



**CaICPA
ProtectPlus**
Healthcare just for CPAs

CaICPA ProtectPlus

HEALTHCARE JUST FOR CPAs



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YOUR GUIDE TO NON-GRANDFATHERED
HEALTHCARE COVERAGE **2011**

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A Medical Plan for CPA Firms

As a CalCPA member, you and your employees can participate in healthcare plans designed just for CPAs. These plans save money and make sense for both large and small CPA firms throughout California.

We are committed to bringing you healthcare benefits you can count on. In fact, as a member of the CalCPA ProtectPlus Program, you will be able to participate in the yearly election of the Board of Trustees. This allows you to directly participate in electing the trustees who are responsible for running your healthcare plan.

This brochure describes the features and benefits of our CalCPA ProtectPlus plans, including the high-deductible CalCPA ProtectPlus HSA Plans and the Anthem Blue Cross HMO plans. We hope the following information provides all the answers to your questions about our sponsored healthcare plans, but if it does not, please call **Banyan Administrators, Managers for the CalCPA ProtectPlus Programs at 1-877-480-7923.**

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We know you're busy. That's why we want to make understanding your healthcare plan choices easy.



Employer Eligibility

Participation in CalCPA ProtectPlus Copay plans, HSA plans or Anthem Blue Cross HMO plans is available to the California-based owners and employees of accounting firms in public practice or offering general financial services. To be eligible, and retain such eligibility, more than 50% of all of the firm's owners (principals, proprietors, partners, shareholders, or other owners) must be CPA or non-CPA members of CalCPA, and all CPA owners must be members of CalCPA in good standing. Solo practitioners (1 CPA with no employees) must complete a health questionnaire and may be denied coverage based on their health history. Solo practitioners are not eligible for the Anthem Blue Cross HMO plans.

If the employer pays 100% of the premiums, or if the plan covers three or fewer employees, then 100% of eligible employees must be covered. Otherwise, at least 75% of the individuals eligible for coverage in each firm must apply for that firm's coverage.

Firms May “Mix and Match” Their Healthcare Plans

Although many employers elect to have partners and employees covered under a single plan, firms may elect, if they wish, to offer one or more, or all of the CalCPA ProtectPlus Plans to their owners and employees. However, if the firm wishes to include an HMO plan, only one of the Anthem Blue Cross HMO plans may be offered.

Employee Eligibility

To be eligible, employees must be employed by you, the employer, on a permanent basis, with wages subject to withholding that are reported on a W-2 form. Such employees are eligible to enroll in CalCPA ProtectPlus if they are actively at work at least 20 hours per week (or 30 hours per week, if elected by the employer). In circumstances where a spouse is the only full-time employee of a licensed member, the firm may be required to provide a copy of the spouse's most recent W-2 form to verify the employment relationship.

Each new hire must complete an Employee Enrollment Form and return it to the plan's administrator within 31 days of becoming eligible for coverage.

Late enrollees will be medically underwritten and may be subject to a 12-month waiting period from the date their enrollment form is received.

Spouses, Domestic Partners, and Dependent Eligibility

Eligible Family Members Include:

- The legal spouse of an employee
- Children of eligible employees through age 25
- Disabled children of eligible employees who, with appropriate medical certification, are eligible for coverage at any age
- Domestic partners of employees who have filed a valid affidavit of domestic partnership with the State of California's Secretary of State's office
- A child of an eligible domestic partner

Pre-Existing Conditions

CalCPA ProtectPlus excludes coverage of “pre-existing conditions” for the first six months of coverage only if the member is 19 or older on their effective date. However, if you were covered by another group health plan or individual policy before coverage begins under CalCPA ProtectPlus, the pre-existing condition exclusion may not apply.*

A pre-existing condition is one for which medical advice, diagnosis, care, or treatment was recommended by a licensed health practitioner during the six months immediately preceding the effective date of coverage under CalCPA ProtectPlus. “Pre-existing conditions” are not applicable to Anthem Blue Cross HMO plans.

* If your coverage under the prior plan or policy covers a specified period, usually 180 days, and the period in-between your prior coverage and joining CalCPA ProtectPlus does not exceed 63 days, you would normally not be subject to a pre-existing conditions exclusion under CalCPA ProtectPlus.

