| PPO, EPO and Select PPO Plans | Benefit Category | 2025 Benefit | 2026 Benefit |
|---|---|---|---|
| **PPO/Select PPO HSA PRx 1650** | Plan Name | • HSA PRx 1650 | • HSA PRx 1700 |
| | Calendar Year Deductible: In-Network | • $1,650 individual<br>• $3,300 family, embedded $3,300 per member | • $1,700 individual<br>• $3,400 family, embedded $3,400 per member |
| | Calendar Year Deductible: Out-of-Network | • $3,300 individual<br>• $6,600 family | • $3,400 individual<br>• $6,800 family |
| **PPO/Select PPO HSA PRx 1850** | Plan Name | • HSA PRx 1850 | • HSA PRx 1900 |
| | Calendar Year Deductible: In-Network | • $1,850 individual<br>• $3,700 family, embedded $3,300 per member | • $1,900 individual<br>• $3,800 family, embedded $3,400 per member |
| | Calendar Year Deductible: Out-of-Network | • $3,700 individual<br>• $7,400 family | • $3,800 individual<br>• $7,600 family |
| **PPO/Select PPO HSA PRx 2000** | Calendar Year Deductible: In-Network | • $2,000 individual<br>• $4,000 family, embedded $3,300 per member | • $2,000 individual<br>• $4,000 family, embedded $3,400 per member |
| **PPO/Select PPO/EPO HSA PRx 3000** | Calendar Year Deductible: In-Network | • $3,000 individual<br>• $6,000 family, embedded $3,300 per member | • $3,000 individual<br>• $6,000 family, embedded $3,400 per member |
| **PPO/Select PPO HSA PRx 3900** | Plan Name | • HSA PRx 3900 | • HSA PRx 4000 |
| | Calendar Year Deductible: In-Network | • $3,900 individual<br>• $7,800 family | • $4,000 individual<br>• $8,000 family |
| **PPO/Select PPO HSA PRx 5000** | Out-of-Pocket Maximum: In-Network | • $8,300 individual<br>• $16,600 family | • $8,500 individual<br>• $17,000 family |
| | Out-of-Pocket Maximum: Out-of-Network | • $16,600 per member | • $17,000 per member |
| **PPO/Select PPO HSA PRx 6500** | Out-of-Pocket Maximum: In-Network | • $8,300 individual<br>• $16,600 family | • $8,500 individual<br>• $17,000 family |
| | Out-of-Pocket Maximum: Out-of-Network | • $16,600 per member | • $17,000 per member |
| **PPO/Select PPO 10/0** | Prescription Drug Deductible | • $200 individual<br>• $400 family | • $250 individual<br>• $500 family |
| **PPO/Select PPO 30/650 (DM)** | Prescription Drug Deductible | • $250 individual<br>• $500 family | • $300 individual<br>• $600 family |
| | Prescription Drug Copay: In-Network | • $40 Brand Formulary<br>• $80 Brand Non-Formulary | • $50 Brand Formulary<br>• $100 Brand Non-Formulary |
| | Prescription Drug Copay: Out-of-Network | • $40 + 50% Brand Formulary<br>• $80 + 50% Brand Non-Formulary | • $50 + 50% Brand Formulary<br>• $100 + 50% Brand Non-Formulary |

***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 | 2025 Benefit | 2026 Benefit |
|---|---|---|---|
| **PPO/Select PPO/EPO 25/750** | Prescription Drug Deductible | • $250 individual<br>• $500 family | • $300 individual<br>• $600 family |
| **PPO/Select PPO 30/1000** | Prescription Drug Deductible | • $250 individual<br>• $500 family | • $300 individual<br>• $600 family |
| **PPO/Select PPO 30/1250** | Prescription Drug Deductible | • $250 individual<br>• $500 family | • $300 individual<br>• $600 family |
| | Prescription Drug Copay: In-Network | • $40 Brand Formulary<br>• $80 Brand Non-Formulary | • $50 Brand Formulary<br>• $100 Brand Non-Formulary |
| | Prescription Drug Copay: Out-of-Network | • $40 + 50% Brand Formulary<br>• $80 + 50% Brand Non-Formulary | • $50 + 50% Brand Formulary<br>• $100 + 50% Brand Non-Formulary |
| **PPO/Select PPO 45/1850** | Prescription Drug Deductible | • $300 individual<br>• $600 family | • $350 individual<br>• $700 family |
| **PPO/Select PPO 45/2250** | Prescription Drug Deductible | • $300 individual<br>• $600 family | • $350 individual<br>• $700 family |
| **PPO/Select PPO 45/2850** | Prescription Drug Deductible | • $300 individual<br>• $600 family | • $350 individual<br>• $700 family |
| **PPO/Select PPO 65/4250** | Plan Name | • 65/4250 | • 65/4250/0 |
| **PPO/Select PPO 50/6250/ov3** | Plan Name | • 50/6250/ov3 | • 50/6250/3 |
| **PPO/Select PPO 75/7250/ov1** | Plan Name | • 75/7250/ov1 | • 75/7500/1 |
| | Calendar Year Deductible: In-Network | • $7,250 individual<br>• $14,000 family | • $7,500 individual<br>• $15,000 family |
| | Calendar Year Deductible: Out-of-Network | • $14,500 individual<br>• $29,000 family | • $15,000 individual<br>• $30,000 family |

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

| HMO and Select HMO Plans | Benefit Category | 2025 Benefit | 2026 Benefit |
|---|---|---|---|
| **HMO/Select HMO 10/0** | Prescription Brand Drug Deductible | • $150 individual<br>• $300 family | • $300 individual<br>• $600 family |
| | Out-of-Pocket Maximum: In-Network | • $1,750 individual<br>• $3,500 family | • $3,500 individual<br>• $7,000 family |
| | Emergency Room Copay | • $100 | • $300 |
| | Specialist Office Visit Copay | • $10 Per Visit | • $35 Per Visit |
| | Coinsurance: In-network | • 0% | • 10% |
| | Prescription Drug Copay | • $10 Generic<br>• $25 Brand Formulary<br>• $45 Brand non-Formulary | • $15 Generic<br>• $30 Brand Formulary<br>• $60 Brand non-Formulary |
| **HMO/Select HMO 35/0** | Coinsurance: In-network | • 20% | • 25% |
| | Prescription Drug Copay | • $15 Generic<br>• $35 Brand Formulary<br>• $70 Brand non-Formulary | • $15 Generic<br>• $50 Brand Formulary<br>• $100 Brand non-Formulary |

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

**No change to the following renewing plans:**

Dental Plans: All vision plans renewing with no benefit changes.

Vision Plans: All vision plans renewing with no benefit changes.

Life/LTD Plans: All Life/LTD policies renewing with no benefit changes.

**New Plans:**

New for 2026, CalCPA Health is introducing a suite of alternative health plans that access the same Anthem PPO network as our traditional plans. The CalCPA Health tiered copay plans are powered by Coupe Health that offers a more simplified plan designed to connect members with the highest quality, best value providers of their choice.

There are five new tiered copay plans being offered for 2026:

- PPO HSA PRx 1900-C
- PPO HSA PRx 2900-C
- PPO 30/0-C
- PPO 50/0-C
- PPO 60/0-C

*Please see the SBC located at www.calcpahealth.com for an overview of the benefits.*

HMO 10/0/IVF with CA SB729 benefits is available to small group firms, please contact your Sales Representative for more information.

**Terminated plans:**

- PPO and Select PPO 10/400 DM
- PPO and Select PPO 20/800 DM

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