷	
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	\$300		\$300	
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$9,000/\$18,000	\$16,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$45 (Deductible waived)	50%	\$45 (Deductible waived)	50%
	Specialist Visit	\$90 (Deductible waived)	50%	\$85 (Deductible waived)	50%
	Urgent Care	\$90 (Deductible waived)	50%	\$85 (Deductible waived)	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0 (Deductible waived)	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	50%	50%	40%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	50%	40%	50%
	Advanced Imaging (CT/PET Scans/MRI)	50%	50%; \$800/test benefit	40%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	50%	50%	40%	40%
	Emergency Room	50%	50%	40%	40%
Hospital Care	Inpatient Hospital	50%	50%; \$650/day benefit	40%	50%; \$650/day benefit
	Outpatient Hospital Surgery	50%	50%; \$350/day benefit	40%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁹	\$45; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined	\$45; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$60	\$60 + 50%	\$60	\$60 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$115	\$115 + 50%	\$115	\$115 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

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- Deductible is waived for all visits.
- Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.
- Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
- Annual Visit Max combined for In and Out of Network.
- Waived for generic drugs.
- Waived for standard generic preventative drugs.
- Child Dental and Vision benefit, for members up to age 19
- Generic mail order: 90-day supply at 1x retail copay.
- Generic mail order: 90-day at 2x retail copay.
- Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

50/2500 Silver

50/2500 Silver

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		EPO
Network Benefit Level		In-Network	Out-of-Network	In-Network
Annual Deductibles ¹	Medical (Member/Family)	\$2,500/\$5,000	\$5,000/\$10,000	\$2,500/\$5,000
	Prescription Drug Deductible (Annual Member/Family)	\$250/\$500 ⁷		\$250/\$500 ⁷
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization
	Emergency Room (per visit, waived if admitted)	\$300		\$300
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$9,000/\$18,000
Medical Event	Benefit ^{1,8}			
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$50 (Deductible waived)	50%	\$50 (Deductible waived)
	Specialist Visit	\$100 (Deductible waived)	50%	\$100 (Deductible waived)
	Urgent Care	\$100 (Deductible waived)	50%	\$100 (Deductible waived)
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0 (Deductible waived)
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge
	Pre/Postnatal Care	50%	50%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	50%	50%
	Advanced Imaging (CT/PET Scans/MRI)	50%	50%; \$800/test benefit	50%
Emergency Care	Emergency Medical Transportation	50%	50%	50%
	Emergency Room	50%	50%	50%
Hospital Care	Inpatient Hospital	50%	50%; \$650/day benefit	50%
	Outpatient Hospital Surgery	45%	50%; \$350/day benefit	50%
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁵	\$50; max 25 visits/year combined ³ (Deductible waived)	50%; max 25 visits/year combined	\$50; max 25 visits/year combined (Deductible waived)
Prescription Drug Benefits:		Retail		Retail
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15
	Brand Formulary - Tier 2	\$60	\$60 + 50%	\$60
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$115	\$115 + 50%	\$115
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250

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7. Waived for generic drugs.
8. Waived for standard generic preventative drugs.
9. Child Dental and Vision benefit, for members up to age 19
10. Generic mail order: 90-day supply at 1x retail copay.
11. Generic mail order: 90-day at 2x retail copay.
12. Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

