

Health Plan Options at a Glance

Cal CPA PPOs

Kaiser HMOs

Effective 1-1-2026

	PPO Option 1	PPO Option 2	HMO Option 1	HMO Option 2
	Anthem PPO HDHP Silver <i>Full Network</i>	Anthem PPO 25/750 Gold <i>Full Network</i>	Kaiser HMO 80 0/30 Gold <i>Full Network</i>	Kaiser HMO 90 0/20 Platinum <i>Full Network</i>
	H.S.A. Compatible			
Calendar Year Plan Deductible	\$4,000	\$750	No Deductible	No Deductible
Calendar Year Maximum Out of Pocket (M-OOP) / Including Deductible	\$7,500 co-pay limit per member / 2 max per family	\$9,000 co-pay limit per member / 2 max per family	\$8,500 co-pay limit per member / 2 max per family	\$4,500 co-pay limit per member / 2 max per family
Routine Office Visits	20% after plan deductible until M-OOP limit	\$25 / (\$50 Specialists) Co-Pay Ded. Waived	\$40 / (\$60 Specialists) Co-Pay	\$20 / (\$30 Specialists) Co-Pay
Preventative Services (<i>see full benefit summaries for list of preventative services</i>)	No charge	No charge	No charge	No charge
Hospital In-Patient Charges	20% after plan deductible until M-OOP limit	25% after deductible is met until co-insurance M-OOP limit.	\$600 Co-Pay per day / 1st 5 days	\$250 Co-Pay per day / 1st 5 days
Out-Patient Surgeries	20% after plan deductible until M-OOP limit	25% after deductible is met until co-insurance M-OOP limit.	\$320 Co-Pay	\$125 Co-Pay
Most laboratory tests and X-Rays	20% after plan deductible until M-OOP limit	25% after deductible is met until co-insurance M-OOP limit.	\$40 Co-Pay	\$30 Co-Pay
MRI, Most CT, and PET scans	20% after plan deductible until M-OOP limit	25% after deductible is met until co-insurance M-OOP limit.	\$250 Co-Pay	\$100 Co-Pay
RX Prescription Drugs	** As of 1-24 Certain Preventative Rx are not subject to plan deductible.			
Rx Deductible	Plan Deductible Must be Met First	\$300 Ded Level 2,3,4	None	None
Generic Rx	\$15 Co-Pay after ded.	\$10 Co-Pay	\$15 Co-Pay	\$5 Co-Pay
Brand Name Rx	\$45 Co-Pay after ded.	\$50 Co-Pay	\$50 Co-Pay	\$20 Co-Pay
Non-Formulary Rx	\$85 Co-Pay after ded.	\$100 Co-Pay	\$50 Co-Pay	\$20 Co-Pay
Specialty Drugs	30% (\$250 Max co-pay)	30% (\$250 Max co-pay)	20% (\$250 Max co-pay)	10% (\$250 Max co-pay)
	M-OOP Includes any deductible and/or co-pays	M-OOP Includes any deductible and/or co-pays	M-OOP Includes any deductible and/or co-pays	M-OOP Includes any deductible and/or co-pays

Important Notes:

The above amounts show what YOU pay for services when using an in-network provider. **The above are highlights and you should be sure to review the plan summaries from the carriers that are online at our eBenefits Site.**