



CalCPA Health

2021

Plan Brochure

Health Plans For CPAs by CPAs Since 1959



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**Health plans by CPAs,
for CPAs since 1959**

Why CalCPA members choose CalCPA Health

Things have been different lately and for a while, not too many things will look the same as they used to. One thing hasn't changed: CalCPA Health is still right here to help you with your health and benefit needs. Since 1959 CalCPA Health has provided healthcare and benefit plans exclusively to CalCPA member firms, sole practitioners and financial professionals.

Any insurer, including CalCPA Health, can say its rates are competitive, its networks are comprehensive and its benefits are generous. So why do CalCPA members choose CalCPA Health? CalCPA Health is operated by people they know through CalCPA; people who are part of the same profession and business background. CalCPA Health is visible and accountable to our members.

Beyond who we are, CalCPA Health brings great value to CalCPA member firms:

- Largest provider networks in California: Anthem Blue Cross, Delta Dental, Vision Service Plan (VSP), ExpressScripts and IngenioRx for prescriptions
- Medical, Dental, Vision, Long Term Disability and Life
- Integrated HSA plans provide employers and employees healthcare cost alternatives with efficient administration
- LiveHealth Online: Medical, Allergy, Psychology, and Psychiatry
- Complimentary COBRA administration
- A.M. Best rated

This brochure provides an overview of our medical benefit plan offerings. For additional information on the plans or on our dental, vision, LTD and Life plans, visit our website at CalCPAHealth.com or call Banyan Administrators, managers for the CalCPA Health plans, at 1-877-480-7923.

We're here to help

[Have a Question?](#)

[Get a Quote](#)

or 877-480-7923

CalCPAHealth@CalCPAHealth.com

Eligibility

Employer Eligibility

Participation in CalCPA Health is available to California-based accounting firms in public practice or those offering general financial or related business services. Generally, more than 50% of the firm's owners (principals, partners, shareholders, or other owners) must be members in good standing with CalCPA.

Participation and Guidelines

- Firms of three (3) or less employees must enroll 100% of eligible employees.
- Firms of four (4) or more employees must enroll at least 75% of eligible employees in the medical program, and 100% of eligible employees in the ancillary programs.

All eligible employees must enroll or sign a waiver of coverage. Employees who waive coverage on the grounds that they have other group coverage (spouse or dependent on another employer plan) or Medicare are not counted as eligible employees.

Firms may mix and match their health plan offerings at their choosing. All CalCPA Health plans, or any subset of plans, may be offered to employees - there is no minimum enrollment per plan.

The employer must contribute a minimum of 50% of the cost of the employee's medical premiums, and 100% of employee's dental, vision, life or long term disability premiums (does not include cost of dependent coverage). If the employer pays 100% of the premiums, or if the plan covers three or fewer employees, then 100% of eligible employees must be covered.

Employee Eligibility

To be eligible, employees must be:

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

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

In circumstances where a spouse, dependent or relative is the only full-time employee of a licensed member, the firm may be required to provide a copy of the most recent W-2 form to verify the employment relationship.

Dependent Eligibility

Eligible dependents include a lawful spouse, Registered Domestic Partner, and dependent children of eligible employees through age 26. Disabled children of eligible employees who, with appropriate medical certification, are eligible for coverage at any age.

The Group Insurance Trust of the California Society of CPAs is a Multiple Employer Welfare Arrangement (MEWA), established in 1959, operating under the CalCPA Health brand. CalCPA Health is licensed under California insurance laws and is the only A.M. Best rated MEWA in the United States. As a MEWA, there are certain regulatory and financial advantages over the for-profit insurance providers, resulting in great value to CalCPA member firms. The Trust is operated by our Participating Employer members who are all members of CalCPA.

CalCPA Health offers different preferred provider plan options: copay plans, and high-deductible healthcare plans including HSA-eligible plans (designed to be paired with a Health Savings Account through the financial institution of your choice). Firms with two or more plan participants may also choose from Anthem Blue Cross HMO and Select HMO plans.

Health plans by CPAs, for CPAs since 1959

Provider Networks

Choice of Networks

The CalCPA Health copay and HSA plans offer a choice of networks. The Standard Prudent Buyer network is Anthem's largest network consisting of over 71,980 participating physicians and approximately 430 hospitals. Anthem's Select Network is smaller than its standard PPO and HMO networks, but provides a premium savings range of approximately 2 to 12 percent, depending on the rating region or plan selected.