45/2850 Silver

65/4250 Bronze

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$2,850/\$5,700	\$5,700/\$11,400	\$4,250 /\$8,500	\$8,500/\$17,000
	Prescription Drug Deductible (Annual Member/Family)	\$300/\$600 ⁷		\$650/\$1,300 ⁷	
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		None	
	Emergency Room (per visit, waived if admitted)	\$300		None	
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$9,000/\$18,000	\$16,000/member
Medical Event	Benefit ^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$45 (Deductible waived)	50%	\$65	50%
	Specialist Visit	\$90 (Deductible waived)	50%	\$95	50%
	Urgent Care	\$90 (Deductible waived)	50%	\$95	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	n/a	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	50%	50%	35%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	50%	35%	50%
	Advanced Imaging (CT/PET Scans/MRI)	50%	50%; \$800/test benefit	35%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	50%	50%	35%	35%
	Emergency Room	50%	50%	35%	35%
Hospital Care	Inpatient Hospital	50%	50%; \$650/day benefit	35%	50%; \$650/day benefit
	Outpatient Hospital Surgery	50%	50%; \$350/day benefit	35%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁹	\$45; max 25 visits/year combined ³ (Deductible waived)	50%; max 25 visits	\$65; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$20	\$20 + 50%
	Brand Formulary - Tier 2	\$60	\$60 + 50%	\$75	\$75 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$115	\$115 + 50%	\$125	\$125 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$500	Not Covered

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2. Includes Deductible and all copayments/coinsurance amounts. Family coverage includes an embedded per member out-of-pocket that is equivalent to the out-of-pocket for individual coverage.

3. Deductible is waived for all visits.

4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

10. Generic mail order: 90-day supply at 1x retail copay.

11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

Copay Plans — Options at a Glance

50/6250/OV-3 Bronze

75/7250 Bronze

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$6,250/\$12,500 ⁷	\$12,500/\$25,000	\$7,250/\$14,500	\$14,500/\$29,000
	Prescription Drug Deductible (Annual Member/Family)			\$650/\$1,300 ⁷	
Other Deductibles for Specific Services	Inpatient Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	None		None	
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$9,000/\$18,000	\$16,000/member	\$9,000/\$18,000	\$16,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$50 ⁵	50%	\$75	50%
	Specialist Visit	\$100 ⁵	50%	\$115	50%
	Urgent Care	\$100 ⁵	50%	\$115	50%
	LiveHealth Online Visit	\$0 ⁵	n/a	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	40%	50%	40%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	40%	50%	40%	50%
	Advanced Imaging (CT/PET Scans/MRI)	40%	50%; \$800/test benefit	40%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	40%	40%	40%	40%
	Emergency Room	40%	40%	40%	40%
Hospital Care	Inpatient Hospital	40%	50%; \$650/day benefit	40%	50%; \$650/day benefit
	Outpatient Hospital Surgery	40%	50%; \$350/day benefit	40%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁵	\$50; max 25 visits/year combined ⁵	50%; max 25 visits/year combined	\$75; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$20	\$20 + 50%	\$20	\$20 + 50%
	Brand Formulary - Tier 2	\$75	\$75 + 50%	\$75	\$75 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$125	\$125 + 50%	\$125	\$125 + 50%
	Self-Injectable	30% up to \$500	Not Covered	30% up to \$500	Not Covered

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2. Includes Deductible and all copayments/coinsurance amounts. Family coverage includes an embedded per member out-of-pocket that is equivalent to the out-of-pocket for individual coverage.
3. Deductible is waived for all visits.
4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.
5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max combined for In and Out of Network.
7. Waived for generic drugs.
8. Waived for standard generic preventative drugs.
9. Child Dental and Vision benefit, for members up to age 19
10. Generic mail order: 90-day supply at 1x retail copay.
11. Generic mail order: 90-day at 2x retail copay.
12. Per script maximum applies after the deductible has been met.

