

To comply with the Affordable Care Act, CalCPA Health has made the following plan changes outlined in the table below. A full overview of the benefits can be found online in the Employee Benefits Gateway (EBG) at [EBG.CalCPAHealth.com/OE2017](http://EBG.CalCPAHealth.com/OE2017) or by contacting Banyan Administrators at (877) 480-7923.

Plans	Benefit Category	2016 Benefit	2017 Benefit
<b>PPO and Select PPO 10/250/10%</b>	Plan Name	PPO and Select PPO 10	PPO and Select PPO 10/250/10%
	In-Network Medical Deductible	\$250 individual	\$250 individual
		\$500 family	\$750 family
	Out-of-Network Medical Deductible	\$500 individual	\$500 individual
		\$1,000 family	\$1,500 family
	In-Network Out-of-Pocket Maximum	\$2,500 individual	\$3,000 individual
		\$5,000 family	\$6,000 family
Out-of-Network Out-of-Pocket Maximum	\$5,000 per member	\$6,000 per member	
Specialist Visit Copay	\$20	\$25	
Self-Injectable Drug Copay	30%	30% up to \$250	
<b>PPO and Select PPO 15/500/20%</b>	Plan Name	PPO and Select PPO 15	PPO and Select PPO 15/500/20%
	In-Network Medical Deductible	\$500 individual	\$500 individual
		\$1,000 family	\$1,500 family
	Out-of-Network Medical Deductible	\$1,000 individual	\$1,000 individual
		\$2,000 family	\$3,000 family
	In-Network Out-of-Pocket Maximum	\$4,000 individual	\$4,500 individual
		\$8,000 family	\$9,000 family
Specialist Visit Copay	\$30	\$35	
Self-Injectable Drug Copay	30%	30% up to \$250	
<b>PPO and Select PPO 25/500/30%</b>	Plan Name	PPO and Select 25	PPO and Select PPO 25/500/30%
	In-Network Medical Deductible	\$500 individual	\$500 individual
		\$1,000 family	\$1,500 family
	Out-of-Network Medical Deductible	\$1,000 individual	\$1,000 individual
		\$2,000 family	\$3,000 family
Self-Injectable Drug Copay	30%	30% up to \$250	
<b>PPO and Select PPO 35/1000/40%</b>	Plan Name	PPO and Select PPO 35	PPO and Select PPO 35/1000/40%
	Specialist Visit Copay	\$70	\$65
	Brand Formulary Drug Copay	\$35	\$30
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>PPO and Select PPO 40/1500/40%</b>	Plan Name	PPO and Select PPO 40	PPO and Select PPO 40/1500/40%
	Specialist Visit Copay	\$60	\$80
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>PPO and Select PPO 45/1500/50%</b>	Plan Name	PPO and Select PPO 45	PPO and Select PPO 45/1500/50%
	In-Network Medical Deductible	Applies to all office visits	Waived for first office visit
	Self-Injectable Drug Copay	30%	30% up to \$250

