

In compliance with the Affordable Care Act, CalCPA Health has made the following plan changes outlined below. All benefit changes will be made effective 01/01/2023 regardless of the firm's renewal date.

A full overview of the CalCPA Health plans can be found online at www.CalCPAHealth.com/oe2023 or by contacting Banyan Administrators at (877) 480-7923.

Please note: In-Network Family Deductibles and Out-of-Pocket maximums have an embedded amount equivalent to the Individual amounts unless specified otherwise.

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
HSA 1450	Plan Name	• HSA 1450	• HSA 1500
	Calendar Year Deductible: In-Network	• \$1,450 individual • \$2,900 family, embedded \$2,800 per member	• \$1,500 individual • \$3,000 family, embedded \$3,000 per member
	Calendar Year Deductible: Out-of-Network	• \$2,900 individual • \$5,800 family	• \$3,000 individual • \$6,000 family
	Out-of-Pocket Maximum: In-Network	• \$7,050 individual • \$14,100 family	• \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	• \$14,000 per member	• \$15,000 per member
	Coinsurance: In-network Providers Out-of-network Emergency Room Out-of-network Ambulance	• 50% • 50% • 50%	• 45% • 45% • 45%
HSA 1950	Plan Name	HSA 1950	HSA 2000
	Calendar Year Deductible: In-Network	• \$1,950 individual • \$3,900 family, embedded \$2,800 per member	• \$2,000 individual • \$4,000 family, embedded \$3,000 per member
	Calendar Year Deductible: Out-of-Network	• \$3,900 individual • \$7,800 family	• \$4,000 individual • \$8,000 family
	Out-of-Pocket Maximum: In-Network	• \$7,050 individual • \$14,100 family	• \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	• \$14,100 per member	• \$15,000 per member
HSA 2950	Plan Name	• HSA 2950	• HSA 3000
	Calendar Year Deductible: In-Network	• \$2,950 individual • \$5,900 family	• \$3,000 individual • \$6,000 family
	Calendar Year Deductible: Out-of-Network	• \$5,900 individual • \$11,800 family	• \$6,000 individual • \$12,000 family
	Out-of-Pocket Maximum: In-Network	• \$7,050 individual • \$14,100 family	• \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	• \$14,100 per member	• \$15,000 per member

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
HSA 3750	Plan Name	HSA 3750	HSA 3850
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$3,750 individual • \$7,500 family 	<ul style="list-style-type: none"> • \$3,850 individual • \$7,700 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> • \$7,500 individual • \$15,000 family 	<ul style="list-style-type: none"> • \$7,700 individual • \$15,400 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$7,050 individual • \$14,100 family 	<ul style="list-style-type: none"> • \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> • \$14,100 per member 	<ul style="list-style-type: none"> • \$15,000 per member
	Coinsurance: In-network Providers Out-of-network Emergency Room Out-of-network Ambulance	<ul style="list-style-type: none"> • 30% • 30% • 30% 	<ul style="list-style-type: none"> • 20% • 20% • 20%
HSA 4950	Plan Name	HSA 4950	HSA 5000
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$4,950 individual • \$9,900 family 	<ul style="list-style-type: none"> • \$5,000 individual • \$10,000 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> • \$9,900 individual • \$19,800 family 	<ul style="list-style-type: none"> • \$10,000 individual • \$20,000 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$7,050 individual • \$14,100 family 	<ul style="list-style-type: none"> • \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> • \$14,100 per member 	<ul style="list-style-type: none"> • \$15,000 per member
HSA 6250	Plan Name	HSA 6250	HSA 6350
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$6,250 individual • \$12,500 family 	<ul style="list-style-type: none"> • \$6,350 individual • \$12,700 family
	Calendar Year Deductible: Out- of-Network	<ul style="list-style-type: none"> • \$12,500 individual • \$25,000 family 	<ul style="list-style-type: none"> • \$12,700 individual • \$25,400 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$7,050 individual • \$14,100 family 	<ul style="list-style-type: none"> • \$7,500 individual • \$15,000 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> • \$14,100 per member 	<ul style="list-style-type: none"> • \$15,000 per member
10/0	Prescription Drug Deductible: Combined for All Pharmacies	<ul style="list-style-type: none"> • \$250 individual • \$500 family 	<ul style="list-style-type: none"> • \$200 individual • \$400 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$8,700 individual • \$17,400 family 	<ul style="list-style-type: none"> • \$6,750 individual • \$13,500 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> • \$16,000 per member 	<ul style="list-style-type: none"> • \$13,500 per member
	In-Network Copays: Specialist Office Visits Urgent Care Visits	<ul style="list-style-type: none"> • \$20 • \$20 	<ul style="list-style-type: none"> • \$25 • \$25
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> • \$50 brand formulary • \$100 brand non-formulary 	<ul style="list-style-type: none"> • \$30 brand formulary • \$60 brand non-formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> • \$50 + 50% brand formulary • \$100 + 50% brand non-formulary 	<ul style="list-style-type: none"> • \$30 + 50% brand formulary • \$60 + 50% brand non-formulary
25/750	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$8,700 individual • \$17,400 family 	<ul style="list-style-type: none"> • \$9,000 individual • \$18,000 family

