CalCPA Health

2027 Plan Brochure

Your Guide to CalCPA Health Benefits

Exclusive health and benefit solutions for CalCPA member firms since 1959

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Taking Care Of CalCPA Member Firms And Their Families Since 1959.

We're here to help

Have a Question? | Get a Quote

or 877-480-7923

CalCPAHealth@CalCPAHealth.com

A Trusted Member Benefit Since 1959

CalCPA Health was established by the California Society of CPAs (CalCPA) in 1959 to provide member firms with exclusive access to quality employee benefits designed for CPA and financial service professionals.

Today, CalCPA Health continues that mission by offering comprehensive medical and ancillary benefits for CalCPA member firms, solo practitioners, and financial professionals.

The CalCPA Health Difference

- **Industry Expertise:** Operated by CalCPA members who know the value of providing superior benefits.
- **Member Service:** We are visible and accountable to CalCPA members, ready to assist you in navigating health benefits whether you're enrolled in our plans or not.
- **Comprehensive Networks:** Access the largest provider networks in California, including Anthem Blue Cross, Delta Dental, Vision Service Plan (VSP), ExpressScripts, and CarelonRx.
- **Extensive Coverage Options:** Medical, Dental, Vision, Life, and Long-Term Disability
- **Simplified Administration:** A single source for all plans - one premium bill.
- **Integrated Health Savings Account (HSA) Plans:** Efficient administration providing cost-effective alternatives for employers and employees.
- **Telehealth Services:** Access medical, allergy, dermatology, therapy, psychology, and psychiatry services through LiveHealth Online.
- **Complimentary COBRA Administration:** Seamless transition and management.
- **Spousal Coverage Extension:** When a member transitions to Medicare, their younger spouse can remain covered under CalCPA Health.

This brochure offers an overview of our medical benefit plans. For more details, visit our website at CalCPAHealth.com or contact Banyan Administrators, the managers of our plans, at 1-877-480-7923.

Eligibility and Participation Requirements

Employer Eligibility

To participate, your firm must:

- Be headquartered in California
- Be an accounting firm in public practice or a qualifying financial services firm
- Have more than 50% of the firm's owners (principals, partners, shareholders, or other owners) who are CalCPA members in good standing

Employee Eligibility

Employees are eligible for coverage if they:

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

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

Dependent Eligibility

Eligible dependents may include:

- Lawful spouse
- Registered domestic partner
- Children of eligible employees through age 26
- Disabled children of eligible employees who have appropriate medical certification are eligible for coverage at any age

Participation Requirements

Firms with four (4) or more eligible employees must:

- Enroll at least 75% of eligible employees in the medical plan
- Enroll 100% of employees in the ancillary programs

Employer Contributions

- Must contribute a minimum of 50% of employee medical premium
- Must contribute 100% of the employee premiums for dental, vision, life, or long-term disability (excluding dependent coverage)
- If the employer covers 100% of the premiums, then all eligible employees must be covered

Getting Started with CalCPA Health

Enrollment and Waivers

New Hire Enrollment

Eligible employees may enroll when they first become eligible for coverage.

Annual Open Enrollment

Employees may review and make changes to their benefit elections during the annual Open Enrollment period.

Qualifying Life Events

Certain life events, such as marriage, the birth or adoption of a child, or the loss of other health coverage, may allow employees to enroll or make changes outside of the annual Open Enrollment period.

Waiving Coverage

Employees with other qualifying coverage through a spouse's plan, another employer's plan, or Medicare may waive medical coverage and are not counted as eligible employees.

We're Here to Help

Whether you're an employer, broker, or solo practitioner, our knowledgeable team is here to answer your questions and help you navigate your benefit options. From eligibility and enrollment to plan selection and ongoing support, we're just a phone call or email away.

877-480-7923
CalCPA@CalCPAHealth.com
CalCPAHealth.com

Medical Plans

Medical Plans: PPO, HSA, and HMO Options

CalCPA Health offers a range of medical plans through the Anthem Blue Cross provider network, giving members flexibility and choice. Firms can mix and match their health plan offerings according to their preferences. Any combination of CalCPA Health plans may be offered to employees without a minimum enrollment requirement per plan.

Network Options

- **Standard Prudent Buyer Network –** Anthem's largest network, with **100,000+** physicians and nearly **400 hospitals** in California.
- **Select Network –** A smaller network that can save you **2%–12% on premiums,** depending on your region and plan.

Plan Types

AHP (Alternative Health Plan)

Co-pay only plans that access the full Anthem PPO network and feature a simple tiered copay structure so members know their costs upfront.

No deductibles*, coinsurance, gatekeepers, or primary care referrals—ensuring seamless access to top-tier care. These plans come at a lower cost than our traditional plans, with easy access to quality care nationwide.

