



2025

Plan Brochure



Health Plans for CalCPA Member Firms Since 1959

Copay Plans — Options at a Glance

10/0 Platinum

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		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	\$750/\$2,250	\$1,500/\$4,500
	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%	\$25 (Deductible waived)	50%
	Specialist Visit	\$25 (Deductible waived)	50%	\$50 (Deductible waived)	50%
	Urgent Care	\$25 (Deductible waived)	50%	\$50 (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%	25%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	20%	50%	25%	50%
	Advanced Imaging (CT/PET Scans/MRI)	20%	50%; \$800/test benefit	25%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	20%		25%	
	Emergency Room	20%		25%	
Hospital Care	Inpatient Hospital	20%	50%; \$650/day benefit	25%	50%; \$650/day benefit
	Outpatient Hospital Surgery	20%	50%; \$350/day benefit	25%	50%; \$350/day benefit
Help Recovering or Other Special Health Needs	Physical Therapy, Physical Medicine and Occupational Therapy ⁶	\$10; max 25 visits/year combined (Deductible waived)	50%; max 25 visits/year combined	\$25; 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%	\$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	\$60	\$60 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

Copay Plans — Options at a Glance

25/750 Gold

30/1000 Gold

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)	\$750/\$2,250	\$1,000/\$3,000	\$2,000/\$6,000
	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	\$9,000/\$18,000	\$16,000/member
Medical Event	Benefit ^{1,8}			
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$25 (Deductible waived)	\$30 (Deductible waived)	50%
	Specialist Visit	\$50 (Deductible waived)	\$60 (Deductible waived)	50%
	Urgent Care	\$50 (Deductible waived)	\$60 (Deductible waived)	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	\$0 (Deductible waived)	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge	50%
	Pre/Postnatal Care	25%	20%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	25%	20%	50%
	Advanced Imaging (CT/PET Scans/MRI)	25%	20%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	25%	20%	
	Emergency Room	25%	20%	
Hospital Care	Inpatient Hospital	25%	20%	50%; \$650/day benefit
	Outpatient Hospital Surgery	25%	20%	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 (Deductible waived)	\$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	\$10 + 50%
	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	\$100 + 50%
	Self-Injectable	30% up to \$250	30% up to \$250	Not Covered
	Home Delivery Copay	2x Retail ¹⁰	2x Retail ¹⁰	Not Covered

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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.

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Copay Plans — Options at a Glance		30/1250 Gold		45/1850 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)	\$1,250/\$2,500	\$2,500/\$5,000	\$1,850/\$3,700	\$3,700/\$7,400
	Prescription Drug Deductible (Annual Member/Family)	\$250/\$500 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	\$7,500/\$15,000	\$15,000/member	\$9,000/\$18,000	\$16,000/member
Medical Event	Benefit ^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$30 (Deductible waived)	50%	\$45 (Deductible waived)	50%
	Specialist Visit	\$65 (Deductible waived)	50%	\$90 (Deductible waived)	50%
	Urgent Care	\$65 (Deductible waived)	50%	\$90 (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	25%	50%	50%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	25%	50%	50%	50%
	Advanced Imaging (CT/PET Scans/MRI)	25%	50%; \$800/test benefit	50%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	25%		50%	50%
	Emergency Room	25%		50%	50%
Hospital Care	Inpatient Hospital	25%	50%; \$650/day benefit	50%	50%; \$650/day benefit
	Outpatient Hospital Surgery	25%	50%; \$350/day benefit	50%	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 (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 Pharmacy (30-day supply)	Generic - Tier 1	\$10	\$10 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$40	\$40 + 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	\$80	\$80 + 50%	\$115	\$115 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.
 13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

CalCPA Health Plan Brochure 09/2024

Copay Plans — Options at a Glance

45/2250 Silver

45/2850 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)	\$2,250/\$4,500	\$4,500/\$9,000	\$2,850/\$5,700	\$5,700/\$11,400
	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	\$85 (Deductible waived)	50%	\$90 (Deductible waived)	50%
	Urgent Care	\$85 (Deductible waived)	50%	\$90 (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	40%	50%	50%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	40%	50%	50%	50%
	Advanced Imaging (CT/PET Scans/MRI)	40%	50%; \$800/test benefit	50%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	40%	40%	50%	50%
	Emergency Room	40%	40%	50%	50%
Hospital Care	Inpatient Hospital	40%	50%; \$650/day benefit	50%	50%; \$650/day benefit
	Outpatient Hospital Surgery	40%	50%; \$350/day benefit	50%	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 ³ (Deductible waived)	50%; max 25 visits
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
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