CalCPA Health's HSA Plans

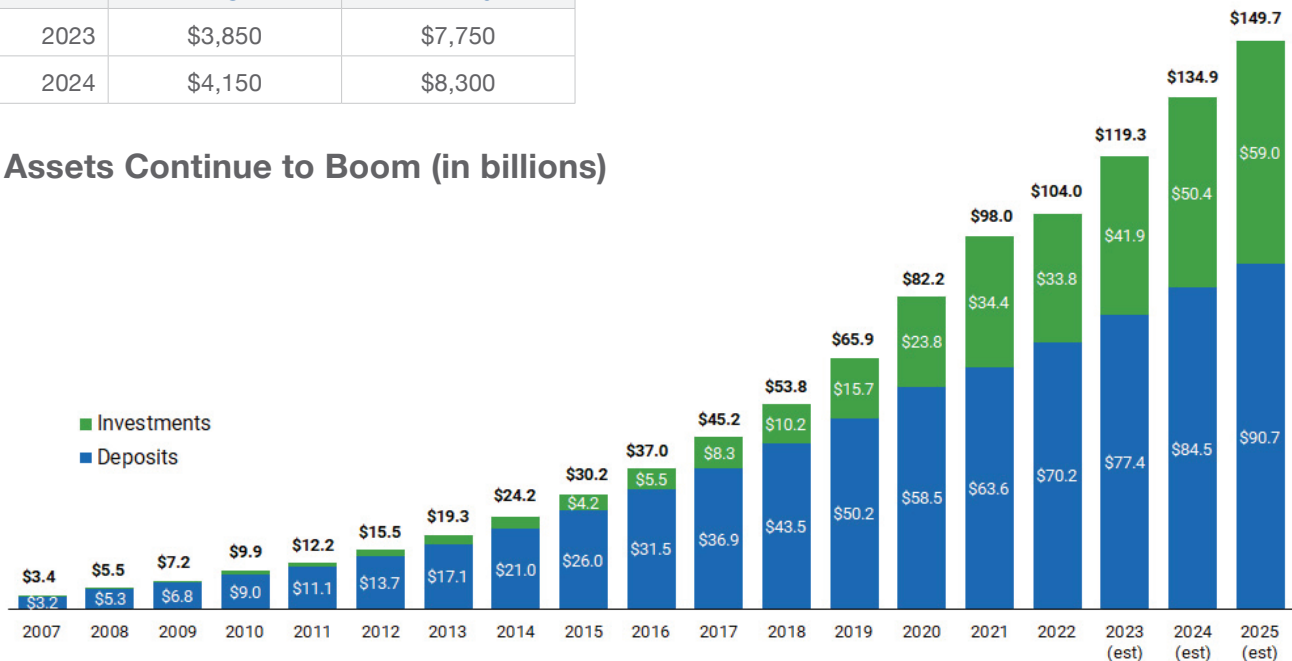
Save now and for the future with a Health Savings Account (HSA)

When an HSA is paired with an HSA-qualified health plan, you can make tax-free* contributions to an FDIC-insured savings account. Typically, these plans cost less than traditional plans and provide tax-saving opportunities.

CalCPA Health's HSA plans provide members with a unique program offering low High Deductible Health Plan (HDHP) premiums with fully integrated banking and health claims administration available with HealthEquity. You can use any bank of your choice; however, the fully integrated administration is only through HealthEquity. This integrated HSA administration with HealthEquity allows for the automatic upload of claims data from Anthem directly to the HealthEquity database for your ease of use. Anthem sends your claims directly to HealthEquity and then you can log into HealthEquity and pay your claims. If you paid for a qualified medical expense with a personal credit card, you can log into the HealthEquity portal online and request reimbursement. The integration between Anthem and HealthEquity provides ease of administration of your medical, dental, and vision bills.

HSA Contribution Limits		
Year	Single	Family
2023	\$3,850	\$7,750
2024	\$4,150	\$8,300

HSA Assets Continue to Boom (in billions)



Source: 2022 Year-End Devenir HSA Research Report

New for 2024 - HSA PRx Plans

CalCPA Health has added a new benefit in 2024 on all HSA PRx plans by waiving the calendar year deductible for all drugs listed on the Standard Generic Preventive list. (see attachment below)

View the HSA PRx Standard Generic Drug List

Over the past several years, national enrollment in HSAs has grown at a fast pace. Currently, 45%+ of the CalCPA Health population is in an HSA (approximately 30% nationally). Here are a few reasons why HSAs continue to grow:

- Lower monthly premiums
- Tax-advantaged contributions
- Tax-free investment earnings
- HSA funds roll over each year - funds stay with you when you change jobs or insurance plans
- Investment options
- Simplified banking and claims administration

HSA Funds continue to grow

HSAs allow for long-term savings, similar to a 401k account. You can save and build for future qualified medical expenses.