PPO (Preferred Provider Organization)

- See any physician or provider without a referral
- In-network care keeps costs lower; out-of-network care may mean higher out-of-pocket expenses

E Plans

- Same benefits as PPO plans, **but coverage is only available in-network**
- Offers **lower premiums** compared to PPO options care may mean higher out-of-pocket expenses

HSA (Health Savings Account) Plans

- Pair a high-deductible health plan with tax-advantaged HSA contributions
- A cost-effective way to manage healthcare expenses today and build savings for the future

HMO (Health Maintenance Organization)

CalCPA Health also offers Anthem Blue Cross HMO and Select HMO plans and are available to firms with two or more participants (not available to solo practitioners). With over **60,000 physicians** and nearly **400 hospitals** in California, the Anthem HMO network makes quality care easy to access.

- Each member selects a Primary Care Physician (PCP) from the Anthem HMO network
- Your PCP manages your overall care and provides referrals to specialists when needed
- Certain services, such as OB/GYN and mental health care, may be accessed without a referral within the Anthem network
- No claim forms are required when you use in-network providers

HMO plans are a convenient, coordinated way to manage your healthcare — with predictable costs and a wide network of trusted providers.

Note: CalCPA Health is in compliance with CA SB 729 by offering an IVF plan option. Please contact us to have one of our sales representatives provide further information on available plans - CalCPAHealth@CalCPAHealth.com or 877-480-7923.
**Two of the four AHPs are HSA-compatible HDHPs – the deductible still applies before coverage begins.*

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, Dermatology, Therapy, Psychology and Psychiatry visits online

Pharmacy

CalCPA Health partners with leading pharmacy benefit managers to provide members with broad access, competitive pricing, and convenient prescription services. Your pharmacy administrator depends on your medical plan:

- PPO & HSA Plans → Express Scripts (ESI)
- HMO Plans → CarelonRx

PPO & HSA Members

If you are enrolled in a CalCPA Health PPO or HSA plan, your prescription coverage is administered through Express Scripts (ESI).

Dependents eligible for coverage include:

- Access to a large national retail pharmacy network
- 90-day supplies for maintenance medications
- Convenient home delivery options
- Specialty pharmacy support and clinical oversight

Questions about your ESI pharmacy coverage?

- Log in to your Express Scripts member portal
- Or contact Banyan Administrators, Managers of the CalCPA Health program, for assistance.

Savings with GoodRx®

CalCPA Health PPO and HSA medical plan enrollees benefit from built-in GoodRx prescription pricing (when available) as part of their pharmacy coverage through Express Scripts Rx.

When your prescription is processed, the system compares your plan pricing with the available GoodRx-discounted price. If the GoodRx price is lower than your plan's already-negotiated cost, you pay the lower amount automatically.

Reminder: Mail Order Savings

For many maintenance medications, the Express Scripts mail-order pharmacy offers lower copays and overall drug costs. Be sure to compare your options for additional savings.

HMO Members

If you are enrolled in a CalCPA Health HMO plan, your pharmacy benefit is administered by CarelonRx.

CarelonRx works in coordination with your Anthem HMO coverage to provide:

- Access to a broad retail pharmacy network
- Mail-order delivery for maintenance medications
- Specialty medication management
- Integrated medical and pharmacy support

Questions about your CarelonRx pharmacy coverage?

- Log in to Anthem's member portal if you have CarelonRx for your pharmacy benefit
- Or contact Banyan Administrators, Managers of the CalCPA Health program, for assistance.

Copay Plans — Options at a Glance

Traditional PPO Plans with no gatekeeper

		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	$2,250/$6,750
	Prescription Drug Deductible (Annual Member/Family)	$250/500[7]		$300/$600[7]	
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room Deductible (per visit, waived if admitted)	$300		$300	
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$5,000/$10,000	$10,000/member	$9,000/$18,000	$16,000/member
Medical Event	**Benefit**[1,8]				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	$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	*Lab Tests*	20%	50%	25%	50%
	Routine Radiology	20%	50%	25%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	20%	50%; $800/test benefit	25%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	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
Prescription Drug Benefits:		**Retail**		**Retail**	
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$5	$5 + 50%	$10	$10 + 50%
	Brand Formulary - Tier 2	$30	$30 + 50%	$50	$50 + 50%
	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.

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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.

Copay Plans — Options at a Glance

Traditional PPO Plans with no gatekeeper

		30/1000 Gold		30/1300 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	$2,250/$6,750	$1,300/$3,900	$3,900/$11,700
	Prescription Drug Deductible (Annual Member/Family)	$300/$600[7]		$300/$600[7]	
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room Deductible (per visit, waived if admitted)	$300		$300	
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$9,000/$18,000	$16,000/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 (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%	25%	50%
Tests	*Lab Tests*	20%	50%	25%	50%
	Routine Radiology	20%	50%	25%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	20%	50%; $800/test benefit	25%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	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
Prescription Drug Benefits:		**Retail**		**Retail**	
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$10	$10 + 50%	$10	$10 + 50%
	Brand Formulary - Tier 2	$50	$50 + 50%	$50	$50 + 50%
	Brand Non-Formulary - Tier 3	$100	$100 + 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

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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.