CalCPA ProtectPlus Offers You More



The official name of our program is the Group Insurance Trust of the California Society of Certified Public Accountants; however, all you need to remember is CalCPA ProtectPlus. With CalCPA ProtectPlus, you can choose from eight different preferred provider plan options: five copay plans, each named for its own copayment amount, and three high deductible healthcare plans designed to be paired with a Health Saving Account provided through Bank of New York Mellon, US Bank, Alliant Credit Union or the financial institution of your choice.

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Specialty Pharmacy

Some drugs may only be available through the CuraScript program. The CuraScript program provides services to members with typically rare and chronic diseases. CuraScript dispenses biotech drugs for these conditions and schedules drug delivery either to the member's home or to a physician's practice. This program also provides telephonic therapy management to ensure safety and compliance.

All CalCPA ProtectPlus Plans Provide:

- Access to quality healthcare through the Anthem Blue Cross network of healthcare providers
- Coverage for mental health and substance abuse services
- Freedom of choice to select any doctor or hospital outside the Anthem Blue Cross provider network, if you are willing to share a larger portion of the cost
- Comprehensive coverage for a wide range of healthcare services
- Extended coverage for surviving dependents in the event of your death
- Cost savings through discounted fee arrangements with network providers
- Emergency care coverage worldwide, 24 hours a day
- Simplified procedures — no claim forms to fill out when you use network providers

All Anthem Blue Cross HMO Plans Provide:

- Access to quality healthcare through the Anthem Blue Cross network of HMO healthcare providers
- Coverage for mental health and substance abuse services
- Comprehensive coverage for a wide range of healthcare services
- Emergency care coverage worldwide, 24 hours a day
- Simplified procedures — no claim forms to fill out

CalCPA ProtectPlus Copay & HSA Plans

The Anthem Blue Cross Provider Network

CalCPA ProtectPlus has contracted to use the Anthem Blue Cross Prudent Buyer provider network with more than 56,400 participating physicians and more than 380 hospitals throughout the state. More than three out of every four licensed physicians in California participate in the Anthem Blue Cross network.

If you are currently participating in an Anthem Blue Cross small group plan, or any other plan utilizing the Anthem Blue Cross Prudent Buyer Preferred Provider network, you won't have to go through the bother of finding a new healthcare provider when you enroll in CalCPA ProtectPlus. You can switch plans and stay with your current physician while continuing to use the hospitals and other providers with which you are already familiar.

You and your employees will have the freedom to choose virtually any healthcare provider. However, when you choose participating network providers you will take advantage of negotiated rates, which lowers your out-of-pocket expense.

Anthem Blue Cross HMO Plans

The Anthem Blue Cross HMO Network

The Anthem Blue Cross HMO network has contracted with more than 37,000 physicians and more than 370 hospitals throughout the state. When enrolling in one of these plans, you choose a doctor for yourself (and for each enrolled family member) from a Participating Medical Group (PMG) or Independent Practice Association (IPA) in our network. The doctor you choose is called your Primary Care Physician, and this doctor is responsible for managing your healthcare needs. Generally, Primary Care Physicians specialize in internal medicine, general practice, family practice, or pediatrics.

You simply call your Primary Care Physician when you need medical care. Also, women may go to an OB/GYN in our network without a referral. To receive plan benefits for care provided by other specialists, you will need a referral from your PMG or IPA before you receive the service. This includes hospitalization, except in emergencies.

Anthem Blue Cross SpeedyReferralSM and Anthem Blue Cross DirectAccess Programs

Many medical groups participate in these two programs. The Anthem Blue Cross SpeedyReferral program makes the referral process faster and easier. The Anthem Blue Cross DirectAccess program allows you to self-refer to participating specialists in allergy, dermatology, or ear/nose/throat health conditions. Confirm your PMG's or IPA's participation in the program before contacting the specialists directly.



Choosing the Right Coverage

What coverage is right for your firm?

CalCPA ProtectPlus is designed to let you select the benefit level that is best for your business. Although most employers will elect to offer a single plan, firms with two or more participants may elect to offer one, or more, or all of the CalCPA ProtectPlus Copay and HSA plans, plus one of the Anthem Blue Cross HMO plans.

CalCPA ProtectPlus Copay Plans

Available to all firm sizes. You may offer any or all of these plans.