* Please consult a tax advisor regarding your state's specific rules.

HSA Eligible Plans

HSA PRx 1600 Silver

HSA PRx 1800 Gold

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$1,600/\$3,200 ⁸ (embedded \$3,200)	3,200/\$6,400	\$1,800/\$3,600 ⁸ (embedded \$3,200)	\$3,600/\$7,200
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$7,500/\$15,000	\$15,000/member	\$4,500/\$9,000	\$9,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	45%	50%	30%	50%
	Specialist Visit	45%	50%	30%	50%
	Urgent Care	45%	50%	30%	50%
	LiveHealth Online Visit	\$0	n/a	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	45%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	45%	50%	30%	50%
	Advanced Imaging (CT/PET Scans/MRI)	45%	50%; \$800/test benefit	30%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	45%	45%	30%	30%
	Emergency Room	45%	45%	30%	30%
Hospital Care	Inpatient Hospital	45%	50%; \$650/day benefit	30%	50%; \$650/day benefit
	Outpatient Hospital Surgery	45%	50%; \$350/day benefit	30%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	45%; max 25 visits/year combined	50%; max 25 visits/year combined	30%; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$10	\$10 + 50%
	Brand Formulary - Tier 2	\$45	\$45 + 50%	\$50	\$50 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$85	\$85 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$250 ¹²	Not Covered	30% up to \$250 ¹²	Not Covered

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3. Deductible is waived for all visits.

4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

10. Generic mail order: 90-day supply at 1x retail copay.

11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

HSA Eligible Plans

HSA PRx 2000 Silver

HSA PRx 3000 Silver

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$2,000/\$4,000 ⁸ (embedded \$3,200)	\$4,000/\$8,000	\$3,000/\$6,000 ⁸ (embedded \$3,200)	\$6,000/\$12,000
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$7,900/\$15,800	\$15,800/member	\$7,500/\$15,000	\$15,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	30%	50%	30%	50%
	Specialist Visit	30%	50%	30%	50%
	Urgent Care	30%	50%	30%	50%
	LiveHealth Online Visit	\$0	n/a	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	30%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	30%	50%	30%	50%
	Advanced Imaging (CT/PET Scans/MRI)	30%	50%; \$800/test benefit	30%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	30%	30%	30%	30%
	Emergency Room	30%	30%	30%	30%
Hospital Care	Inpatient Hospital	30%	50%; \$650/day benefit	30%	50%; \$650/day benefit
	Outpatient Hospital Surgery	30%	50%; \$350/day benefit	30%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	30%; max 25 visits/year combined	50%; max 25 visits/year combined	30%; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$45	\$45 + 50%	\$45	\$45 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$85	\$85 + 50%	\$85	\$85 + 50%
	Self-Injectable	30% up to \$250 ¹²	Not Covered	30% up to \$250 ¹²	Not Covered

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3. Deductible is waived for all visits.

4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

10. Generic mail order: 90-day supply at 1x retail copay.

11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

HSA Eligible Plans

HSA PRx 3000 Silver

HSA PRx 3900 Silver

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		EPO	PPO and Select PPO	
Network Benefit Level		In-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$3,000/\$6,000 ⁸ (embedded \$3,200)	\$3,900/\$7,800 ⁸	\$7,800/\$15,600 ⁸
	Prescription Drug Deductible (Annual Member/Family)			
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	\$250/admit without authorization	\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$7,500/\$15,000	\$7,500/\$15,000	\$15,000/member
Medical Event	Benefit^{1,8}			
Visit to a Healthcare Provider's Office or Clinic	Office Visit	30%	20%	50%
	Specialist Visit	30%	20%	50%
	Urgent Care	30%	20%	50%
	LiveHealth Online Visit	\$0	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge	50%
	Pre/Postnatal Care	30%	20%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	30%	20%	50%
	Advanced Imaging (CT/PET Scans/MRI)	30%	20%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	30%	20%	20%
	Emergency Room	30%	20%	20%
Hospital Care	Inpatient Hospital	30%	20%	50%; \$650/day benefit
	Outpatient Hospital Surgery	30%	20%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	30%; max 25 visits/year combined	20%; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail	Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$45	\$45	\$45 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$85	\$85	\$85 + 50%
	Self-Injectable	30% up to \$250 ¹²	30% up to \$250 ¹²	Not Covered

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3. Deductible is waived for all visits.