CalCPA Health also offers Anthem Blue Cross HMO plans and Select HMO.

CalCPA Health PPO and HSA Plans Provide:

- Access to quality healthcare through the Anthem Blue Cross network of healthcare providers
- Coverage for mental health and substance abuse services
- Freedom of choice to select any doctor or hospital outside the Anthem Blue Cross provider network, if you are willing to share a larger portion of the cost
- Comprehensive coverage for a wide range of healthcare services
- Cost savings through discounted fee arrangements with network providers
- Emergency care coverage worldwide, 24 hours a day
- LiveHealth Online: Medical, Allergy, Psychology and Psychiatry visits online

The Anthem Blue Cross HMO Network

The Anthem Blue Cross HMO network has contracted with more than 56,250 physicians and 430 hospitals throughout the state. When enrolling in an HMO plan, each member chooses a doctor in the Anthem HMO network to be assigned as their Primary Care Physician (PCP). A PCP specializes in General Practice, Internal Medicine, Family Practice or Pediatrics and would be responsible for managing your medical needs; including referrals to any specialty care. While some specialty care such as OB/GYN and Mental Health may be self-referred within the Anthem network; all other specialty care requires a referral from your PCP, including non-emergency hospitalization.

Anthem Blue Cross HMO Plans Provide:

- Access to quality healthcare through the Anthem Blue Cross network of HMO healthcare providers
- Anthem Blue Cross HMO and Select HMO plans to choose from
- 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
- Simplified procedures — no claim forms to fill out when you use network providers
- LiveHealth Online: Medical, Allergy, Psychology and Psychiatry visits online



Group Life Plans

CalCPA Health offers a Group Life Policy through Lincoln Financial Group and it is available to groups of 2 or more employees.

CalCPA Health 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.

CalCPA Health LTD Highlights:

- True Group LTD employee coverage available for groups of 2 or more lives
- Own occupation definition to end of benefit period for CPAs, 24 months for all others
- Discounted rates for CalCPA members
- Accumulation of elimination period
- Progressive partial disability benefit with return to work incentive
- “Zero-Day” residual

To obtain a quote or to find out more information regarding Group Life or LTD plans, contact our dedicated staff with Banyan Administrators at 1-877-480-7923 or email CalCPAHealth@CalCPAHealth.com.

CalCPA Health offers members access to quality eye care doctors, eyewear, and low out-of-pocket costs through Vision Service Plan (VSP). VSP has the largest network of doctors to choose from and provides ease of finding in-network doctors. CalCPA Health provides members with plans to choose from and as well as a VSP Vision Savings Pass, a discount program that is not an insurance plan but which offers immediate savings on eye care and eyewear.

CalCPA Health also offers Delta Dental PPO plan options for members to choose from, thus providing members with access to the nation’s largest dental PPO network. Benefits include discounts when visiting a Delta Dental PPO dentist, the freedom to choose any licensed dentist for your care, and unsurpassed claims convenience as participating providers handle all claims paperwork as well as most inquiries on behalf of members.

For more information about CalCPA Health’s VSP and Delta Dental programs, contact Banyan Administrators at 1-877-480-7923 or CalCPAHealth@CalCPAHealth.com.



Copay Plans — Options at a Glance

10/0 Platinum

20/600 Gold

Choice of Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$0	\$2,000/\$4,000	\$600/\$1,800	\$1,200/\$3,600
	Brand Drug (Member/Family)	\$250/\$500 ¹¹		\$250/\$500 ¹¹	
Other Deductibles for Specific Services	Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (waived if admitted)	\$300/incident		\$300/incident	
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$8,550/\$17,100	\$16,000/member	\$8,550/\$17,100	\$16,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$10 (Deductible waived)	50%	\$20 (Deductible waived)	50%
	Specialist Visit	\$20 (Deductible waived)	50%	\$50 (Deductible waived)	50%
	Urgent Care	\$20 (Deductible waived)	50%	\$50 (Deductible waived)	50%
	Preventive Care/Screenings/Immunizations (deductible waived)	No charge	50%	No charge	50%
	Pre/Postnatal Care	15%	50%	\$100 + 50%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	15%	50%	25%	50%
	Imaging (CT/PET Scans, MRI)	15%	50%; \$800/test benefit max	25%	50%; \$800/test benefit max
Emergency Care	Emergency Room	15%	15%	25%	20%
	Emergency Medical Transportation	15%	15%	25%	20%
Hospital Care	Inpatient Stay	15%	50%; \$650/day benefit max	25%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	15%	50%; \$350/day benefit max	25%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	15%	50%; \$380/day benefit max	25%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	15%	50%	25%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$10 (Deductible waived); max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶	\$20; max 25 visits/year combined ⁶ (Deductible waived)	50%; max 25 visits/year combined ⁶
	Chiropractic	\$10 (Deductible waived); max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶	\$20; max 20 visits/year combined ⁶ (Deductible waived)	50%; max 20 visits/year combined ⁶
	Acupuncture	\$10 (Deductible waived); max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶	\$20; max 12 visits/year combined ⁶ (Deductible waived)	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$5	\$5 + 50%	\$10	\$10 + 50%
	Brand Formulary - Tier 2	\$50	\$50 + 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 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