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		EPO	PPO and Select PPO	
Network Benefit Level		In-Network	In-Network	Out-of-Network
Annual Deductibles ¹	Medical (Member/Family)	\$2,850/\$5,700	\$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	\$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)	\$65	50%
	Specialist Visit	\$90 (Deductible waived)	\$95	50%
	Urgent Care	\$90 (Deductible waived)	\$95	50%
	LiveHealth Online Visit	\$0 (Deductible waived)	\$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge	50%
	Pre/Postnatal Care	50%	35%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	35%	50%
	Advanced Imaging (CT/PET Scans/MRI)	50%	35%	50%; \$800/test benefit
Emergency Care	Emergency Medical Transportation	50%	35%	
	Emergency Room	50%	35%	
Hospital Care	Inpatient Hospital	50%	35%	50%; \$650/day benefit
	Outpatient Hospital Surgery	50%	35%	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 (Deductible waived)	\$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	\$20	\$20 + 50%
	Brand Formulary - Tier 2	\$60	\$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	\$125	\$125 + 50%
	Self-Injectable	30% up to \$250	30% up to \$500	Not Covered
	Home Delivery Copay	2x Retail ¹⁰	2x Retail ¹⁰	Not Covered

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

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Copay Plans — Options at a Glance

50/6250/OV-3 Bronze

75/7250/OV-1

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 ¹³	50%
	Specialist Visit	\$100 ⁵	50%	\$115 ¹³	50%
	Urgent Care	\$100 ⁵	50%	\$115 ¹³	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%	
	Emergency Room	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 ⁶	\$50; max 25 visits/ year combined ⁵	50%; max 25 visits/ year combined	\$75; max 25 visits/ year combined ¹³	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
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	Not Covered

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CalCPA Health's HSA Plans

Save Now and for the Future with a Health Savings Account (HSA)

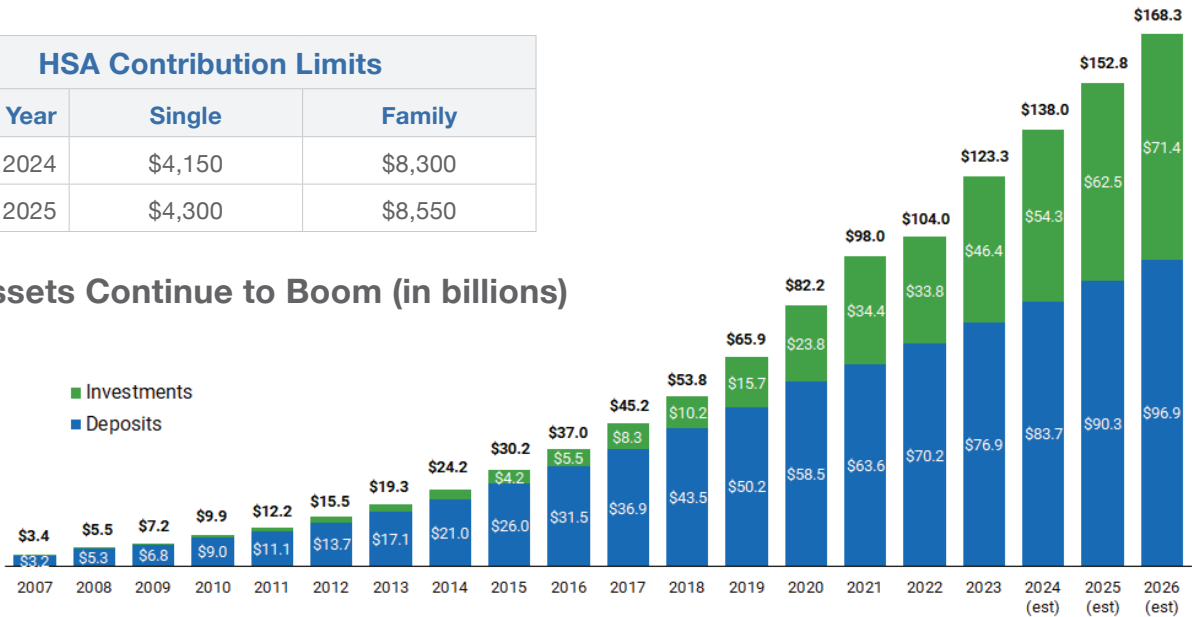
Pairing an HSA with an HSA-qualified health plan allows you to make tax-free* contributions to an FDIC-insured savings account. These plans typically cost less than traditional plans and offer significant tax-saving opportunities.

CalCPA Health's HSA plans provide members with a unique program featuring low High Deductible Health Plan (HDHP) premiums and fully integrated banking and health claims administration through HealthEquity. While you can use any bank, the fully integrated administration is only available through HealthEquity. This integration allows for the automatic upload of claims data from Anthem directly to the HealthEquity database for your convenience.

Anthem sends your claims directly to HealthEquity, enabling you to log into HealthEquity and pay your claims seamlessly. If you pay for a qualified medical expense with a personal credit card, you can log into the HealthEquity portal online and request reimbursement. Also, HealthEquity provides you with a HSA debit card that you can use which makes paying for qualified expenses simple. The integration between Anthem and HealthEquity simplifies the administration of your medical, dental, and vision bills, making it easier to manage your healthcare expenses.