Plans	Benefit Category	2016 Benefit	2017 Benefit
<b>PPO and Select PPO 45/5000/10% Saver</b>	Plan Name	PPO and Select PPO Saver	PPO and Select PPO 45/5000/10% Saver
	Generic Drug Copay	\$19	\$15 plus 50% if out-of-network
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>PPO and Select PPO HRA 45/5000/10%</b>	Plan Name	PPO and Select PPO Saver HRA	PPO and Select PPO HRA 45/5000/10%
	Generic Drug Copay	\$19	\$15 plus 50% if out-of-network
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>PPO and Select PPO HSA 1700/30%/RxC</b>	Plan Name	PPO and Select PPO HSA 1500	PPO and Select PPO HSA 1700/30%/RxC
	In-Network Integrated Medical & Drug Deductible	\$1,500 individual	\$1,700 individual
		\$3,000 family (non-embedded)	\$3,400 family with embedded \$2,600 per member
	Out-of-Network Integrated Medical & Drug Deductible	\$3,000 individual	\$3,400 individual
		\$6,000 family (non-embedded)	\$6,800 family (embedded \$3,400 per member)
	In-Network Out-of-Pocket Maximum	\$4,500 individual	\$4,500 individual
		\$9,000 family (embedded \$6,850 per member)	\$9,000 family (embedded \$4,500 per member)
	Out-of-Network Out-of-Pocket Maximum	\$10,000 individual	\$10,000 individual
		\$20,000 family (non-embedded)	\$20,000 family (embedded)
Generic Drug Copay	30%	\$10 plus 50% if out-of-network	
Brand Formulary Drug Copay	30%	\$30 plus 50% if out-of-network	
Brand Non-Formulary Drug Copay	30%	\$60 plus 50% if out-of-network	
<b>PPO and Select PPO HSA 2600/20%/RxC</b>	Plan Name	PPO and Select PPO HSA 2500	PPO and Select PPO HSA 2600/30%/RxC
	In-Network Co-insurance	15%	20%
	In-Network Integrated Medical & Drug Deductible	\$2,500 individual	\$2,600 individual
		\$5,000 family (non-embedded)	\$5,200 family (embedded \$2,600 per member)
	Out-of-Network Integrated Medical & Drug Deductible	\$5,000 individual	\$5,200 individual
		\$10,000 family (non-embedded)	\$10,400 family (embedded \$5,200 per member)
	In-Network Out-of-Pocket Maximum	\$5,000 individual	\$5,500 individual
		\$10,000 family (embedded \$6,850 per member)	\$11,000 family (embedded \$5,500 per member)
	Out-of-Network Out-of-Pocket Maximum	\$10,000 individual	\$20,000 individual
		\$20,000 family (non-embedded)	\$20,000 family (embedded \$10,000 per member)
	Generic Drug Copay	15%	\$10 plus 50% if out-of-network
Brand Formulary Drug Copay	15%	\$30 plus 50% if out-of-network	
Brand Non-Formulary Drug Copay	15%	\$60 plus 50% if out-of-network	
Self-Injectable Drug Copay	15%	30%	

Plans	Benefit Category	2016 Benefit	2017 Benefit
<b>PPO and Select PPO HSA 3500/30%/RxC</b>	Plan Name	PPO and Select PPO HSA 3500	PPO and Select PPO HSA 3500/30%/RxC
	In-Network Integrated Medical & Drug Deductible	\$3,500 individual	\$3,500 individual
		\$7,000 family (embedded \$6,850 per member)	\$7,000 family (embedded \$3,500 per member)
	Out-of-Network Integrated Medical & Drug Deductible	\$7,000 individual	\$7,000 individual
		\$14,000 family (non-embedded)	\$14,000 family (embedded \$7,000 per member)
	In-Network Out-of-Pocket Maximum	\$6,550 individual	\$6,550 individual
		\$13,100 family (embedded \$6,850 per member)	\$13,100 family (embedded \$6,550 per member)
	Out-of-Network Out-of-Pocket Maximum	\$10,000 individual	\$10,000 individual
\$20,000 family (non-embedded)		\$20,000 family (embedded \$10,000 per member)	
Generic Drug Copay	30%	\$10 plus 50% if out-of-network	
Brand Formulary Drug Copay	30%	\$30 plus 50% if out-of-network	
Brand Non-Formulary Drug Copay	30%	\$60 plus 50% if out-of-network	
<b>HMO 10/0%</b>	Plan Name	HMO 100	HMO 10/0%
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>HMO 35/20%</b>	Plan Name	HMO 80	HMO 35/20%
	Self-Injectable Drug Copay	30%	30% up to \$250
<b>Dental Plan</b>	No benefit changes made to the current PPO or HMO Dental plans for this renewal		
<b>Vision Plans</b>	No benefit changes made to the current vision plans for this renewal		
<b>New CalCPA Health plans for 2017</b>	<p>Medical Plans:</p> <ul style="list-style-type: none"> <li>• PPO and Select PPO 25/500/30% with RxV</li> <li>• PPO and Select PPO 40/1500/40% with RxV</li> <li>• PPO and Select PPO HSA 4500/20%/RxC</li> <li>• PPO and Select PPO HSA 5500/0%/RxC</li> </ul> <p>Vision Plan:</p> <ul style="list-style-type: none"> <li>• Choice Premier Plan</li> </ul> <p><i>Please refer to the In-Network Comparison or EZ Guide for an overview of the benefits.</i></p>		