2. 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.

3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

Copay Plans — Options at a Glance

20/1000 Gold

30/600 Gold

Choice of Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$1,000/\$2,000	\$2,000/\$4,000	\$600/\$1,800	\$1,200/\$3,600
	Brand Drug (Member/Family)	\$250/\$500 ¹¹		\$250/\$500 ¹¹	
Other Deductibles for Specific Services	Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (waived if admitted)	\$300/incident		\$250/incident	
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$8,550/\$17,100	\$16,000/member	\$6,000/\$12,000	\$12,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$20 (Deductible waived)	50%	\$30 (Deductible waived)	50%
	Specialist Visit	\$50 (Deductible waived)	50%	\$60 (Deductible waived)	50%
	Urgent Care	\$50 (Deductible waived)	50%	\$30 (Deductible waived)	50%
	Preventive Care/Screenings/Immunizations (deductible waived)	No charge	50%	No charge	50%
	Pre/Postnatal Care	20%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	20%	50%	30%	50%
	Imaging (CT/PET Scans, MRI)	20%	50%; \$800/test benefit max	30%	50%; \$800/test benefit max
Emergency Care	Emergency Room	20%	20%	30%	30%
	Emergency Medical Transportation	20%	20%	30%	30%
Hospital Care	Inpatient Stay	20%	50%; \$650/day benefit max	30%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	20%	50%; \$350/day benefit max	30%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	20%	50%; \$380/day benefit max	30%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	20%	50%	30%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$20; max 25 visits/year combined ⁶ (Deductible waived)	50%; max 25 visits/year combined ⁶	\$30; max 25 visits/year combined ⁶ (Deductible waived)	50%; max 25 visits/year combined ⁶
	Chiropractic	\$20; max 20 visits/year combined ⁶ (Deductible waived)	50%; max 20 visits/year combined ⁶	\$30; max 20 visits/year combined ⁶ (Deductible waived)	50%; max 20 visits/year combined ⁶
	Acupuncture	\$20; max 12 visits/year combined ⁶ (Deductible waived)	50%; max 12 visits/year combined ⁶	\$30; max 12 visits/year combined ⁶ (Deductible waived)	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$10	\$10 + 50%
	Brand Formulary - Tier 2	\$50	\$50 + 50%	\$30	\$30 + 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%	\$60	\$60 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

2. 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.

3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

Copay Plans — Options at a Glance

35/1200 Gold

40/2000 Silver

Choice of Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$1,200/\$2,400	\$2,400/\$4,800	\$2,000/\$4,000	\$4,000/\$8,000
	Brand Drug (Member/Family)	\$250/\$500 ¹¹		\$250/\$500 ¹¹	
Other Deductibles for Specific Services	Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (waived if admitted)	\$250/incident		\$250/incident	
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$8,450/\$16,900	\$16,000/member	\$8,550/\$17,100	\$16,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$35 (Deductible waived)	50%	\$40 (Deductible waived)	50%
	Specialist Visit	\$65 (Deductible waived)	50%	\$80 (Deductible waived)	50%
	Urgent Care	\$35 (Deductible waived)	50%	\$40 (Deductible waived)	50%
	Preventive Care/Screenings/Immunizations (deductible waived)	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%
	Imaging (CT/PET Scans, MRI)	40%	50%; \$800/test benefit max	40%	50%; \$800/test benefit max
Emergency Care	Emergency Room	40%	40%	40%	40%
	Emergency Medical Transportation	40%	40%	40%	40%
Hospital Care	Inpatient Stay	40%	50%; \$650/day benefit max	40%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	40%	50%; \$350/day benefit max	40%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	40%	50%; \$380/day benefit max	40%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	40%	50%	40%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$35; max 25 visits/year combined ⁶ (Deductible waived)	50%; max 25 visits/year combined ⁶	\$40; max 25 visits/year combined ⁶ (Deductible waived)	50%; max 25 visits/year combined ⁶
	Chiropractic	\$35; max 20 visits/year combined ⁶ (Deductible waived)	50%; max 20 visits/year combined ⁶	\$40; max 20 visits/year combined ⁶ (Deductible waived)	50%; max 20 visits/year combined ⁶
	Acupuncture	\$35; max 12 visits/year combined ⁶ (Deductible waived)	50%; max 12 visits/year combined ⁶	\$40; max 12 visits/year combined ⁶ (Deductible waived)	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$10	\$10 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$30	\$30 + 50%	\$40	\$40 + 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%	\$80	\$80 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