HSA Contribution Limits		
Year	Single	Family
2024	\$4,150	\$8,300
2025	\$4,300	\$8,550

HSA Assets Continue to Boom (in billions)



Source: 2023 Year-End Devenir HSA Research Report

HSA PRx Plans

CalCPA Health offers a special benefit on all HSA PRx plans by waiving the calendar year deductible for all drugs listed on the Standard Generic Preventive list.

View the HSA PRx Standard Generic Drug List

Over the past several years, national enrollment in HSAs has grown rapidly. Currently, almost half of the CalCPA Health population is enrolled in an HSA.

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

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

HSA Eligible Plans		HSA PRx 1650 Silver		HSA PRx 1850 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)	\$1,650/\$3,300 ⁸ (embedded \$3,300)	3,300/\$6,600	\$1,850/\$3,700 ⁸ (embedded \$3,300)	\$3,700/\$7,400
	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	\$7,500/\$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%		30%	
	Emergency Room	45%		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
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

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 \$3,300)	\$4,000/\$8,000	\$3,000/\$6,000 ⁸ (embedded \$3,300)	\$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%	
	Emergency Room	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
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

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 \$3,300)	\$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%	
	Emergency Room	30%	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
	Home Delivery Copay	2x Retail ¹⁰	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

HSA Eligible Plans		HSA PRx 5000 Bronze		HSA PRx 6500 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	\$6,500/\$13,000 ⁸	\$13,000/\$26,000
	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	\$8,300/\$16,600	\$16,600/member	\$8,300/\$16,600	\$16,600/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%		0%	
	Emergency Room	25%		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
	Home Delivery Copay	2x Retail ¹⁰	Not Covered	2x Retail ¹⁰	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.

13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

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
	Home Delivery Copay	2x Retail ¹⁰	2x Retail ¹⁰

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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.
13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

Anthem Blue Cross HMO Plans

Blue Cross HMO (CACare) and Select HMO networks		HMO 25/1500 Silver	HMO 30/3000 Silver
Annual Deductibles ¹	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
	Home Delivery Copay	2x Retail ¹¹	2x Retail ¹¹

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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.
13. Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.

Vision Care with VSP

CalCPA Health offers members access to quality eye care, eyewear, and low out-of-pocket costs through Vision Service Plan (VSP). With the largest network of eye care doctors, VSP makes it easy to find in-network providers. Additionally, CalCPA Health provides a special discount program, VSP Vision Savings Pass, offering immediate savings on eye care and eyewear.

Dental Care with Delta Dental PPO

CalCPA Health offers various Delta Dental PPO plan options, providing members access to the nation's largest dental PPO network. Benefits include:

- **Discounts:** Enjoy discounts when visiting a Delta Dental PPO dentist.
- **Freedom of Choice:** Choose any licensed dentist for your care.
- **Claims Convenience:** Participating providers handle all claims paperwork and most inquiries on behalf of members.

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



Group Life Plans

CalCPA Health offers a Group Life Policy through Lincoln Financial Group, 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

LiveHealth Online (LHO) 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 diagnoses, and prescribe medications (as permitted by state laws) just like an in-person visit.

- **Experienced Doctors:** Choose from U.S. board-certified doctors with an average of 15 years of practice. These doctors are specially trained in online medicine.
- **Private and Secure Visits:** Your consultations are always private and secure.

LiveHealth Online Allergy

LiveHealth Online Allergy works the same as LHO, but has doctors who specialize in helping you manage your allergies.

LiveHealth Online Dermatology

If you have concerns about the health of your skin, hair, or nails, you can consult with a board-certified dermatologist through LHO Dermatology. Simply upload images of the affected area, and the dermatologist will provide a diagnosis and treatment plan.

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

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



Useful Information and Services

Waiting Period

Employers can 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.

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 detailed information on benefits, services, and other key aspects to help your employees get acquainted with the plan.

In addition to support from Banyan Administrators for plan-related questions, CalCPA Health members have access to a dedicated member services department through Anthem Blue Cross. Member service representatives are available to assist with any questions or issues your employees may have regarding their benefits, available services, or navigating 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

Have Questions?

We are committed to educating our members about health insurance plan choices and how these plans can best serve them and their families.

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?](#)



Contact Information

CalCPA Health Online

CalCPA Health provides convenient access to a variety of individualized information at **CalCPAHealth.com**. New or prospective firms can get premium quotes and enroll online at **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

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

California Society of CPAs
1-800-922-5272
calcpa.org

Disclosures

This 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. 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.





CalCPA Health

1800 Gateway Drive, Suite 130
San Mateo, CA 94404
1-800-556-5771
CalCPAHealth.com

Endorsed By CalCPA
California Society
Certified Public Accountants