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
25/1000	Plan Name	• 25/1000	• 30/1000
	Out-of-Pocket Maximum: In-Network	• \$8,700 individual • \$17,400 family	• \$9,000 individual • \$18,000 family
	In-Network Copays:		
	Primary Office Visits	• \$25	• \$30
Specialist Office Visits	• \$50	• \$60	
Urgent Care Visits	• \$50	• \$60	
PT/PM/OT Visits	• \$25	• \$30	
Speech Therapy Visits	• \$25	• \$30	
Chiropractic Visits	• \$25	• \$30	
Acupuncture Visits	• \$25	• \$30	
30/650	Out-of-Pocket Maximum: In-Network	• \$6,500 individual • \$13,000 family	• \$9,000 individual • \$18,000 family
	Out-of-Pocket Maximum: Out-of-Network	• \$13,000 per member	• \$16,000 per member
35/1250	Out-of-Pocket Maximum: In-Network	• \$8,700 individual • \$17,400 family	• \$8,400 individual • \$16,800 family
	Coinsurance:		
	In-network Providers	• 35%	• 30%
	Out-of-network Emergency Room	• 35%	• 30%
Out-of-network Ambulance	• 35%	• 30%	
40/2000	Plan Name	• 40/2000	• 45/2250
	Calendar Year Deductible: In-Network	• \$2,000 individual • \$4,000 family	• \$2,250 individual • \$4,500 family
	Calendar Year Deductible: Out-of-Network	• \$4,000 individual • \$8,000 family	• \$4,500 individual • \$9,000 family
	Prescription Drug Deductible: Combined for All Pharmacies	• \$250 individual • \$500 family	• \$300 individual • \$600 family
	Out-of-Pocket Maximum: In-Network	• \$8,700 individual • \$17,400 family	• \$9,000 individual • \$18,000 family
	In-Network Copays:		
	Primary Office Visits	• \$40	• \$45
	Specialist Office Visits	• \$80	• \$85
	Urgent Care Visits	• \$80	• \$85
	PT/PM/OT Visits	• \$40	• \$45
Speech Therapy Visits	• \$40	• \$45	
Chiropractic Visits	• \$40	• \$45	
Acupuncture Visits	• \$40	• \$45	
Prescription Drug Copay: In-Network	• \$45 brand formulary • \$85 brand non-formulary	• \$60 brand formulary • \$115 brand non-formulary	
Prescription Drug Copay: Out-of-Network	• \$45 + 50% brand formulary • \$85 + 50% brand non-formulary	• \$60 + 50% brand formulary • \$115 + 50% brand non-formulary	

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
45/1650/OV-1	Plan Name	<ul style="list-style-type: none"> 45/1650/OV-1 	<ul style="list-style-type: none"> 45/1850
	Calendar Year Deductible: In-Network	Waived for the first visit to a primary, specialist or urgent care: <ul style="list-style-type: none"> \$1,650 individual \$3,300 family 	Waived for all visits with a dollar copayment: <ul style="list-style-type: none"> \$1,850 individual \$3,700 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$3,300 individual \$6,600 family 	<ul style="list-style-type: none"> \$3,700 individual \$7,400 family
	Prescription Drug Deductible: Combined for All Pharmacies	<ul style="list-style-type: none"> \$250 individual \$500 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,700 individual \$17,400 family 	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family
	In-Network Copays: Specialist Office Visits	<ul style="list-style-type: none"> \$65 	<ul style="list-style-type: none"> \$90
	In-Network Copays: Urgent Care Visits	<ul style="list-style-type: none"> \$65 	<ul style="list-style-type: none"> \$90
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$45 brand formulary \$85 brand non-formulary 	<ul style="list-style-type: none"> \$60 brand formulary \$115 brand non-formulary
Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$45 + 50% brand formulary \$85 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$60 + 50% brand formulary \$115 + 50% brand non-formulary 	
45/2750/OV-1	Plan Name	<ul style="list-style-type: none"> 45/2750/OV-1 	<ul style="list-style-type: none"> 45/2850
	Calendar Year Deductible: In-Network	Waived for the first visit to a primary, specialist or urgent care: <ul style="list-style-type: none"> \$2,750 individual \$5,500 family 	Waived for all visits with a dollar copayment: <ul style="list-style-type: none"> \$2,850 individual \$5,700 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$5,500 individual \$11,000 family 	<ul style="list-style-type: none"> \$5,700 individual \$11,400 family
	Prescription Drug Deductible: Combined for All Pharmacies	<ul style="list-style-type: none"> \$250 individual \$500 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,700 individual \$17,400 family 	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family
	In-Network Copays: Specialist Office Visits	<ul style="list-style-type: none"> \$65 	<ul style="list-style-type: none"> \$90
	In-Network Copays: Urgent Care Visits	<ul style="list-style-type: none"> \$65 	<ul style="list-style-type: none"> \$90
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$45 brand formulary \$85 brand non-formulary 	<ul style="list-style-type: none"> \$60 brand formulary \$115 brand non-formulary
Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$45 + 50% brand formulary \$85 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$60 + 50% brand formulary \$115 + 50% brand non-formulary 	