4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

10. Generic mail order: 90-day supply at 1x retail copay.

11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

HSA Eligible Plans

HSA PRx 5000 Bronze

HSA PRx 6350 Bronze

Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		PPO and Select PPO		PPO and Select PPO	
Network Benefit Level		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$5,000/\$10,000 ⁸	\$10,000/\$20,000	\$6,350/\$12,700 ⁸	\$12,700/\$25,400
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$7,900/\$15,800	\$15,800/member	\$7,900/\$15,800	\$15,800/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	25%	50%	0%	50%
	Specialist Visit	25%	50%	0%	50%
	Urgent Care	25%	50%	0%	50%
	LiveHealth Online Visit	\$0	n/a	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	25%	50%	0%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	25%	50%	0%	50%
	Advanced Imaging (CT/PET Scans/MRI)	25%	50%; \$800/test benefit	0%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	25%	25%	0%	0%
	Emergency Room	25%	25%	0%	0%
Hospital Care	Inpatient Hospital	25%	50%; \$650/day benefit	0%	50%; \$650/day benefit
	Outpatient Hospital Surgery	25%	50%; \$350/day benefit	0%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	25%; max 25 visits/year combined	50%; max 25 visits/year combined	0%; max 25 visits/year combined	50%; max 25 visits/year combined
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$20	\$20 + 50%	\$20	\$20 + 50%
	Brand Formulary - Tier 2	\$60	\$60 + 50%	\$60	\$60 + 50%
Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)	Brand Non-Formulary - Tier 3	\$100	\$100 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$500 ¹²	Not Covered	30% up to \$500 ¹²	Not Covered

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3. Deductible is waived for all visits.

4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

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11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

Anthem Blue Cross HMO Plans

Blue Cross HMO (CACare) and Select HMO networks		HMO 10/0 Platinum	HMO 35/0 Gold
Annual Deductibles ¹	Medical (Member/Family)	\$0	\$0
	Prescription Drug Deductible (Annual Member/Family)	\$150/\$300 ⁷	\$150/\$300 ⁷
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	n/a	n/a
	Emergency Room (per visit, waived if admitted)	\$100/visit	\$250/visit
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$1,750/\$3,500	\$6,350/\$12,700
Medical Event	Benefit ^{1,8}		
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$10	\$35
	Specialist Visit	\$10	\$65
	Urgent Care	\$10	\$35
	LiveHealth Online Visit	\$0	\$0
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge
	Pre/Postnatal Care	\$10	\$35
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	No charge	\$35
	Advanced Imaging (CT/PET Scans/MRI)	No charge	No charge
Emergency Care	Emergency Room	No charge	No charge
	Emergency Medical Transportation	No charge	No charge
Hospital Care	Inpatient Hospital	No charge	20%
	Outpatient Hospital Surgery	No charge	No charge
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	\$10; max 40 visits/year combined	\$35; max 40 visits/year combined
Prescription Drug Benefits:		Retail	Retail
Retail Pharmacy (30-day supply)	Generic ¹⁰ - Tier 1a/1b	\$10	\$15
	Brand Formulary - Tier 2	\$25	\$35
Mail Order (90-day supply at 1x retail for Tier 1, 2x retail for Tiers 2/3, except where noted)	Brand Non-Formulary - Tier 3	\$45	\$70
	Self-Injectable	30% up to \$250	30% up to \$250

Notice: In the event of a conflict between this information and the Summary Plan Document, the benefits detailed in the Summary Plan Document are binding.

Benefit changes made by the Trust are applied to applicable to all plans on January 1st regardless of the firm's renewal date.