Copay Plans — Options at a Glance

Traditional PPO Plans with no gatekeeper

		45/1900 Silver		45/2300 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)	$1,900/$3,800	$3,800/$7,600	$2,300/$4,600	$4,600/$9,200
	Prescription Drug Deductible (Annual Member/Family)	$350/$700[7]		$350/$700[7]	
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room Deductible (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%		45%	50%
Tests	*Lab Tests*	50%		45%	50%
	Routine Radiology	50%		45%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	50%	50%; $800/test benefit	45%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	50%		45%	
Hospital Care	Inpatient Hospital	50%	50%; $650/day benefit	45%	50%; $650/day benefit
	Outpatient Hospital Surgery	50%	50%; $350/day benefit	45%	50%; $350/day benefit
Prescription Drug Benefits:		**Retail**		**Retail**	
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$15	$15 + 50%	$15	$15 + 50%
	Brand Formulary - Tier 2	$60	$60 + 50%	$60	$60 + 50%
	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

Traditional PPO Plans with no gatekeeper

		45/2900 Silver		65/4500/0 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)	$2,900/$5,800	$5,800/$11,600	$4,500 /$9,000	$9,000/$18,000
	Prescription Drug Deductible (Annual Member/Family)	$350/$700[7]		$650/$1,300[7]	
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		None	
	Emergency Room Deductible (per visit, waived if admitted)	$300		None	
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$9,000/$18,000	$16,000/member	$9,500/$19,000	$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	*Lab Tests*	50%	50%	35%	50%
	Routine Radiology	50%	50%	35%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	50%	50%; $800/test benefit	35%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	50%		35%	
Hospital Care	Inpatient Hospital	35%	50%; $650/day benefit	35%	50%; $650/day benefit
	Outpatient Hospital Surgery	35%	50%; $350/day benefit	35%	50%; $350/day benefit
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
	Home Delivery Copay	2x Retail[10]	Not Covered	2x Retail[10]	Not Covered

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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

Traditional PPO Plans with no gatekeeper

		50/6500/3 Bronze		75/7500/1 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)	$6,500/$13,000[7]	$13,000/$26,000	$7,500/$15,000	$15,000/$30,000
	Prescription Drug Deductible (Annual Member/Family)			$650/$1,300[7]	
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room Deductible (per visit, waived if admitted)	None		None	
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$9,500/$19,000	$16,000/member	$9,500/$19,000	$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	*Lab Tests*	40%	50%	40%	50%
	Routine Radiology	40%	50%	40%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	40%	50%; $800/test benefit	40%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	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
Prescription Drug Benefits:		**Retail**		**Retail**	
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$20	$20 + 50%	$20	$20 + 50%
	Brand Formulary - Tier 2	$75	$75 + 50%	$75	$75 + 50%
	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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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

Traditional PPO Plans with no gatekeeper

		25/750-E Gold	45/2900-E Silver
Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		**PPO**	**PPO**
Network Benefit Level		**In-Network**	**In-Network**
Annual Deductibles[1]	Medical (Member/Family)	$750/$2,250	$2,900/$5,800
	Prescription Drug Deductible (Annual Member/Family)	$300/$600[7]	$350/$700[7]
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit	$250/admit
	Emergency Room Deductible (per visit, waived if admitted)	$300	n/a n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$9,000/$18,000	$9,000/$18,000
Medical Event	**Benefit**[1,8]		
Visit to a Healthcare Provider's Office or Clinic	Office Visit	$25 (Deductible waived)	$45 (Deductible waived)
	Specialist Visit	$50 (Deductible waived)	$90 (Deductible waived)
	Urgent Care	$50 (Deductible waived)	$90 (Dectible waived)
	LiveHealth Online Visit	$0 (Deductible waived)	$0 (Deductible waived)
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	No charge
	Pre/Postnatal Care	25%	50%
Tests	*Lab Tests*	25%	50%
	Routine Radiology	25%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	25%	50%
Emergency Care	Emergency Room/Transportation	25%	50%
Hospital Care	Inpatient Hospital	25%	50%
	Outpatient Hospital Surgery	25%	50%
Prescription Drug Benefits:		**Retail**	**Retail**
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$10	$15
	Brand Formulary - Tier 2	$50	$60
	Brand Non-Formulary - Tier 3	$100	$115
	Self-Injectable	30% up to $250	30% up to $250
	Home Delivery Copay	2x Retail[10]	2x Retail[10]

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

Health Savings Accounts (HSA)

Save for Today. Prepare for Tomorrow.