2. 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.

3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

Copay Plans — Options at a Glance

45/1500 Silver

45/2500 Silver

Choice of Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$1,500/ \$3,000	\$3,000/ \$6,000	\$2,500/\$5,000	\$5,000/\$10,000
	Brand Drug (Member/Family)	\$250/\$500 ¹¹		\$250/\$500 ¹¹	
Other Deductibles for Specific Services	Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (waived if admitted)	\$250/incident		\$250/incident	
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$8,550/\$17,100	\$16,000/member	\$8,550/\$17,100	\$16,000/member
Medical Event	Benefit ^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$45 ⁹ (Deductible is waived for first in-network visit)	50%	\$45 ⁹ (Deductible is waived for first in-network visit)	50%
	Specialist Visit	\$65 ⁹ (Deductible is waived for first in-network visit)	50%	\$65 ⁹ (Deductible is waived for first in-network visit)	50%
	Urgent Care	\$45 ⁹ (Deductible is waived for first in-network visit)	50%	\$45 ⁹ (Deductible is waived for first in-network visit)	50%
	Preventive Care/Screenings/Immunizations (deductible waived)	No charge	50%	No charge	50%
	Pre/Postnatal Care	50%	50%	50%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	50%	50%	50%
	Imaging (CT/PET Scans, MRI)	50%	50%; \$800/test benefit max	50%	50%; \$800/test benefit max
Emergency Care	Emergency Room	50%	50%	50%	50%
	Emergency Medical Transportation	50%	50%	50%	50%
Hospital Care	Inpatient Stay	50%	50%; \$650/day benefit max	50%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	50%	50%; \$350/day benefit max	50%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	50%	50%; \$380/day benefit max	50%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	50%	50%	50%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$45; max 25 visits/year combined ⁹	50%; max 25 visits	\$45; max 25 visits/year combined ⁹ (Deductible is waived for first in-network visit)	50%; max 25 visits
	Chiropractic	\$45; max 20 visits/year combined ⁹	50%; max 20 visits	\$45; max 20 visits/year combined ^{6,9} (Deductible is waived for first in-network visit)	50%; max 20 visits
	Acupuncture	\$45; max 12 visits/year combined ⁹	50%; max 12 visits	\$45; max 12 visits/year combined ^{6,9} (Deductible is waived for first in-network visit)	50%; max 12 visits
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$40	\$40 + 50%	\$40	\$40 + 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%	\$80	\$80 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

- See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com
- 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 that is equivalent to the out-of-pocket for individual coverage.
- Deductible is waived for first six in-network 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.
- Annual Visit Max is combined for In and Out of Network.
- Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.
- Mental Health and Substance Abuse has the same coverage as medical.
- Deductible is waived for the first in-network visit; 1-visit limit applies to PCP, Specialist, and Urgent Care combined.
- Per script maximum applies after the deductible has been met.
- Waived for generic drugs
- Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

