



The following benefit changes have been made to the 2024 CalCPA Health plans. All changes are made effective January 1, 2024 regardless of your firm's effective date. For a detailed outline of the benefits, please see the SBC or Plan Document located at www.calcpahealth.com.

PPO, EPO and Select PPO Plans	Benefit Category	2023 Benefit	2024 Benefit
HSA 1500	Plan Name	• HSA 1500	• HSA PRx 1600
	Calendar Year Deductible: In-Network	 \$1,500 individual \$3,000 family, embedded \$3,000 per member Applies to all Rx 	 \$1,600 individual \$3,200 family, embedded 3,200 per member Waived for Generic Standard Preventative Rx
	Calendar Year Deductible: Out-of-Network	\$3,000 individual\$6,000 family	\$3,200 individual\$6,400 family
HSA 1750	Plan Name	• HSA 1750 (LG)	• HSA PRx 1800
(LG)	Calendar Year Deductible: In-Network	 \$1,750 individual \$3,500 family, embedded \$3,000 per member Applies to all Rx 	 \$1,800 individual \$3,600 family, embedded \$3,200 per member Waived for Generic Standard Preventative Rx
	Calendar Year Deductible: Out-of-Network	\$3,500 individual\$7,000 family	\$3,600 individual\$7,200 family
HSA 2000	Plan Name Calendar Year Deductible: In-Network	 HSA 2000 \$2,000 individual \$4,000 family, embedded \$3,000 per member Applies to all Rx 	 HSA PRx 2000 \$2,000 individual \$4,000 family, embedded \$3,200 per member Waived for Generic Standard Preventative Rx
	Out-of-Pocket Maximum: In-Network Out-of-Pocket Maximum: Out-of-Network	\$7,500 individual\$15,000 family\$15,000 per member	 \$7,900 individual \$15,800 family \$15,800 per member
HSA 3000	Plan Name	HSA 3000	HSA PRx 3000
	Calendar Year Deductible: In-Network	 \$3,000 individual \$6,000 family, embedded \$3,000 per member Applies to all Rx 	 \$3,000 individual \$6,000 family, embedded \$3,200 per member Waived for Generic Standard Preventative Rx
HSA 3850	Plan Name Calendar Year Deductible: In-Network	 HSA 3850 \$3,850 individual \$7,700 family Applies to all Rx 	HSA PRx 3900 • \$3,900 individual • \$7,800 family • Waived for Generic Standard
	Calendar Year Deductible: Out-of-Network	 \$7,700 individual \$15,400 family 	Preventative Rx • \$7,800 individual • \$15,600 family

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.

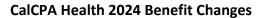


PPO, EPO and Select PPO Plans	Benefit Category	2023 Benefit	2024 Benefit
HSA 5000	Plan Name Calendar Year Deductible: In-Network Out-of-Pocket Maximum: In-Network	Applies to all Rx \$7,500 individual \$15,000 family	Waived for Generic Standard Preventative Rx \$7,900 individual \$15,800 family
	Out-of-Pocket Maximum: Out-of-Network	• \$15,000 per member	• \$15,800 per member
HSA 6350	Plan Name Calendar Year Deductible: In-Network Out-of-Pocket Maximum: In-Network Out-of-Pocket Maximum: Out-of-Network	HSA 6350 Applies to all Rx • \$7,500 individual • \$15,000 family • \$15,000 per member	HSA PRx 6350 Waived for Generic Standard Preventative Rx • \$7,900 individual • \$15,800 family • \$15,800 per member
35/1250	Plan Name Out-of-Pocket Maximum: In-Network Out-of-Pocket Maximum: Out-of-Network In-Network Copays: Primary Office Visits PT/PM/OT Visits Speech Therapy Visits Chiropractic Visits Acupuncture Visits	 35/1250 \$8,400 individual \$16,800 family \$16,000 per member \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 \$35 	 30/1250 \$7,750 individual \$15,500 family \$15,500 per member \$30
HMO and Select HMO	Benefit Category	2023 Benefit	2024 Benefit
25/1500	Home Delivery Copays: Generic Brand Formulary Brand non-Formulary	 2.5 times the retail copay 3 times the retail copay 3 times the retail copay 	 2 times the retail copay 2.5 times the retail copay 2.5 times the retail copay
30/3000	Home Delivery Copays: Generic Brand Formulary Brand non-Formulary	2.5 times the retail copay3 times the retail copay3 times the retail copay	2 times the retail copay2.5 times the retail copay2.5 times the retail copay

No change to the following renewing plans:

- PPO and Select PPO 10/0
- PPO and Select PPO 30/650
- PPO, EPO and Select PPO 25/750
- PPO and Select PPO 30/1000
- PPO and Select PPO 45/1850
- PPO and Select PPO 45/2250
- PPO, EPO and Select PPO 50/2500
- PPO and Select PPO 45/2850
- PPO and Select PPO 65/4250
- PPO and Select PPO 50/6250/OV-3
- PPO and Select PPO 75/7250
- HMO and Select HMO 10/0

 $Note: Family\ Deductibles\ and\ Out-of-Pockets\ have\ an\ embedded\ amount\ equivalent\ to\ the\ Individual\ amounts\ unless\ specified\ otherwise.$





Effective 01/01/2024

• HMO and Select HMO 35/0

Terminated plans:

- PPO and Select PPO 30/650 RxV
- PPO and Select PPO 45/2250 RxV

Note: Family Deductibles and Out-of-Pockets have an embedded amount equivalent to the Individual amounts unless specified otherwise.