CalCPA Health's HSA plans go a step further by offering:

- Low monthly premiums with our HDHP options
- Integrated claims and banking through HealthEquity for seamless account management
- Flexibility to use any bank of your choice (though full integration is only available through HealthEquity)

With HealthEquity integration, claims data flows automatically from Anthem to your HSA account, making it simple to:

- Pay providers directly through your HealthEquity portal
- Use your HSA debit card for qualified expenses
- Request reimbursement if you use a personal credit card

HSA Plans

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

HSA Contribution Limits		
Year	**Single**	**Family**
2026	$4,400	$8,750
2027	$4,500	$9,000

A Popular Choice Among CalCPA Health Members

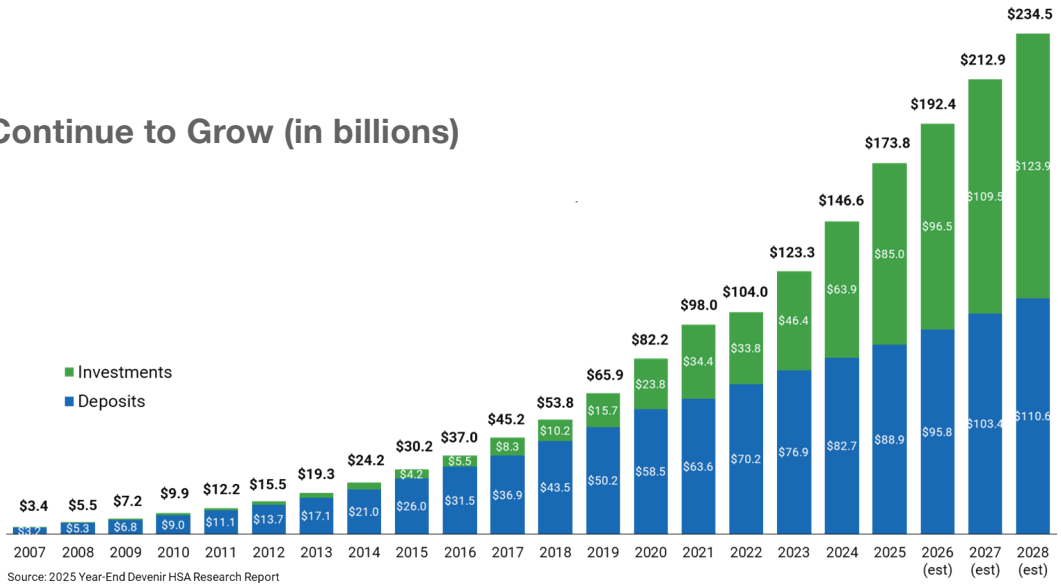
HSA-compatible plans remain one of the most popular options among CalCPA Health members. They offer comprehensive medical coverage while helping individuals and families save for qualified healthcare expenses now and in the future. Here are a few more highlights HSA plans offer:

- 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.
- Long-Term Investment Options
- Simplified banking and claims administration if used with HealthEquity
- Your HSA belongs to you, even if you change jobs or retire
- Use HSA funds for eligible healthcare expenses

An HSA works like a 401(k) for healthcare, giving you the ability to save and grow funds for future qualified medical expenses, tax-free.

Pairing an HSA with a qualified High Deductible Health Plan (HDHP) lets you make tax-free contributions* to an FDIC-insured savings account while keeping your monthly premiums lower than traditional plans.

HSA Assets Continue to Grow (in billions)



Source: 2025 Year-End Devenir HSA Research Report

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

HSA Eligible Plans

Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper.

		HSA 1750 Silver		HSA 1950 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)	$1,750/$3,500[8] (embedded $3,500)	$3,500/$7,000	$1,950/$3,900[8] (embedded $3,500)	$3,900/$7,800
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$8,700/$17,400	$16,000/member	$4,500/$9,000	$9,000/member
Medical Event	**Benefit**[1,8]				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	50%	50%	30%	50%
	Specialist Visit	50%	50%	30%	50%
	Urgent Care	50%	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	50%	50%	30%	50%
Tests	Lab Tests	50%	50%	30%	50%
	Routine Radiology	50%	50%	30%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	50%	50%; $800/test benefit	30%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	50%		30%	
Hospital Care	Inpatient Hospital	50%	50%; $650/day benefit	30%	50%; $650/day benefit
	Outpatient Hospital Surgery	50%	50%; $350/day benefit	30%	50%; $350/day benefit
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

Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper.

		HSA 2150 Silver		HSA 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)	$2,150/$4,300[8] (embedded $3,500)	$4,300/$8,600	$3,000/$6,000[8] (embedded $3,500)	$6,000/$12,000
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family) [2]	$8,700/$17,400	$16,000/member	$8,700/$17,400	$16,000/member
Medical Event	**Benefit**[1,8]				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	35%	50%	35%	50%
	Specialist Visit	35%	50%	35%	50%
	Urgent Care	35%	50%	35%	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	35%	50%	35%	50%
Tests	*Lab Tests*	35%	50%	35%	50%
	Routine Radiology	35%	50%	35%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	35%	50%; $800/test benefit	35%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	35%		35%	
Hospital Care	Inpatient Hospital	35%	50%; $650/day benefit	35%	50%; $650/day benefit
	Outpatient Hospital Surgery	35%	50%; $350/day benefit	35%	50%; $350/day benefit
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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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

Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper.