Copay Plans — Options at a Glance

50/6000 Saver Bronze

65/3900 Bronze

Choice of Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$6,000/\$12,000 ¹¹	\$10,000/\$20,000 ¹¹	\$3,900/\$7,800	\$7,800/\$15,600
	Brand Drug (Member/Family)			\$500/\$1000 ¹¹	
Other Deductibles for Specific Services	Hospital or Residential Treatment Center (admit w/o authorization)	\$250/admit without authorization		\$250/admit without authorization	
	Emergency Room (waived if admitted)	\$300/incident		\$300/incident	
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$8,550/\$17,100	\$16,000/member	\$8,550/ \$17,100	\$16,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	\$50 ¹²	50%	\$65	50%
	Specialist Visit	\$75 ¹²	50%	\$85	50%
	Urgent Care	\$125 ¹²	50%	\$65	50%
	Preventive Care/Screenings/Immunizations (deductible waived)	No charge	50%	No charge	50%
	Pre/Postnatal Care	40%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	40%	50%	30%	50%
	Imaging (CT/PET Scans, MRI)	40%	50%; \$800/test benefit max	30%	50%; \$800/test benefit max
Emergency Care	Emergency Room	40%	20%	30%	50%
	Emergency Medical Transportation	40%	20%	30%	50%
Hospital Care	Inpatient Stay	40%	50%; \$650/day benefit max	30%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	40%	50%; \$350/day benefit max	30%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	40%	50%; \$380/day benefit max	30%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	40%	50%	30%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$50; max 25 visits/year combined ¹² (Deductible is waived for first in-network visit)	50%; max 25 visits/year combined ⁶	\$65; max 25 visits/year combined ^{6,9} (Deductible is waived for first in-network visit)	50%; max 25 visits/year combined ⁶
	Chiropractic	\$50; max 20 visits/year combined ¹² (Deductible is waived for first in-network visit)	50%; max 20 visits/year combined ⁶	\$65; max 20 visits/year combined ^{6,9} (Deductible is waived for first in-network visit)	50%; max 20 visits/year combined ⁶
	Acupuncture	\$50; max 12 visits/year combined ¹² (Deductible is waived for first in-network visit)	50%; max 12 visits/year combined ⁶	\$65; max 12 visits/year combined ^{6,9} (Deductible is waived for first in-network visit)	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$50	\$50 + 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 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$250	Not Covered	30% up to \$250	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

2. 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.

3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

CalCPA Health's HSA Plans

Save now and for the future with a Health Savings Account (HSA)

CalCPA Health's HSA plans provide members a unique program which offers low HDHP premiums combined with integrated banking and health claims administration through HealthEquity. When an HSA is paired with an HSA qualified health plan, you are able to make tax-free* contributions to an FDIC-insured savings account. Typically, these plans cost less than traditional plans and provide tax saving opportunities. The HSA funds can be used for health expenses under the HDHP deductible or for other healthcare expenses allowed under IRS Code 502.

Currently, 42+% of CalCPA Health members are enrolled in an HSA plan. The enrollment numbers continue to grow at a fast pace - here are a few reasons why:

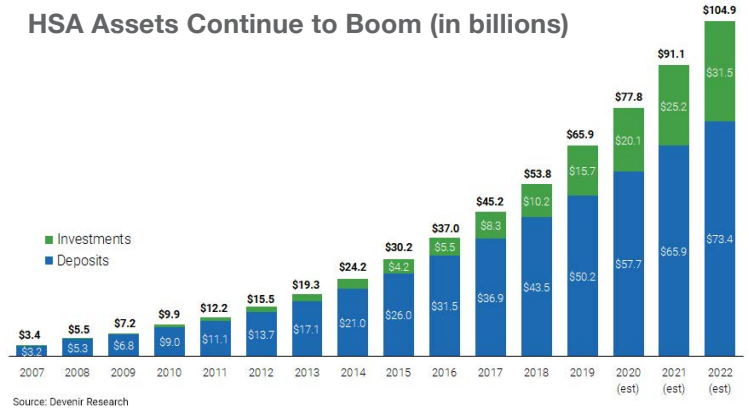
- Tax advantaged contributions, investment accumulations and withdrawals
- Save up for future qualified medical bills – both expected and unexpected
- Integrated banking and health claims administration
- Allows you to set aside pre-tax dollars to pay for qualified medical costs

HSA Contribution Limits		
Year	Single	Family
2020	\$3,550	\$7,100
2021	\$3,600	\$7,200

HSA Funds continue to grow

With an HSA, you own the account and the contributions. The entire HSA balance rolls over each year - even if you change your job, your health plan or if you retire. Your HSA plan can empower you to grow your savings and build for future qualified medical expenses.

