

Benefit	CalCPA Health HDHP HSA Plans	
	Traditional PPO high-deductible health plans that are HSA-eligible with no gatekeeper	
	<b>HSA PRx 4000</b>	
<b>Metal Tier</b>	Silver	
<b>Available Provider Networks</b> (may offer in any combination)	PPO and Select PPO	
<b>Network Benefit Level</b>	In	Out
<b>Medical Deductible<sup>1</sup></b> (Annual Member/Family)	\$4,000/	\$8,000/
<b>Prescription Drug Deductible</b> (Annual Member/Family)	\$8,000 <sup>8</sup>	\$16,000
<b>Emergency Room Deductible</b> (per visit, waived if admitted)	n/a	
<b>Non-Authorized Admit Deductible</b> (Inpatient Hospital/Residential)	\$250/admit	
<b>Out-of-Pocket Maximum</b> (Annual Member/Family) <sup>2</sup>	\$7,500/ \$15,000	\$15,000/ member
<b>Office Visit</b>	20%	50%
<b>Specialist Visit</b>	20%	50%
<b>Urgent Care</b>	20%	50%
<b>LiveHealth Online Visit</b>	0%	n/a
<b>Preventive Care/ Immunizations</b> (deductible waived for In-Network)	0%	50%
<b>Pre/Postnatal Care</b>	20%	50%
<b>Routine Lab</b>	20%	50%
<b>Advanced Labs</b>	20%	50%
<b>Routine Radiology</b>	20%	50%
<b>Advanced Imaging</b> (CT/PETScans/MRI)	20%	50%; \$800/ test benefit
<b>Emergency Room/ Transportation</b>	20%	
<b>Inpatient Hospital</b>	20%	50%; \$650/ day benefit
<b>Outpatient Hospital Surgery</b>	20%	50%; \$350/ day benefit
<b>IVF Benefits</b>	n/a	
<b>Prescription Drug Benefits (30-day supply)</b>		
<b>Generic</b>	\$15	\$15 + 50%
<b>Brand Formulary</b>	\$45	\$45 + 50%
<b>Brand non-Formulary</b>	\$85	\$85 + 50%
<b>Speciality / Self-Injectable</b>	30% up to \$250 <sup>12</sup>	n/a
<b>Home Delivery Copay</b>	2x Retail <sup>10</sup>	n/a

Benefit	CalCPA Health PPO Plans (Platinum and Gold)	
	Traditional PPO plans with no gatekeeper.	
	25/750	
<b>Metal Tier</b>	Gold	
<b>Available Provider Networks</b> (may offer in any combination)	EPO	
<b>Network Benefit Level</b>	In	
<b>Medical Deductible<sup>1</sup></b> (Annual Member/Family)	\$750/ \$2,250	
<b>Prescription Drug Deductible</b> (Annual Member/Family)	\$300/ \$600 <sup>7</sup>	
<b>Emergency Room Deductible</b> (per visit, waived if admitted)	\$300	
<b>Non-Authorized Admit Deductible</b> (Inpatient Hospital/Residential)	\$250/admit	
<b>Out-of-Pocket Maximum</b> (Annual Member/Family) <sup>2</sup>	\$9,000/ \$18,000	
<b>Office Visit</b>	\$25 <sup>3</sup>	
<b>Specialist Visit</b>	\$50 <sup>3</sup>	
<b>Urgent Care</b>	\$50 <sup>3</sup>	
<b>LiveHealth Online Visit</b>	\$0 <sup>3</sup>	
<b>Preventive Care/ Immunizations</b> (deductible waived for In-Network)	\$0 <sup>3</sup>	
<b>Pre/Postnatal Care</b>	25%	
<b>Routine Lab</b>	25%	
<b>Advanced Labs</b>	25%	
<b>Routine Radiology</b>	25%	
<b>Advanced Imaging</b> (CT/PET Scans/MRI)	25%	
<b>Emergency Room / Transportation</b>	25%	
<b>Inpatient Hospital</b>	25%	
<b>Outpatient Hospital Surgery</b>	25%	
<b>IVF Benefits</b>	n/a	
<b>Prescription Drug Benefits (30-day supply)</b>		
<b>Generic</b>	\$10	
<b>Brand Formulary</b>	\$50	
<b>Brand non-Formulary</b>	\$100	
<b>Speciality / Self-Injectable</b>	30% up to \$250	
<b>Home Delivery Copay</b>	2x Retail <sup>10</sup>	

**Notice: In the event of a conflict between this information and the Summary Plan Document, the benefits detailed in the Summary Plan Document are binding. Benefit changes made by the Trust are applied to all plans on January 1st regardless of the firm's renewal date.**

<sup>1</sup>Applicable 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.

<sup>2</sup>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.

<sup>3</sup>Deductible is waived for all visits.

<sup>4</sup>Deductible is waived for first six in-network visits; 6-visit limit applies to PCP, Specialist and Urgent Care combined.

<sup>5</sup>Deductible is waived for the first three in-network visits; 3-visit limit applies to PCP, Specialist and Urgent Care combined.

<sup>7</sup>Waived for generic drugs.

<sup>8</sup>Waived for standard generic preventative drugs.

<sup>10</sup>Generic mail order: 90-day at 1x retail copay.

<sup>11</sup>Generic mail order: 90-day at 2x retail copay.

<sup>12</sup>Per script maximum applies after the deductible has been met.

<sup>13</sup>Deductible is waived for first in-network visits; 1-visit limit applies to PCP, Specialist and Urgent Care combined.