		HSA 4000 Silver		HSA 5200 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)	$4,000/$8,000[8]	$8,000/$16,000[8]	$5,200/$10,400[8]	$10,400/$20,800
	Prescription Drug Deductible (Annual Member/Family)				
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit	
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$8,700/$17,400	$16,000/member	$8,700/$17,400	$17,000/member
Medical Event	**Benefit**[1,8]				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	20%	50%	35%	50%
	Specialist Visit	20%	50%	35%	50%
	Urgent Care	20%	50%	35%	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	20%	50%	35%	50%
Tests	*Lab Tests*	20%	50%	35%	50%
	Routine Radiology	20%	50%	35%	50%
	Advanced Imaging (CT/Pet Scans/MRI)	20%	50%; $800/test benefit	35%	50%; $800/test benefit
Emergency Care	Emergency Room/Transportation	20%		35%	
Hospital Care	Inpatient Hospital	20%	50%; $650/day benefit	35%	50%; $650/day benefit
	Outpatient Hospital Surgery	20%	50%; $350/day benefit	35%	50%; $350/day benefit
Prescription Drug Benefits:		**Retail**		**Retail**	
Retail Pharmacy (30-day supply)	Generic - Tier 1	$15	$15 + 50%	$20	$20 + 50%
	Brand Formulary - Tier 2	$45	$45 + 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	$85	$85 + 50%	$100	$100 + 50%
	Self-Injectable	30% up to $250[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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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

Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper.

		HSA 6600 Bronze		HSA 3000-E 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)	$6,600/$13,200[8]	$13,200/$26,400	$3,000/$6,000[8] (embedded $3,500)
	Prescription Drug Deductible (Annual Member/Family)			
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit		$250/admit
	Emergency Room (per visit, waived if admitted)	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$8,700/$17,400	$17,000/member	$8,700/$17,400
Medical Event	**Benefit**[1,8]			
Visit to a Healthcare Provider's Office or Clinic	Office Visit	25%	50%	35%
	Specialist Visit	25%	50%	35%
	Urgent Care	25%	50%	35%
	LiveHealth Online Visit	$0	n/a	$0
	Preventive Care/Immunizations (Deductible waived for In-Network)	No charge	50%	No charge
	Pre/Postnatal Care	25%	50%	35%
Tests	*Lab Tests*	25%	50%	35%
	Routine Radiology	25%	50%	35%
	Advanced Imaging (CT/Pet Scans/MRI)	25%	50%; $800/test benefit	35%
Emergency Care	Emergency Room/Transportation	25%		35%
Hospital Care	Inpatient Hospital	25%	50%; $650/day benefit	35%
	Outpatient Hospital Surgery	25%	50%; $350/day benefit	35%
Prescription Drug Benefits:		**Retail**		**Retail**
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$20	$20 + 50%	$15
	Brand Formulary - Tier 2	$60	$60 + 50%	$45
	Brand Non-Formulary - Tier 3	$100	$100 + 50%	$85
	Self-Injectable	30% up to $500[12]	Not Covered	30% up to $250[12]
	Home Delivery Copay	2x Retail[10]	Not Covered	2x Retail[10]

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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.
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

Traditional PPO Plans with no gatekeeper

		30/0-C Gold				50/0-C Silver			
Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		**PPO**				**PPO**			
Network Benefit Level		**Tier 1**	**Tier 2**	**Tier 3**	**Out-of-Network**	**Tier 1**	**Tier 2**	**Tier 3**	**Out-of-Network**
Annual Deductibles[1]	Medical (Member/Family)	$0			$0	$0			$0
	Prescription Drug Deductible (Annual Member/Family)	$300/$600				$350/$700			
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit				$250/admit			
	Emergency Room Deductible (per visit, waived if admitted)	n/a				n/a			
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$6,500/$13,000			$13,000/member	$8,250/$16,500			$16,500/member
Medical Event	**Benefit**[1,8]								
Visit to a Healthcare Provider's Office or Clinic	Office Visit	$30	$40	$70	$90	$50	$70	$120	$140
	Specialist Visit	$55	$80	$130	$150	$100	$140	$230	$270
	Urgent Care	$55	$55	$55	$150	$100	$100	$100	$270
	LiveHealth Online Visit	$0	$0	$0	n/a	$0	$0	$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	$0	$0	$0	$90	$0	$0	$0	$140
	Pre/Postnatal Care	$30	$40	$70	$90	$50	$70	$120	$140
Tests	*Lab Tests*	$40	$60	$90	$110	$150	$200	$340	$410
	Routine Radiology	$80	$110	$180	$220	$200	$270	$450	$540
	Advanced Imaging (CT/Pet Scans/MRI)	$280	$380	$630	$760; $800/ test benefit	$350	$470	$780	$950; $800/test benefit
Emergency Care	Emergency Room/Transportation	$ 550				$1,250			
Hospital Care	Inpatient Hospital	$2,850	$3,800	$6,420	$7700; $650/ day benefit	$3,800	$5,060	$8,250	$10,260; $650/ day benefit
	Outpatient Hospital Surgery	$950	$1,270	$2,140	$2570; $350/ day benefit	$1,300	$1,730	$2,930	$3,510;$350/ day benefit
Prescription Drug Benefits:		**Retail**							
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$10			$10 + 50%	$15			$15 + 50%
	Brand Formulary - Tier 2	$50			$50 + 50%	$60			$60 + 50%
	Brand Non-Formulary - Tier 3	$100			$100 + 50%	$115			$115 + 50%
	Self-Injectable	30% up to $250[12]			n/a	30% up to $250[12]			n/a
	Home Delivery Copay	2x Retail[10]			n/a	2x Retail[10]			n/a

