

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.

ΡΡΟ	ΡΡΟ	ΡΡΟ	PPO	ΡΡΟ	PPO	PPO	ΡΡΟ	PPO			
-	-	-	-	-	-	-		45/5000/10%			
10/230/10/0	13, 300, 2070	23/300/30/0		33/1000/40/0	40/1300/40/0		43/1300/30/0	Saver			
Select PPO	Select PPO	Select PPO		Select PPO	Select PPO		Select PPO	Select PPO			
								45/5000/10%			
10/250/10/8	15/500/20/8	25/500/50/6		55/1000/40/6	40/1500/40/6		45/1500/50%	45/5000/10% Saver			
Platinum	Gold	Gold		Silver	Silver		Silver	Bronze			
								5.0.120			
\$750	\$1,500	\$1,500	\$1,500	\$2,000	\$3,000	\$3,000	\$3,000	\$5,000/			
\$150/	\$150/	\$250/	\$500/	\$250/	\$250/	\$500/	\$250/	$$10,000^{\downarrow}$			
\$300 [↓]	\$300 [↓]	\$500 [↓]	\$1,000 [↓]	\$500 [↓]	\$500 [↓]	\$1,000 [↓]	\$500 [↓]	. ,			
\$100 per			\$250 per	\$250 per			\$250 per	\$300 per			
incident	incident	incident	incident	incident	incident	perincident	incident	incident			
\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250	\$250			
\$3,000/	\$4,500/	\$4,500/	\$4,500/	\$6,850/	\$6,000/	\$6,000/	\$6,600/	\$6,850/			
								\$13,700			
\$10						\$40 [#]	\$45**	\$45 ["]			
\$25						\$80 [#]	\$65**	\$65 ["]			
No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge			
10%	20%	30%	30%	40%	40%	40%	50%	10%			
10%	20%	30%	30%	40%	40%	40%	50%	10%			
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)											
\$10	\$10	\$10	\$15	\$10	\$10	\$15	\$10	\$15			
\$30	\$30	\$30	\$50	\$30	\$30	\$50	\$30	\$50			
\$60	\$60	\$60	\$100	\$60	\$60	\$100	\$60	\$75			
	Select PPO 10/250/10% Platinum \$250/ \$750 \$150/ \$300 [↓] \$100 per incident \$250 \$3,000/ \$6,000 \$10 \$25 No charge 10% 10% 10% 10% 10% 10%	10/250/10% 15/500/20% Select PPO Select PPO 10/250/10% Select PPO 15/500/20% 15/500/20% Platinum Gold \$250/ \$500/ \$750 \$1,500 \$150/ \$150 \$150/ \$150 \$150/ \$150 \$150/ \$150 \$150/ \$150 \$150 \$150 \$100 per \$150 per incident incident \$250 \$250 \$3,000/ \$4,500/ \$6,000 \$9,000 \$10 \$15" \$250 \$35" No charge No charge 10% 20% 10% 20% 10% 20% 10% 20% 10% 20% 10% 20% 10% 20% 10% 20% 10% 20% 10% 20%	10/250/10% 15/500/20% 25/500/30% Select PPO Select PPO Select PPO 10/250/10% Select PPO 25/500/30% Platinum Gold Gold \$250/ \$500/ \$500/ \$750 \$1,500 \$1,500 \$150/ \$1,500 \$1,500 \$150/ \$1,500 \$1,500 \$150/ \$1,500 \$1,500 \$150/ \$150/ \$250/ \$300 ^{4/} \$300 ^{4/} \$250/ \$100 per \$150 per \$250 per incident incident incident \$100 per \$250 \$250 \$3,000/ \$4,500/ \$4,500/ \$6,000 \$9,000 \$9,000 \$10 \$15" \$25" \$250 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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.

 $^{\downarrow}$ Waived for generic drugs.

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



CalCPA Health HRA, HSA	PPO HRA 45/5000/10%	PPO HSA 1700/30%/RxC	PPO HSA 2600/20%/RxC	PPO HSA 3500/30%/RxC	PPO HSA 4500/20%/RxC	PPO HSA 5500/0%/RxC	HMO 10/0%	HMO 35/20%			
and HMO Plans [*]	Select PPO HRA		Select PPO HSA			Select PPO HSA	Select HMO	Select HMO			
	45/5000/10%		2600/20%/RxC			5500/0%/RxC	10/0%	35/20%			
Metal Tier	Silver	Silver	Silver	Bronze	Bronze	Bronze	Platinum	Gold			
Medical Deductible [†]	4	\$1,700/					None	None			
(Annual Member/Family)	\$5,000/	\$3,400	\$2,600/	\$3,500/	\$4,500/ \$9,000	\$5,500/					
Prescription Drug Deductible	$$10,000^{\downarrow}$	(embedded	\$5,200	\$7,000	Ş 4 ,500/ Ş5,000	\$11,000	\$150/	\$150/			
(Annual Member/Family)		\$2,600)					\$300 [↓]	\$300 [↓]			
Emergency Room Deductible	\$300 per	n/a	n/a	n/a	n/a	n/a	\$100 per	\$250 per			
(waived if admitted)	incident						incident	incident			
Inpatient Stay Deductible	\$250	\$250	\$250	\$250	\$250	\$250	n/a	n/a			
(per non-authorized admit)	•										
Out-of-Pocket Maximum	\$6,600/	\$4,500/	\$5,500/	\$6,550/	\$6,550/	\$6,550/	\$1,750/	\$6,350/			
(Annual Member/Family)‡	\$13,200	\$9,000	\$11,000	\$13,100	\$13,100	\$13,100	\$3,500	\$12,700			
Office Visit / Urgent Care Copay	\$45 ¹¹	\$0	\$0	\$0	\$0	\$0	\$10	\$35			
Specialist Visit Copay	\$65 ¹¹	\$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			

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¹Deductible is waived for first three in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.

 ${}^{\downarrow}\textsc{Waived}$ for generic drugs.

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