

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	<ul style="list-style-type: none"> • \$1,500 individual • \$3,000 family, embedded \$3,000 per member • Applies to all Rx 	<ul style="list-style-type: none"> • \$1,600 individual • \$3,200 family, embedded 3,200 per member • Waived for Generic Standard Preventative Rx
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family 	<ul style="list-style-type: none"> • \$3,200 individual • \$6,400 family
HSA 1750 (LG)	Plan Name	• HSA 1750 (LG)	• HSA PRx 1800
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$1,750 individual • \$3,500 family, embedded \$3,000 per member • Applies to all Rx 	<ul style="list-style-type: none"> • \$1,800 individual • \$3,600 family, embedded \$3,200 per member • Waived for Generic Standard Preventative Rx
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> • \$3,500 individual • \$7,000 family 	<ul style="list-style-type: none"> • \$3,600 individual • \$7,200 family
HSA 2000	Plan Name	• HSA 2000	• HSA PRx 2000
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$2,000 individual • \$4,000 family, embedded \$3,000 per member • Applies to all Rx 	<ul style="list-style-type: none"> • \$2,000 individual • \$4,000 family, embedded \$3,200 per member • Waived for Generic Standard Preventative Rx
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> • \$7,500 individual • \$15,000 family 	<ul style="list-style-type: none"> • \$7,900 individual • \$15,800 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> • \$15,000 per member 	<ul style="list-style-type: none"> • \$15,800 per member
HSA 3000	Plan Name	HSA 3000	HSA PRx 3000
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family, embedded \$3,000 per member • Applies to all Rx 	<ul style="list-style-type: none"> • \$3,000 individual • \$6,000 family, embedded \$3,200 per member • Waived for Generic Standard Preventative Rx
HSA 3850	Plan Name	HSA 3850	HSA PRx 3900
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> • \$3,850 individual • \$7,700 family • Applies to all Rx 	<ul style="list-style-type: none"> • \$3,900 individual • \$7,800 family • Waived for Generic Standard Preventative Rx
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> • \$7,700 individual • \$15,400 family 	<ul style="list-style-type: none"> • \$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	HSA 5000	HSA PRx 5000
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> Applies to all Rx 	<ul style="list-style-type: none"> Waived for Generic Standard Preventative Rx
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$7,500 individual \$15,000 family 	<ul style="list-style-type: none"> \$7,900 individual \$15,800 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> \$15,000 per member 	<ul style="list-style-type: none"> \$15,800 per member
HSA 6350	Plan Name	HSA 6350	HSA PRx 6350
	Calendar Year Deductible: In-Network	Applies to all Rx	Waived for Generic Standard Preventative Rx
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$7,500 individual \$15,000 family 	<ul style="list-style-type: none"> \$7,900 individual \$15,800 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> \$15,000 per member 	<ul style="list-style-type: none"> \$15,800 per member
35/1250	Plan Name	<ul style="list-style-type: none"> 35/1250 	<ul style="list-style-type: none"> 30/1250
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$8,400 individual \$16,800 family 	<ul style="list-style-type: none"> \$7,750 individual \$15,500 family
	Out-of-Pocket Maximum: Out-of-Network	<ul style="list-style-type: none"> \$16,000 per member 	<ul style="list-style-type: none"> \$15,500 per member
	In-Network Copays:		
	Primary Office Visits PT/PM/OT Visits Speech Therapy Visits Chiropractic Visits Acupuncture Visits	<ul style="list-style-type: none"> \$35 \$35 \$35 \$35 \$35 	<ul style="list-style-type: none"> \$30 \$30 \$30 \$30 \$30
HMO and Select HMO	Benefit Category	2023 Benefit	2024 Benefit
25/1500	Home Delivery Copays:		
	Generic	<ul style="list-style-type: none"> 2.5 times the retail copay 	<ul style="list-style-type: none"> 2 times the retail copay
	Brand Formulary	<ul style="list-style-type: none"> 3 times the retail copay 	<ul style="list-style-type: none"> 2.5 times the retail copay
30/3000	Home Delivery Copays:		
	Generic	<ul style="list-style-type: none"> 2.5 times the retail copay 	<ul style="list-style-type: none"> 2 times the retail copay
	Brand non-Formulary	<ul style="list-style-type: none"> 3 times the retail copay 	<ul style="list-style-type: none"> 2.5 times the retail copay
No change to the following renewing plans:			
<ul style="list-style-type: none"> 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.

- 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.