HSA Eligible Plans

Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper.

		HSA 1950-C Gold				HSA 2950-C Silver			
Available Provider Networks (may offer in any combination) Choice of Blue Cross PPO (Prudent Buyer), Select PPO (Alternate Network) or EPO		**PPO**				**PPO**			
Network Benefit Level		**Tier 1**	**Tier 2**	**Tier 3**	**Out-of-Network**	**Tier 1**	**Tier 2**	**Tier 3**	**Out-of-Network**
Annual Deductibles[1]	Medical (Member/Family)	$1,950/ $3,900[8] (embedded $3,500)			$3,900/$7,800	$2,950/ $5,900[8] (embedded $3,500)			$5,800/ $11,800
	Prescription Drug Deductible (Annual Member/Family)								
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	$250/admit				$250/admit			
	Emergency Room (per visit, waived if admitted)	n/a				n/a			
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$3,800/$7,600			$7,600/member	$5,800/$11,600			$11,600/member
Medical Event	**Benefit**[1,8]								
Visit to a Healthcare Provider's Office or Clinic	Office Visit	$15	$20	$35	$50	$15	$20	$35	$50
	Specialist Visit	$30	$40	$70	$90	$30	$40	$70	$90
	Urgent Care	$30	$30	$30	$90	$30	$30	$30	$90
	LiveHealth Online Visit	$0	$0	$0	n/a	$0	$0	$0	n/a
	Preventive Care/Immunizations (Deductible waived for In-Network)	$0	$0	$0	$50	$0	$0	$0	$50
	Pre/Postnatal Care	$15	$20	$35	$50	$15	$20	$35	$50
Tests	*Lab Tests*	$10	$15	$25	$40	$10	$15	$25	$40
	Routine Radiology	$40	$55	$90	$110	$40	$55	$90	$110
	Advanced Imaging (CT/Pet Scans/MRI)	$140	$190	$320	$380; $800/ test benefit	$140	$190	$320	$380; $800/ test benefit
Emergency Care	Emergency Room/Transportation	$265				$265			
Hospital Care	Inpatient Hospital	$1,425	$1,900	$3,210	$3850; $650/ day benefit	$1,425	$1,900	$3,210	$3850; $650/ day benefit
	Outpatient Hospital Surgery	$465	$620	$1,050	$1260; $350/ day benefit	$465	$620	$1,050	$1260; $350/ day benefit
Prescription Drug Benefits:		**Retail**				**Retail**			
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail copay for Tier 1 and 2x retail copay for Tier 2 & 3)**	Generic - Tier 1	$10			$10 + 50%	$15			$15 + 50%
	Brand Formulary - Tier 2	$50			$50 + 50%	$60			$60 + 50%
	Brand Non-Formulary - Tier 3	$100			$100 + 50%	$115			$115 + 50%
	Self-Injectable	30% up to $250[12]			n/a	30% up to $250[12]			n/a
	Home Delivery Copay	2x Retail[10]			n/a	2x Retail[10]			n/a

Anthem Blue Cross HMO Plans
Traditional HMO plans with a gatekeeper

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)	$300/$600[7]	$150/$300[7]
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	n/a	n/a
	Emergency Room (per visit, waived if admitted)	$300/visit	$250/visit
Annual Maximum	Out-of-Pocket (Annual Member/Family)[2]	$3,500/7,000	$6,350/$12,700
Medical Event	**Benefit**[1,8]		
Visit to a Healthcare Provider's Office or Clinic	Office Visit	$10	$35
	Specialist Visit	$35	$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	*Lab Tests*	$10	$35
	Routine Radiology	$10	$35
	Advanced Imaging (CT/Pet Scans/MRI)	10%	0%
Emergency Care	Emergency Room/Transportation	10%	0%
Hospital Care	Inpatient Hospital	10%	25%
	Outpatient Hospital Surgery	10%	25%
Prescription Drug Benefits:		**Retail**	**Retail**
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail for Tier 1, 2x retail for Tiers 2/3, except where noted)**	Generic[10] - Tier 1a/1b	$15	$15
	Brand Formulary - Tier 2	$30	$50
	Brand Non-Formulary - Tier 3	$60	$100
	Self-Injectable	30% up to $250	30% up to $250
	Home Delivery Copay	2x Retail[10]	2x Retail[10]

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.

