CalCPA Health

The following chart is for comparative purposes only and illustrate the in-network benefits for the 2017 CalCPA medical plans. For complete coverage details, the Plan Document may be found online in the Employee Benefits Gateway (EBG) at EBG.CalCPAHealth.com/OE2017 or by contacting Banyan Administrators.

CalCPA Health Copay Plans[*]	PPO 10/250/10%	PPO 15/500/20%	PPO 25/500/30%	PPO 25/500/30% RxV	PPO 35/1000/40%	PPO 40/1500/40%	PPO 40/1500/40% RxV	PPO 45/1500/50%	PPO 45/5000/10% Saver
	Select PPO 10/250/10%	Select PPO 15/500/20%	Select PPO 25/500/30%	Select PPO 25/500/30% RxV	Select PPO 35/1000/40%	Select PPO 40/1500/40%	Select PPO 40/1500/40% RxV	Select PPO 45/1500/50%	Select PPO 45/5000/10% Saver
Metal Tier	Platinum	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze
Medical Deductible[†] (Annual Member/Family)	$250/ $750	$500/ $1,500	$500/ $1,500	$500/ $1,500	$1,000/ $2,000	$1,500/ $3,000	$1,500/ $3,000	$1,500/ $3,000	$5,000/ $10,000[↓]
Prescription Drug Deductible (Annual Member/Family)	$150/ $300[↓]	$150/ $300[↓]	$250/ $500[↓]	$500/ $1,000[↓]	$250/ $500[↓]	$250/ $500[↓]	$500/ $1,000[↓]	$250/ $500[↓]	
Emergency Room Deductible (waived if admitted)	$100 per incident	$150 per incident	$250 per incident	$250 per incident	$250 per incident	$250 per incident	$250 per incident	$250 per incident	$300 per incident
Inpatient Stay Deductible (per non-authorized admit)	$250	$250	$250	$250	$250	$250	$250	$250	$250
Out-of-Pocket Maximum (Annual Member/Family)‡	$3,000/ $6,000	$4,500/ $9,000	$4,500/ $9,000	$4,500/ $9,000	$6,850/ $13,700	$6,000/ $12,000	$6,000/ $12,000	$6,600/ $13,200	$6,850/ $13,700
Office Visit / Urgent Care Copay	$10	$15[#]	$25[#]	$25[#]	$35[#]	$40[#]	$40[#]	$45[**]	$45[‖]
Specialist Visit Copay	$25	$35[#]	$50[#]	$50[#]	$65[#]	$80[#]	$80[#]	$65[**]	$65[‖]
Preventive Care/Immunizations (deductible waived)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency Room	10%	20%	30%	30%	40%	40%	40%	50%	10%
Inpatient Hospital/Maternity Care	10%	20%	30%	30%	40%	40%	40%	50%	10%
Outpatient Hospital/Surgical Visit	10%	20%	30%	30%	40%	40%	40%	50%	10%
Prescription Drug Benefits (30-day supply for retail and 90-day supply at 2x copay for mail-order)									
Generic[↑]	$10	$10	$10	$15	$10	$10	$15	$10	$15
Brand Formulary	$30	$30	$30	$50	$30	$30	$50	$30	$50
Brand non-Formulary	$60	$60	$60	$100	$60	$60	$100	$60	$75

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

*Mental Health and Substance Abuse has the same coverage as medical.

[†] The following applies 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.

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

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

[‖] Deductible is waived for first three in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

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

[↓] Waived for generic drugs.

[↑] Generic mail order: 90-day supply at 1x copay

CalCPA Health HRA, HSA and HMO Plans[*]	PPO HRA 45/5000/10% Select PPO HRA 45/5000/10%	PPO HSA 1700/30%/RxC Select PPO HSA 1700/30%/RxC	PPO HSA 2600/20%/RxC Select PPO HSA 2600/20%/RxC	PPO HSA 3500/30%/RxC Select PPO HSA 3500/30%/RxC	PPO HSA 4500/20%/RxC Select PPO HSA 4500/20%/RxC	PPO HSA 5500/0%/RxC Select PPO HSA 5500/0%/RxC	HMO 10/0% Select HMO 10/0%	HMO 35/20% Select HMO 35/20%
Metal Tier	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Gold
Medical Deductible[†] (Annual Member/Family)	$5,000/ $10,000[↓]	$1,700/ $3,400 (embedded $2,600)	$2,600/ $5,200	$3,500/ $7,000	$4,500/ $9,000	$5,500/ $11,000	None	None
Prescription Drug Deductible (Annual Member/Family)							$150/ $300[↓]	$150/ $300[↓]
Emergency Room Deductible (waived if admitted)	$300 per incident	n/a	n/a	n/a	n/a	n/a	$100 per incident	$250 per incident
Inpatient Stay Deductible (per non-authorized admit)	$250	$250	$250	$250	$250	$250	n/a	n/a
Out-of-Pocket Maximum (Annual Member/Family)‡	$6,600/ $13,200	$4,500/ $9,000	$5,500/ $11,000	$6,550/ $13,100	$6,550/ $13,100	$6,550/ $13,100	$1,750/ $3,500	$6,350/ $12,700
Office Visit / Urgent Care Copay	$45[‖]	$0	$0	$0	$0	$0	$10	$35
Specialist Visit Copay	$65[‖]	$0	$0	$0	$0	$0	$10	$65
Preventive Care/Immunizations (deductible waived)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Emergency Room	10%	30%	20%	30%	20%	0%	No charge	No charge
Inpatient Hospital/Maternity Care	10%	30%	20%	30%	20%	0%	No charge	20%
Outpatient Hospital/Surgical Visit	10%	30%	20%	30%	20%	0%	No charge	No charge
Prescription Drug Benefits (30-day supply for retail and 90-day supply at 2x copay for mail-order)								
Generic[↑]	$15	$10	$10	$10	$10	$10	$10	$15
Brand Formulary	$50	$30	$30	$30	$30	$30	$25	$35
Brand non-Formulary	$75	$60	$60	$60	$60	$60	$45	$70

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

*Mental Health and Substance Abuse has the same coverage as medical.

[†]The following applies 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.

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

[‖]Deductible is waived for first three in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

[↓]Waived for generic drugs.

[↑]Generic mail order: 90-day supply at 1x copay