HSA Assets Continue to Boom (in billions)



* HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

HSA Eligible Plans

HSA 1450 Silver

HSA 1900 Silver

Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$1,450/\$2,900 (embedded \$2800)	\$2,900/\$5,800	\$1,900/\$3,800 (embedded \$2,800)	\$3,800/\$7,600
	Prescription Drug (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 (waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$7,000/\$14,000	\$14,000/member	\$7,000/\$14,000	\$14,000/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%
	Preventive Care/Screenings/Immunizations (deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	50%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	50%	50%	30%	50%
	Imaging (CT/PET Scans, MRI)	50%	50%; \$800/test benefit max	30%	50%; \$800/test benefit max
Emergency Care	Emergency Room	50%	50%	30%	30%
	Emergency Medical Transportation	50%	50%	30%	30%
Hospital Care	Inpatient Stay	50%	50%; \$650/day benefit max	30%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	50%	50%; \$350/day benefit max	30%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	50%	50%; \$380/day benefit max	30%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	50%	50%	30%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	50%; max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶	30%; max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶
	Chiropractic	50%; max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶	30%; max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶
	Acupuncture	50%; max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶	30%; max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$40	\$40 + 50%	\$40	\$40 + 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%	\$80	\$80 + 50%
	Self-Injectable	30% up to \$250 ¹⁰	Not Covered	30% up to \$250 ¹⁰	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

2. 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.

3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

HSA Eligible Plans

HSA 2900 Silver

HSA 3700 Silver

Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$2,900/\$5,800	\$5,800/\$11,600	\$3,700/\$7,400	\$7,400/\$14,800
	Prescription Drug (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 (waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$7,000/\$14,000	\$14,000/member	\$7,000/\$14,000	\$14,000/member
Medical Event	Benefit^{1,8}				
Visit to a Healthcare Provider's Office or Clinic	Office Visit	25%	50%	30%	50%
	Specialist Visit	25%	50%	30%	50%
	Urgent Care	25%	50%	30%	50%
	Preventive Care/Screenings/Immunizations (deductible waived for In-Network)	No charge	50%	No charge	50%
	Pre/Postnatal Care	25%	50%	30%	50%
Tests	Laboratory Tests, X-Rays and Diagnostic Imaging	25%	50%	30%	50%
	Imaging (CT/PET Scans, MRI)	25%	50%	30%	50%; \$800/test benefit max
Emergency Care	Emergency Room	25%	50%	30%	30%
	Emergency Medical Transportation	25%	50%	30%	30%
Hospital Care	Inpatient Stay	25%	50%	30%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	25%	50%	30%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	25%	50%	30%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	25%	50%	30%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	25%; max 25 visits/year combined ⁶	50%	30%; max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶
	Chiropractic	25%; max 20 visits/year combined ⁶	50%	30%; max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶
	Acupuncture	25%; max 12 visits/year combined ⁶	50%	30%; max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$40	\$40 + 50%	\$40	\$40 + 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%	\$80	\$80 + 50%
	Self-Injectable	30% up to \$250 ¹⁰	Not Covered	30% up to \$250 ¹⁰	Not Covered

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3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

HSA Eligible Plans

HSA 4900 Bronze

HSA 6000 Bronze

Blue Cross PPO (Prudent Buyer) or Select PPO (Alternate Network)		In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductibles ²	Medical (Member/Family)	\$4,900/\$9,800	\$9,800/\$19,600	\$6,000/\$12,000	\$12,000/\$24,000
	Prescription Drug (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 (waived if admitted)	n/a	n/a	n/a	n/a
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$7,000/\$14,000	\$14,000/member	\$7,000/\$14,000	\$14,000/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%
	Preventive Care/Screenings/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%
	Imaging (CT/PET Scans, MRI)	25%	50%; \$800/test benefit max	0%	50%; \$800/test benefit max
Emergency Care	Emergency Room	25%	25%	0%	0%
	Emergency Medical Transportation	25%	25%	0%	0%
Hospital Care	Inpatient Stay	25%	50%; \$650/day benefit max	0%	50%; \$650/day benefit max
	Outpatient Medical/Surgical Visit	25%	50%; \$350/day benefit max	0%	50%; \$350/day benefit max
Ambulatory Surgical Center	Ambulatory Surgical Center	25%	50%; \$380/day benefit max	0%	50%; \$380/day benefit max
Help Recovering or Other Special Health Needs	Durable Medical Equipment	25%	50%	0%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	25%; max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶	0%; max 25 visits/year combined ⁶	50%; max 25 visits/year combined ⁶
	Chiropractic	25%; max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶	0%; max 20 visits/year combined ⁶	50%; max 20 visits/year combined ⁶
	Acupuncture	25%; max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶	0%; max 12 visits/year combined ⁶	50%; max 12 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC	See SBC	See SBC
Prescription Drug Benefits:		Retail		Retail	
Retail Pharmacy (30-day supply)	Generic - Tier 1	\$15	\$15 + 50%	\$15	\$15 + 50%
	Brand Formulary - Tier 2	\$50	\$50 + 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 + 50%	\$100	\$100 + 50%
	Self-Injectable	30% up to \$500 ¹⁰	Not Covered	30% up to \$500 ¹⁰	Not Covered

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com

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3. 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.