Anthem Blue Cross HMO Plans
Traditional HMO plans with a gatekeeper

Blue Cross HMO (CACare) and Select HMO networks		HMO 25/1500 Silver	HMO 30/3000 Silver
Annual Deductibles[1]	Medical (Member/Family)	$1,500; office setting waived	$3000; office setting waived
	Prescription Drug Deductible (Annual Member/Family)	$500/$1,500[7]	$500/$1,500[7]
Other Deductibles for Specific Services	Non-Authorized Admit Deductible (Inpatient Hospital/Residential)	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	*Lab Tests*	No charge	No charge
	Routine Radiology	No charge	No charge
	Advanced Imaging (CT/Pet Scans/MRI)	$250/test	$250/test
Emergency Care	Emergency Room/Transportation	30%/$100 trip	30%/$100 trip
Hospital Care	Inpatient Hospital	30%	30%
	Outpatient Hospital Surgery	30%	30%
Prescription Drug Benefits:		**Retail**	**Retail**
Retail Pharmacy (30-day supply) **Mail Order (90-day supply at 1x retail for Tier 1, 2x retail for Tiers 2/3, except where noted)**	Generic[10] - Tier 1a/1b	$5/$20	$5/$20
	Brand Formulary - Tier 2	$50	$50
	Brand Non-Formulary - Tier 3	$65	$65
	Self-Injectable	30% up to $250	30% up to $250
	Home Delivery Copay	2.5x Retail[11]	2.5x Retail[11]

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.

Complete your employee benefits package with dental, vision, group life insurance, and long-term disability coverage designed to support the health, well-being, and financial security of your employees.

Vision Care

CalCPA Health offers members access to quality eye care through Vision Service Plan (VSP), the nation's largest network of eye care doctors. CalCPA Health members have access to:

- Quality eye exams, eyewear, and contacts at low out-of-pocket costs
- Easy access to thousands of in-network providers
- Extra savings with the VSP Vision Savings Pass, offering discounts on eye care and eyewear

Dental Care

CalCPA Health offers a variety of Delta Dental PPO plan options, connecting members to the nation's largest dental PPO network. Benefits include:

- Discounts when visiting Delta Dental PPO dentists
- Freedom of choice to see any licensed dentist
- Convenience — participating providers handle claims and most inquiries on your behalf

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.

- 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 current lifestyle.

- 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

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 –** U.S. board-certified with an average of 15 years in practice, trained in online medicine.
- **Private and Secure Visits:** Your consultations are always private and secure.