1. Applicable unless stated otherwise: All services are subject to the Annual Deductible and must be satisfied before the plan begins to pay benefits. Family coverage includes an embedded per member deductible that is equivalent to the deductible for individual coverage.
2. Includes Deductible and all copayments/coinsurance amounts. Family coverage includes an embedded per member out-of-pocket that is equivalent to the out-of-pocket for individual coverage.
3. Deductible is waived for all visits.
4. Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.
5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max combined for In and Out of Network.
7. Waived for generic drugs.
8. Waived for standard generic preventative drugs.
9. Child Dental and Vision benefit, for members up to age 19
10. Generic mail order: 90-day supply at 1x retail copay.
11. Generic mail order: 90-day at 2x retail copay.
12. Per script maximum applies after the deductible has been met.

Anthem Blue Cross HMO Plans

Blue Cross HMO (CACare) and Select HMO networks		HMO 25/1500 Silver	HMO 30/3000 Silver
Annual Deductibles¹	Medical (Member/Family)	\$1,500; waived for office setting	\$3000; waived for office setting
	Prescription Drug Deductible (Annual Member/Family)	\$500/\$1,500 ⁷	\$500/\$1,500 ⁷
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	n/a	n/a
	Emergency Room (per visit, waived if admitted)	\$250/visit	\$250/visit
Annual Maximum	Out-of-Pocket (Annual Member/Family) ²	\$6,400/\$12,800	\$6,400/\$12,800
Medical Event	Benefit^{1,8}		
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$25	\$30
	Specialist Visit	\$50	\$50
	Urgent Care	\$25	\$30
	LiveHealth Online Visit	\$0	\$0
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge
	Pre/Postnatal Care	\$25	\$30
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	No charge	No charge
	Advanced Imaging (CT/PET Scans/MRI)	\$250/test	\$250/test
Emergency Care	Emergency Room	30%	30%
	Emergency Medical Transportation	\$100/trip	\$100/trip
Hospital Care	Inpatient Hospital	30%	30%
	Outpatient Hospital Surgery	30%	30%
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	\$25/Office and 30%/Hospital; max 40 visits	\$30/Office and 30%/Hospital; max 40 visits
Prescription Drug Benefits:		Retail	Retail
Retail Pharmacy (30-day supply)	Generic ¹⁰ - Tier 1a/1b	up to \$20	up to \$20
	Brand Formulary - Tier 2	\$50	\$50
Mail Order (90-day supply at 1x retail for Tier 1, 2x retail for Tiers 2/3, except where noted)	Brand Non-Formulary - Tier 3	\$65	\$65
	Self-Injectable	30% up to \$250	30% up to \$250

Notice: In the event of a conflict between this information and the Summary Plan Document, the benefits detailed in the Summary Plan Document are binding.

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5. Deductible is waived for the first in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

6. Annual Visit Max combined for In and Out of Network.

7. Waived for generic drugs.

8. Waived for standard generic preventative drugs.

9. Child Dental and Vision benefit, for members up to age 19

10. Generic mail order: 90-day supply at 1x retail copay.

11. Generic mail order: 90-day at 2x retail copay.

12. Per script maximum applies after the deductible has been met.

Vision and Dental

CalCPA Health offers members access to quality eye care doctors, eyewear, and low out-of-pocket costs through Vision Service Plan (VSP). VSP has the largest network of doctors to choose from and provides ease of finding in-network doctors. CalCPA Health also provides members with a special discount program, VSP Vision Savings Pass, that offers immediate savings on eye care and eyewear.

CalCPA Health offers various Delta Dental PPO plan options that provide members with access to the nation's largest dental PPO network. Benefits include discounts when visiting a Delta Dental PPO dentist, the freedom to choose any licensed dentist for your care, and unsurpassed claims convenience as participating providers handle all claims paperwork as well as most inquiries on behalf of members.

For information about these programs, contact Banyan Administrators at 1-877-480-7923 or CalCPAHealth@CalCPAHealth.com.



Group Life Plans

CalCPA Health offers a Group Life Policy through Lincoln Financial Group and it is available to groups of 2 or more employees.