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

6. Annual Visit Max is combined for In and Out of Network.

7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.

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

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

10. Per script maximum applies after the deductible has been met.

11. Waived for generic drugs

12. Deductible is waived for the first in-network visit; 3-visit limit applies for 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 ²	Medical (Member/Family)	\$0	\$0
	Brand Drug (Member/Family)	\$150/\$300 ¹¹	\$150/\$300 ¹¹
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	n/a	n/a
	Emergency Room (waived if admitted)	\$100/visit	\$250/visit
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$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
	Preventive Care/Screenings/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
	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 Stay	No charge	20%
	Outpatient Medical/Surgical Visit	No charge	No charge
Ambulatory Surgical Center	Ambulatory Surgical Center	No charge	No charge
Help Recovering or Other Special Health Needs	Durable Medical Equipment	No charge	20%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$10; max 40 visits/year combined ⁶	\$35; max 40 visits/year combined ⁶
	Chiropractic	\$10; max 20 visits/year combined ⁶	\$35; max 20 visits/year combined ⁶
	Acupuncture	\$10; max 20 visits/year combined ⁶	\$35; max 20 visits/year combined ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC
Prescription Drug Benefits:		Retail	Retail
Retail Pharmacy (30-day supply)	Generic - 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

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3. 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.
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 first three in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max is combined for In and Out of Network.
7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.
8. Mental Health and Substance Abuse has the same coverage as medical.
9. Deductible is waived for the first in-network visit; 1-visit limit applies to PCP, Specialist, and Urgent Care combined.
10. Per script maximum applies after the deductible has been met.
11. Waived for generic drugs
12. Deductible is waived for the first in-network visit; 3-visit limit applies for 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 ²	Medical (Member/Family)	\$1,500; waived for office setting	\$3000; waived for office setting
	Brand Drug (Member/Family)	\$500/\$1,500 ¹¹	\$500/\$1,500 ¹¹
Other Deductibles for Specific Services	Hospital or Residential Treatment Center admissions with no utilization review	n/a	n/a
	Emergency Room (waived if admitted)	\$250/visit	\$250/visit
Annual Maximum	Out-of-Pocket (Member/Family) ³	\$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
	Preventive Care/Screenings/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
	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 Stay	30%	30%
	Outpatient Medical/Surgical Visit	30%	30%
Ambulatory Surgical Center	Ambulatory Surgical Center	30%	30%
Help Recovering or Other Special Health Needs	Durable Medical Equipment	50%	50%
	Physical Therapy, Physical Medicine and Occupational Therapy	\$25/Office and 30%/Hospital; max 40 visits ⁶	\$30/Office and 30%/Hospital; max 40 visits ⁶
	Chiropractic	\$25/Office and 30%/Hospital; max 20 visits ⁶	\$30/Office and 30%/Hospital; max 20 visits ⁶
	Acupuncture	\$25; max 20 visits ⁶	\$30; max 20 visits ⁶
	Home Health (100 visits/year) ⁶ Skilled Nursing (150 visits/year) ⁶ Hospice	See SBC	See SBC
Prescription Drug Benefits:		Retail	Retail
Retail Pharmacy (30-day supply)	Generic - 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

1. See the Plan Document or Summary Plan Description for complete coverage details located at CalCPAHealth.com
2. 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.
3. 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.
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 first three in-network visits; 3-visit limit applies to PCP, Specialist, and Urgent Care combined.
6. Annual Visit Max is combined for In and Out of Network.
7. Per incident Max is a combined for Chiropractic, Physical, Occupational and Speech Therapy.
8. Mental Health and Substance Abuse has the same coverage as medical.
9. Deductible is waived for the first in-network visit; 1-visit limit applies to PCP, Specialist, and Urgent Care combined.
10. Per script maximum applies after the deductible has been met.
11. Waived for generic drugs
12. Deductible is waived for the first in-network visit; 3-visit limit applies for PCP, Specialist, and Urgent Care combined.

Useful Information and Services

Waiting Period

As the employer, you may choose to cover your 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.

