

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 • \$3,300 family, embedded \$3,300 per member	• \$1,700 individual • \$3,400 family, embedded \$3,400 per member
	Calendar Year Deductible: Out-of-Network	• \$3,300 individual • \$6,600 family	• \$3,400 individual • \$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 • \$3,700 family, embedded \$3,300 per member	• \$1,900 individual • \$3,800 family, embedded \$3,400 per member
	Calendar Year Deductible: Out-of-Network	• \$3,700 individual • \$7,400 family	• \$3,800 individual • \$7,600 family
PPO/Select PPO HSA PRx 2000	Calendar Year Deductible: In-Network	• \$2,000 individual • \$4,000 family, embedded \$3,300 per member	• \$2,000 individual • \$4,000 family, embedded \$3,400 per member
PPO/Select PPO/EPO HSA PRx 3000	Calendar Year Deductible: In-Network	• \$3,000 individual • \$6,000 family, embedded \$3,300 per member	• \$3,000 individual • \$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 • \$7,800 family	• \$4,000 individual • \$8,000 family
	Calendar Year Deductible: Out-of-Network	• \$7,800 individual • \$15,600 family	• \$8,000 individual • \$16,000 family
PPO/Select PPO HSA PRx 5000	Out-of-Pocket Maximum: In-Network	• \$8,300 individual • \$16,600 family	• \$8,500 individual • \$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 • \$16,600 family	• \$8,500 individual • \$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 • \$400 family	• \$250 individual • \$500 family
PPO/Select PPO 30/650 (DM)	Prescription Drug Deductible	• \$250 individual • \$500 family	• \$300 individual • \$600 family
	Prescription Drug Copay: In-Network	• \$40 Brand Formulary • \$80 Brand Non-Formulary	• \$50 Brand Formulary • \$100 Brand Non-Formulary
	Prescription Drug Copay: Out-of-Network	• \$40 + 50% Brand Formulary • \$80 + 50% Brand Non-Formulary	• \$50 + 50% Brand Formulary • \$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	<ul style="list-style-type: none"> \$250 individual \$500 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
PPO/Select PPO/EPO 30/1000	Prescription Drug Deductible	<ul style="list-style-type: none"> \$250 individual \$500 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
PPO/Select PPO/EPO 30/1250	Prescription Drug Deductible	<ul style="list-style-type: none"> \$250 individual \$500 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
	Prescription Drug Copay: In-Network	<ul style="list-style-type: none"> \$40 Brand Formulary \$80 Brand Non-Formulary 	<ul style="list-style-type: none"> \$50 Brand Formulary \$100 Brand Non-Formulary
	Prescription Drug Copay: Out-of-Network	<ul style="list-style-type: none"> \$40 + 50% Brand Formulary \$80 + 50% Brand Non-Formulary 	<ul style="list-style-type: none"> \$50 + 50% Brand Formulary \$100 + 50% Brand Non-Formulary
PPO/Select PPO/EPO 45/1850	Prescription Drug Deductible	<ul style="list-style-type: none"> \$300 individual \$600 family 	<ul style="list-style-type: none"> \$350 individual \$700 family
PPO/Select PPO/EPO 45/2250	Prescription Drug Deductible	<ul style="list-style-type: none"> \$300 individual \$600 family 	<ul style="list-style-type: none"> \$350 individual \$700 family
PPO/Select PPO/EPO 45/2850	Prescription Drug Deductible	<ul style="list-style-type: none"> \$300 individual \$600 family 	<ul style="list-style-type: none"> \$350 individual \$700 family
PPO/Select PPO 65/4250	Plan Name	<ul style="list-style-type: none"> 65/4250 	<ul style="list-style-type: none"> 65/4250/0
PPO/Select PPO 50/6250/ov3	Plan Name	<ul style="list-style-type: none"> 50/6250/ov3 	<ul style="list-style-type: none"> 50/6250/3
PPO/Select PPO 75/7250/ov1	Plan Name	<ul style="list-style-type: none"> 75/7250/ov1 	<ul style="list-style-type: none"> 75/7500/1
	Calendar Year Deductible: In-Network	<ul style="list-style-type: none"> \$7,250 individual \$14,000 family 	<ul style="list-style-type: none"> \$7,500 individual \$15,000 family
	Calendar Year Deductible: Out-of-Network	<ul style="list-style-type: none"> \$14,500 individual \$29,000 family 	<ul style="list-style-type: none"> \$15,000 individual \$30,000 family
HMO and Select HMO Plans	Benefit Category	2025 Benefit	2026 Benefit
HMO/Select HMO 10/0	Prescription Brand Drug Deductible	<ul style="list-style-type: none"> \$150 individual \$300 family 	<ul style="list-style-type: none"> \$300 individual \$600 family
	Out-of-Pocket Maximum: In-Network	<ul style="list-style-type: none"> \$1,750 individual \$3,500 family 	<ul style="list-style-type: none"> \$3,500 individual \$7,000 family
	Emergency Room Copay	<ul style="list-style-type: none"> \$100 	<ul style="list-style-type: none"> \$300
	Specialist Office Visit Copay	<ul style="list-style-type: none"> \$10 Per Visit 	<ul style="list-style-type: none"> \$35 Per Visit
	Coinurance: In-network	<ul style="list-style-type: none"> 0% 	<ul style="list-style-type: none"> 10%
	Prescription Drug Copay	<ul style="list-style-type: none"> \$10 Generic \$25 Brand Formulary \$45 Brand non-Formulary 	<ul style="list-style-type: none"> \$15 Generic \$30 Brand Formulary \$60 Brand non-Formulary

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 35/0	Coinsurance: In-network	<ul style="list-style-type: none"> • 20% 	<ul style="list-style-type: none"> • 25%
	Prescription Drug Copay	<ul style="list-style-type: none"> • \$15 Generic • \$35 Brand Formulary • \$70 Brand non-Formulary 	<ul style="list-style-type: none"> • \$15 Generic • \$50 Brand Formulary • \$100 Brand non-Formulary

No change to the following renewing plans:

Medical/Rx Plans:

- HMO and Select HMO 25/1500
- HMO and Select HMO 30/3000

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:

In accordance with CA SB 729, the following plan will be offered to SG firms for 2026:

- PPO 10/0/IVF

New for 2026, CalCPA Health is introducing a suite of alternative health plans that access the same Anthem PPO network as our traditional plans. Our new CalCPA Health tiered copay plans are powered by Coupe Health 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.

Terminated plans:

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