Group Life Highlights:

- Accelerated death benefit for a terminal illness
- Optional Accidental Death and Dismemberment coverage
- Safe Driver benefit
- Waiver of Premium
- Conversion Privilege
- Travel Assistance
- Beneficiary Assistance

Long-Term Disability

CalCPA Health offers Group Long-Term Disability (LTD) insurance through Lincoln Financial Group. LTD plans give employees the security of knowing that if they become disabled, replacement income is available to help carry them financially through that period without seriously affecting their present lifestyle.

LTD Highlights:

- Group LTD employee coverage available for groups of 2 or more lives
- Discounted rates for CalCPA members
- Progressive partial disability benefit with return to work incentive

Useful Information and Services

Waiting Period

An employer may choose to cover eligible employees from the first day of the month following their date of hire, or from the first day of the month following a 0, 30, or 60-day waiting period. Upon approval, coverage becomes effective on the first day of the month following the completion of the specified waiting period.

If an employee is not actively at work on the day coverage would otherwise become effective, coverage is delayed until the first day of the month after the date the employee returns to active work.

Have Questions?

We help educate our members about health insurance plan choices and how these plans can work best for them and their family.

**If you have questions, reach out to Banyan Administrators, Managers for the CalCPA Health Programs:
1-877-480-7923 or email CalCPAHealth@CalCPAHealth.com**

[Have Questions?](#)

For Your Employees

When you sign up for a plan with CalCPA Health, identification cards are sent along with a copy of the Medical Plan Document and Disclosure Form, which also serves as the Summary Plan Description (SPD).

The Medical Plan Document contains benefits, services, and other information to help your employees get acquainted with the plan.

Besides having Banyan Administrators to help with plan questions, CalCPA Health members have access to a dedicated member services department through Anthem Blue Cross. Member service representatives will help answer questions or resolve any problems employees may have with their benefits, available services, or how best to use the Anthem Blue Cross provider network.

Declined Business

An employer may be declined coverage under the following conditions:

- The employer does not meet employer contribution or employee participation requirements
- The employer is not a bona fide business
- The employer does not meet the eligibility requirements



LiveHealth Online offers virtual care with an in-network provider at your fingertips - 365 days a year, any time, anywhere. LHO providers can answer your medical questions, make a diagnosis and prescribe medications (as permitted by state laws) just the same as an in-person visit.

- U.S. board-certified doctors to choose from (average of 15 years practicing medicine) - Doctors are specially trained in online medicine
- Visits are private and secure

LiveHealth Online Allergy

LiveHealth Online Allergy works the same as LHO, but has doctors who help you with your allergies.

LiveHealth Online Dermatology

Now, if you have concerns about the health of your skin, hair, or nails, you can visit a board-certified dermatologist. You can upload images of your skin or other area of concern and the dermatologists can help with diagnosis and treatment.

LiveHealth Online Psychology and Psychiatry

If you are feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist, therapist or psychiatrist through LHO. It's easy to use, and, in most cases, you can be connected with someone in four days or less.

Note, online counseling is not appropriate for all types of conditions. LiveHealth Online does not offer emergency services.

Employees and employers can learn more about LiveHealth Online by visiting CalCPAHealth.com/LHO

Prescriptions

The doctors you see using LiveHealth Online can prescribe medication based on your current conditions and their medical expertise. They can send prescriptions electronically to the pharmacy of your choice. (Telehealth doctors are prohibited from prescribing controlled substances as well as additional medications as listed at LiveHealthOnline.com/Questions/).



LiveHealth Online Available on Multiple Platforms

Download on the **App Store** | GET IT ON **Google Play**

Contact Information

CalCPA Health Online

CalCPA Health offers you convenient access to a variety of individualized information at [CalCPAHealth.com](https://www.calcpahealth.com). New or prospective firms may get premium quotes and enroll online at [CalCPAHealth.com/quote](https://www.calcpahealth.com/quote).

[Get a Quote](#)

For Firms with Brokers

If your firm uses a broker, have them contact CalCPA Health's program managers, Banyan Administrators, for information on submitting business.