Specialized Care Options

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

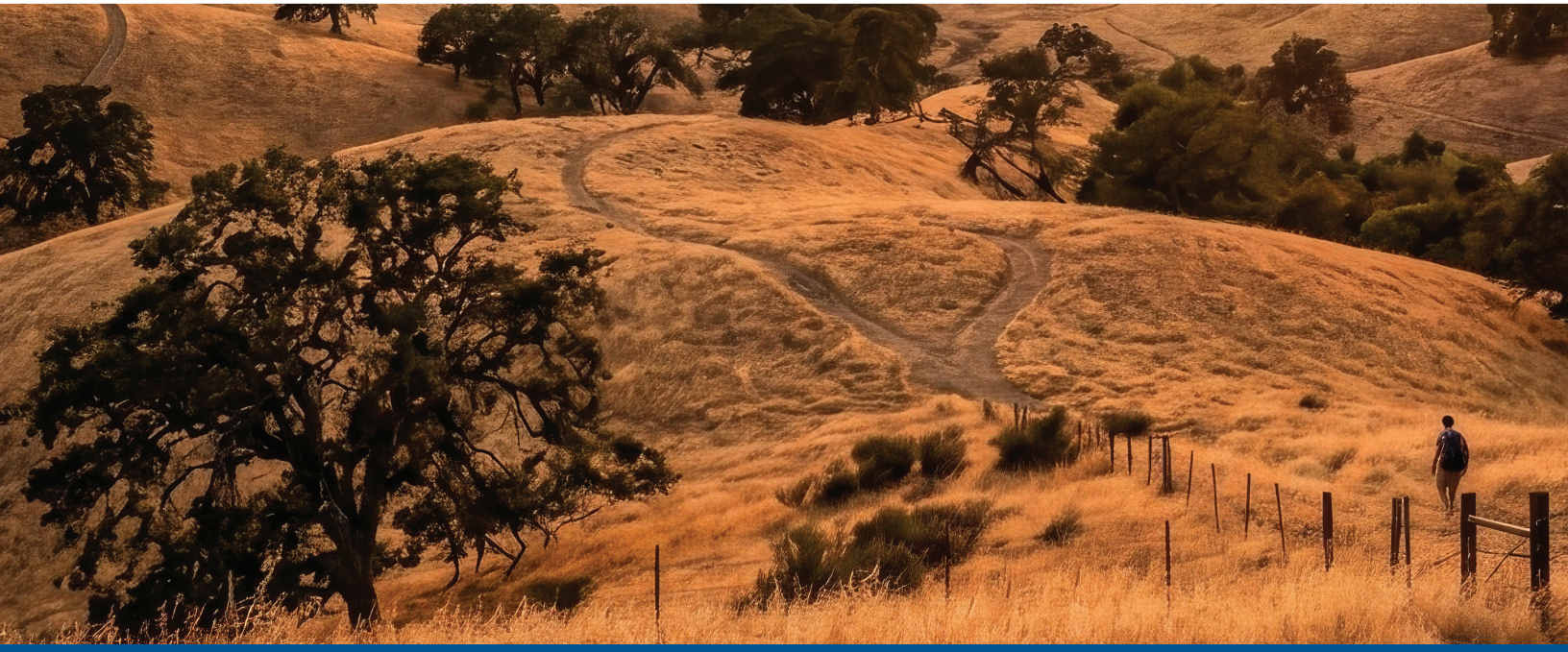
- **Allergy –** Connect with doctors who specialize in managing allergies.
- **Dermatology –** Upload images of skin, hair, or nail concerns for diagnosis and treatment from a board-certified dermatologist.
- **Psychology & Psychiatry –** Speak with a licensed psychologist, therapist, or psychiatrist. In most cases, you'll be connected within 4 days or less. *(Note: LHO is not appropriate for all conditions and does not provide emergency services.)*

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

Download on the App Store | GET IT ON Google Play



Useful Information and Services

Waiting Period

Employers may choose one of the following options for new employee coverage:

- Coverage is effective on the **first day of the month following the date of hire**
- Coverage is effective on the **first day of the month following a 0, 30, or 60-day waiting period**

Effective Date: Upon approval, coverage begins on the first day of the month after the waiting period ends.

Note: If an employee is not actively at work on the date coverage would otherwise begin, coverage is delayed until the first day of the month following the employee's return to active work.

For Your Employees

When you enroll in a CalCPA Health plan, employees receive:

- **ID Cards –** Sent directly, along with the Medical Plan Document and Disclosure Form (also serving as the Summary Plan Description, or SPD).
- **Plan Information –** The SPD provides detailed benefits, services, and key information to help employees understand their coverage.
- **Member Support –** In addition to Banyan Administrators for plan-related questions, employees have access to Anthem Blue Cross Member Services. Dedicated representatives are available to assist with:
    - Benefit questions
    - Accessing available services
    - 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, their families, and their firms.

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

Customer Service

Our Story

CalCPA Health's story began in 1959, when CalCPA established the Group Insurance Trust of the California Society of CPAs to provide members with access to employee benefit plans. Changes to California's small group health insurance market in the 1990s created new challenges, particularly for solo practitioners (without W-2 employees) who did not qualify for guaranteed-issue coverage. In response, the Group Insurance Trust sought approval from the California Department of Insurance to operate as a Multiple Employer Welfare Arrangement (MEWA).

In 1997, the Group Insurance Trust launched its own branded, self-insured health plans, now known as CalCPA Health. Today, CalCPA Health operates under a Certificate of Compliance issued by the California Department of Insurance.

CalCPA Health is member-governed, with a Board of Trustees elected from participating firms. This structure helps ensure CalCPA Health remains focused on the needs of the firms and members it serves.

Contact Information

CalCPA Health Online

CalCPA Health provides convenient access to a variety of individualized information at **CalCPAHealth.com**. Prospective firms can request a proposal online at **CalCPAHealth.com/quotes.**

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. You can also visit CalCPAHealth.com to view SBCs, plan documents, and other valuable resources.

Contact Us:

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

Customer Service

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 Rx Program (ESI)
For Non-HMO Members
1-877-659-5144
express-scripts.com

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

Disclosures

This brochure provides a plain-language summary of 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 conflict between this brochure and the official plan documents, the **plan documents will govern.** Copies are available from the plan administrator or at CalCPAHealth.com.

This brochure does not guarantee medical coverage or CalCPA membership. The Group Insurance Trust reserves the right to modify benefits under CalCPA Health at any time.

CalCPA Health

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San Mateo, CA 94404
1-800-556-5771
CalCPAHealth.com

Endorsed By CalCPA
California Society
Certified Public Accountants