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
50/2250	Plan Name	50/2250	50/2500
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> \$2,250 individual \$4,500 family 	<ul style="list-style-type: none"> \$2,500 individual \$5,000 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$4,500 individual \$9,000 family 	<ul style="list-style-type: none"> \$5,000 individual \$10,000 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,700 individual \$17,400 family 	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family
	In-Network Copays: Specialist Office Visits Urgent Care Visits	<ul style="list-style-type: none"> \$85 \$85 	<ul style="list-style-type: none"> \$100 \$100
	Coinsurance: In-network Providers Out-of-network Emergency Room Out-of-network Ambulance	<ul style="list-style-type: none"> 45% 45% 45% 	<ul style="list-style-type: none"> 50% 50% 50%
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$20 generic \$100 brand non-formulary 	<ul style="list-style-type: none"> \$15 generic \$115 brand non-formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$20 + 50% generic \$100 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$15 + 50% generic \$115 + 50% brand non-formulary
50/6000/OV-3	Plan Name	50/6000/OV-3	50/6250/OV-3
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> \$6,000 individual \$12,000 family 	<ul style="list-style-type: none"> \$6,250 individual \$12,500 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$10,000 individual \$20,000 family 	<ul style="list-style-type: none"> \$12,500 individual \$25,000 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,700 individual \$17,400 family 	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family
	In-Network Copays: Specialist Office Visits Urgent Care Visits	<ul style="list-style-type: none"> \$75 \$125 	<ul style="list-style-type: none"> \$100 \$100
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$60 brand formulary \$100 brand non-formulary 	<ul style="list-style-type: none"> \$75 brand formulary \$125 brand non-formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$60 + 50% brand formulary \$100 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$75 + 50% brand formulary \$125 + 50% brand non-formulary
65/3950	Plan Name	65/3950	65/4250
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> \$3,950 individual \$7,900 family 	<ul style="list-style-type: none"> \$4,250 individual \$8,500 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$7,900 individual \$15,800 family 	<ul style="list-style-type: none"> \$8,500 individual \$17,000 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,700 individual \$17,400 family 	<ul style="list-style-type: none"> \$9,000 individual \$10,000 family
	In-Network Copays: Specialist Office Visits Urgent Care Visits	<ul style="list-style-type: none"> \$85 \$85 	<ul style="list-style-type: none"> \$95 \$95
	Coinsurance: In-network Providers Out-of-network Emergency Room Out-of-network Ambulance	<ul style="list-style-type: none"> 30% 30% 30% 	<ul style="list-style-type: none"> 35% 35% 35%
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$60 brand formulary \$100 brand non-formulary 	<ul style="list-style-type: none"> \$75 brand formulary \$125 brand non-formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$60 + 50% brand formulary \$100 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$75 + 50% brand formulary \$125 + 50% brand non-formulary

PPO / Select PPO Plans	Benefit Category	2022 Benefit	2023 Benefit
75/7500	Plan Name	75/7000	75/7250
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> \$7,000 individual \$14,000 family 	<ul style="list-style-type: none"> \$7,250 individual \$14,500 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$14,000 individual \$28,000 family 	<ul style="list-style-type: none"> \$14,500 individual \$29,000 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family 	<ul style="list-style-type: none"> \$9,000 individual \$18,000 family
	In-Network Copays: Specialist Office Visits Urgent Care Visits	<ul style="list-style-type: none"> \$105 \$105 	<ul style="list-style-type: none"> \$115 \$115
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$60 brand formulary \$100 brand non-formulary 	<ul style="list-style-type: none"> \$75 brand formulary \$125 brand non-formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$60 + 50% brand formulary \$100 + 50% brand non-formulary 	<ul style="list-style-type: none"> \$75 + 50% brand formulary \$125 + 50% brand non-formulary

No change to the following renewing plans:

- HMO and Select HMO 10/0
- HMO and Select HMO 35/0
- HMO and Select HMO 25/1500
- HMO and Select HMO 30/3000

New 2023 plans:

Introduction of new EPO plans that have the same benefits as their PPO and Select PPO counterparts with access to in-network benefits through the PPO (Prudent Buyer) network only. Plans do not have any out-of-network benefit and does not require a PCP assigned.

- EPO HSA 3000
- EPO 25/750
- EPO 50/2500