Contact Us:

Banyan Administrators
Managers for the CalCPA Health Programs
Voice 1-877-480-7923
Fax 1-877-237-4519
CalCPAHealth@CalCPAHealth.com

Group Insurance Trust 1-800-556-5771
[CalCPAHealth.com](https://www.calcpahealth.com)

Anthem Blue Cross Customer Service for
CalCPA Health and Anthem HMO
Members Medical 1-888-209-7847
Mental Health/Outpatient 1-888-209-7847
Mental Health/Inpatient 1-800-274-7767

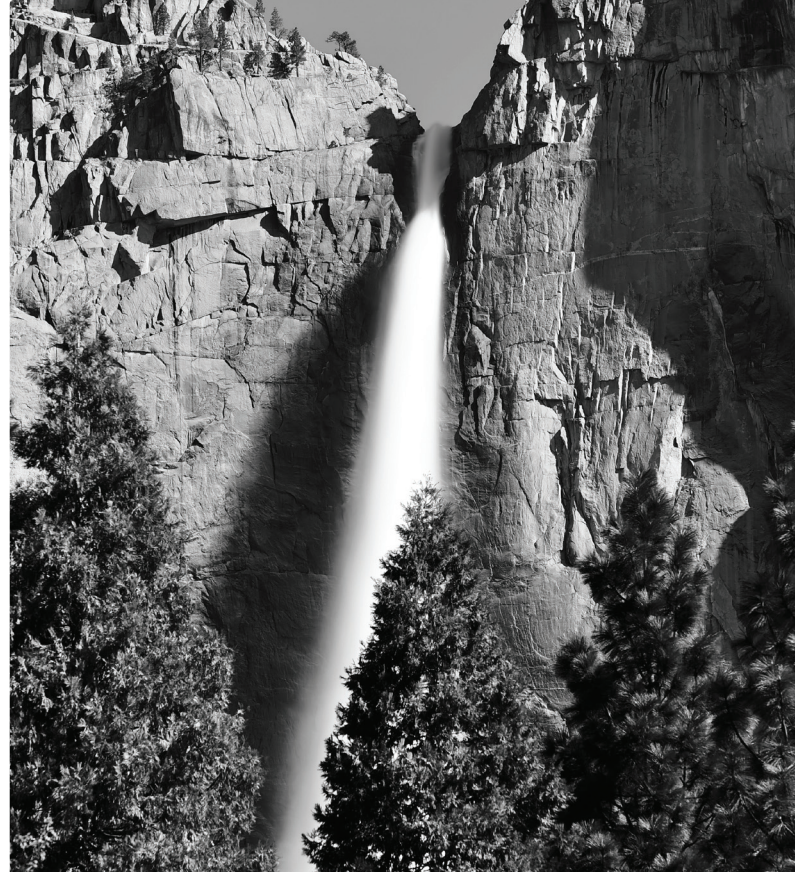
Express Scripts Prescription Drug Program
1-877-659-5144
[express-scripts.com](https://www.express-scripts.com)

California Society of CPAs
1-800-922-5272
[calcpa.org](https://www.calcpa.org)

Disclosures

This entire brochure is a plain-language summary of some of the key provisions of the CalCPA Health PPO and Anthem Blue Cross HMO medical plans offered through the Group Insurance Trust of the California Society of Certified Public Accountants. In the event of any conflicts between the information in this brochure and the official plan documents, the plan documents will govern. Copies of these documents are available through the plan administrator or on the website: [CalCPAHealth.com](https://www.calcpahealth.com). This brochure is not intended to provide a guarantee of medical coverage or CalCPA membership. The Group Insurance Trust reserves the right to change benefits under CalCPA Health at any time.

This benefit information is not a contract and does not replace the master policy or the plan brochure. It is as accurate as possible, but we cannot be responsible for any errors and make no warranty of any kind.





CalCPA Health
Health plans for CPAs since 1959

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CalCPAHealth.com

Endorsed By



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California Society
Certified Public Accountants