- **Protect 10** \$10 copay, 10% coinsurance, \$250 deductible
- **Protect 15** \$15 copay, 20% coinsurance, \$250 deductible, the first 6 in-network office visits per calendar year are exempt from the annual deductible
- **Protect 25** \$25 copay, 30% coinsurance, \$500 deductible, the first 6 in-network office visits per calendar year are exempt from the annual deductible
- **Protect 35** \$35 copay, 40% coinsurance, \$500 deductible, the first 6 in-network office visits per calendar year are exempt from the annual deductible
- **Protect 45** \$45 copay, 50% coinsurance, no in-network deductible

Need More Help?

Try the ProtectPlus Plan Selector Tool on our website.

www.cpaprotectplus.com



Stop guessing.
The CalCPA ProtectPlus
Plan Selector Tool makes
finding the perfect
plan simple.
www.cpaprotectplus.com

CalCPA ProtectPlus HSA-Eligible Plans

Available to all firm sizes. You may offer any or all of these plans.

- **Protect HSA \$2,850** Individual deductible \$2,850, 30% coinsurance, \$5,500 individual out-of-pocket maximum
- **Protect HSA \$2,500** Individual deductible \$2,500, 0% coinsurance, \$2,500 individual out-of-pocket maximum
- **Protect HSA \$1,500** Individual deductible \$1,500, 30% coinsurance, \$4,500 individual out-of-pocket maximum

Anthem Blue Cross HMO Plans

Available to firms of 2 or more owners/employees. You may offer one of these plans.

- **HMO Advantage 100** \$10 copay, no deductible, no additional charge for most covered expenses
- **HMO Value 80** \$15 copay, no deductible, 20% coinsurance for most covered expenses

CalCPA ProtectPlus Copay Plans and CalCPA ProtectPlus HSA-Eligible Plans

CalCPA ProtectPlus copay plans and CalCPA ProtectPlus HSA eligible plans are self-funded through the California Society of CPA's Group Insurance Trust. Because we operate our own plans, we design the benefits, rates and options.

Furthermore, we've contracted with Anthem Blue Cross to use their comprehensive provider network and to process our claims. In effect, we've chosen what we believe are the best doctors and hospitals and the best administrators to provide the best benefits for you. CalCPA ProtectPlus plans are available to firms of any size. However, Solo Practitioners must complete a health underwriting statement and can be declined coverage on the basis of their own health history.

Anthem Blue Cross HMO Plans

Because our members value choice, we have partnered with Anthem Blue Cross to offer two of its HMO plans. The HMO plans differ from CalCPA ProtectPlus in that they are fully-insured plans through Anthem Blue Cross. Anthem Blue Cross determines the rates and benefits and sets underwriting and administration policy. HMO Participants do not receive the rights of survivorship benefit available to members of the CalCPA ProtectPlus plans. Additionally, solo practitioners are not eligible to join the HMO plans.

Why Choose CalCPA ProtectPlus HSA

CalCPA ProtectPlus HSA

CalCPA ProtectPlus HSA plans are self-funded High Deductible Health Plans (HDHPs) offered through the Group Insurance Trust of the California Society of CPAs. They are designed to meet the Health Savings Account (HSA) requirements set forth in the Medicare Prescription Drug, Improvement and Modernization Act of 2003. CalCPA ProtectPlus HSA plans, when paired with a Health Savings Account offered through a bank, brokerage or other financial institution, provide security against catastrophic medical expenses, while allowing you to set aside pre-tax dollars to pay for qualified medical expenses.

For detailed information on HSAs, visit the official government site at www.treas.gov/offices/public-affairs/hsa/.

As with the CalCPA ProtectPlus Copay Plans, ProtectPlus HSA Plans have contracted with Anthem Blue Cross to use its comprehensive provider network and to process our claims. You and your employees will have the freedom to choose virtually any healthcare provider and no physician referral is required. It's up to you whether you go in-network and receive a greater benefit (after your deductible is satisfied) or go out-of-network and pay more. When you choose participating network providers, you will take advantage of negotiated fees, which will lower your out-of-pocket expenses.

Health Savings Accounts — Bank of New York Mellon, US Bank and Alliant Credit Union

You may pair CalCPA ProtectPlus HSA Plans with a Health Savings Account offered (where available) through the financial institution of your choice. However, the Trust has made access to Health Savings Accounts through Bank of New York Mellon, US Bank and Alliant Credit Union available to ProtectPlus HSA subscribers. For your convenience, shortly after confirming your enrollment in a ProtectPlus HSA Plan, you will be provided with a "Welcome Kit" which includes HSA enrollment materials for the HSA provider you have selected.