If You Have Questions

With the CalCPA Health program, each member is a person and not a number. Each employer, large or small, receives the same tailored customer service. If you have questions call

Banyan Administrators, Managers for the CalCPA Health Programs, 1-877-480-7923, web site: CalCPAHealth.com, or email: CalCPAHealth@CalCPAHealth.com

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

CalCPA Health members have access to a dedicated member services department through Anthem Blue Cross. Member services representatives will help to answer questions or resolve any problems your employees may have with their benefits, available services, or how best to use 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



LiveHealth Online (LHO) is a primary care in-network doctor visit at your convenience: without waiting, without an appointment, 24/7, 365 days a year. Doctors can answer your medical questions, make a diagnosis, and prescribe medications if needed (as permitted by state law). With LiveHealth Online, you see and talk to doctors with a two-way video, via your computer or handheld device.

- No waiting or appointments - immediate doctor access
- Simply visit LiveHealthOnline.com from your computer or handheld device and sign up
- U.S. board-certified doctors to choose from (average of 15 years practicing medicine) - Doctors are specially trained in online medicine
- Visits are private and secure
- Traveling, at the office, evenings, weekends, holidays; see a doctor when you need to – on your schedule

LiveHealth Online Allergy

Now LiveHealth Online Allergy can help you with those seasonal allergies and help you with those watery eyes, runny nose and itchy throat. This works the same as LHO but when you follow the prompts when signing up, select allergy.

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. Sign up at LiveHealthOnline.com or download the app to get started.

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 and LiveHealth Online Psychology by visiting CalCPAHealth.com/LHO



Contact Information

CalCPA Health Online

CalCPA Health offers you convenient access to a variety of individualized information at **CalCPAHealth.com**. New or prospective firms may get premium quotes and enroll online at **CalCPAHealth.com/quote**.

[Get a Quote](#)

For Firms with Brokers

If your firm uses a broker, direct them to call CalCPA Health's **Sales Manager, Tom Kowalski at 1-650-522-3251 or Tom.Kowalski@CalCPAHealth.com** for information on submitting business. (License #0471969)

Plan Administrator:

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

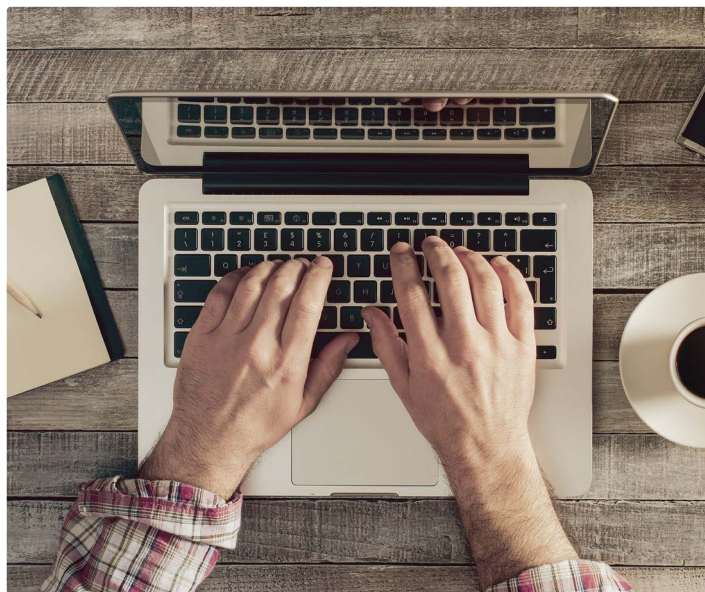
California Society of CPAs
1-800-922-5272
calcpa.org

Disclosures

This entire brochure is a plain-language summary of some of the key provisions of the CalCPA Health and Anthem Blue Cross PPO and 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's 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.

This benefit information is not a contract and does not replace the master policy or the plan brochure. It is as accurate as possible, but we cannot be responsible for any errors and make no warranty of any kind.

If you have questions about CalCPA Health or Anthem Blue Cross PPO and HMO plans, please contact our plan administrator: Banyan Administrators, Managers for the CalCPA Health Programs, 1215 Manor Drive, Suite 200, Mechanicsburg, PA 17055, telephone: 1-877-480-7923 email: CalCPAHealth@CalCPAHealth.com.





CalCPA Health
Health plans for CPAs since 1959

1710 Gilbreth Road, Suite 300
Burlingame, CA 94010
1-800-556-5771
CalCPAHealth.com

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