For more information regarding HSA accounts through Bank of New York Mellon visit www.HSAmember.com, through US Bank visit www.myhsa.usbank.com, or through Alliant Credit Union visit www.alliantcreditunion.org.



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HSA-Eligible Plans

In-Network Benefits	HSA-\$1,500	HSA-\$2,850
Annual Deductible ¹	\$1,500 per member* \$3,000 per family**	\$2,850 per member* \$5,650 per family**
Annual Out-of-Pocket Maximum	\$4,500 per member \$9,000 per family	\$5,500 per member \$11,000 per family
Lifetime Maximum Benefit	None (\$2,000,000 Calendar year maximum)	None (\$2,000,000 Calendar year maximum)
Office Visits	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Other Professional Services	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Emergency Care	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Inpatient Hospital Services and Surgical Facilities	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Inpatient Professional Services for Surgery, Anesthesia, Lab and Physician Visits	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Other Professional Services	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Outpatient Surgical Facility	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Preventive Care (Ages 7 & Up) 1 Physical Per Year	Not subject to the deductible, 100% plan paid	Not subject to the deductible, 100% plan paid
Well Woman Care, Well Baby Care	Not subject to the deductible; 100% plan paid. Well Woman Care - 1 visit per year	Not subject to the deductible; 100% plan paid. Well Woman Care - 1 visit per year
Mental & Nervous - Inpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Mental & Nervous - Outpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Substance Abuse - Inpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Substance Abuse - Outpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Physical Therapy, Occupational Therapy, Chiropractic Care	30% of negotiated fee after deductible, 25 visits/year	30% of negotiated fee after deductible, 25 visits/year
Acupuncture	30% of negotiated fee after deductible. Plan pays up to \$60/visit, maximum 12 visits/year	30% of negotiated fee after deductible. Plan pays up to \$60/visit, maximum 12 visits/year
Durable Medical Equipment	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Skilled Nursing Facility	30% of negotiated fee after deductible, up to 100 days/year	30% of negotiated fee after deductible, up to 100 days/year
Hospice Care	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Home Healthcare	30% of negotiated fee after deductible, up to 90 visits/year	30% of negotiated fee after deductible, up to 90 visits/year
In-Network Prescription Drugs		
Prescription Deductible ¹	No separate deductible	No separate deductible
Retail Pharmacies (30-day supply)	30% of negotiated drug fee after deductible	30% of negotiated drug fee after deductible
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail Order (60-day supply, Anthem Blue Cross Express Scripts only)	30% of negotiated drug fee after deductible 30% of negotiated drug fee after deductible	30% of negotiated drug fee after deductible 30% of negotiated drug fee after deductible
Mail Order (60-day supply, Anthem Blue Cross Express Scripts only)	30% of negotiated drug fee after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program	30% of negotiated drug fee after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program
Out-of-Network Benefits		
Annual Deductible ¹	No separate deductible, Out-of-Network benefits are included in the annual deductible Benefits are paid after deductible is met	
Annual Out-of-Pocket Maximum	No separate Out-of-Pocket Max., Out-of-Network benefits are included in the annual Out-of-Pocket Max.	
Office Visits	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Inpatient Hospital Services	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Outpatient Surgical Facility	Plan pays 50% of allowable fee, up to a maximum of \$350 per day	Plan pays 50% of allowable fee, up to a maximum of \$350 per day
Mental & Nervous - Inpatient	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Mental & Nervous - Outpatient	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Substance Abuse - Inpatient	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Substance Abuse - Outpatient	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Out-of-Network Prescription Drugs		
Annual Deductible ¹	No separate deductible, Out-of-Network benefits are included in the annual deductible	
Retail Pharmacies	After the deductible is satisfied, member pays 50% of the allowable drug fee, plus any excess charges	After the deductible is satisfied, member pays 50% of the allowable drug fee, plus any excess charges
Mail Order	Not covered	Not covered
Self-Administered Injectable Drugs (Excluding insulin)	Not covered	Not covered

HSA-Eligible Plans

In-Network Benefits		HSA-\$2,500
Annual Deductible ¹		\$2,500 per member* \$5,000 per family**
Annual Out-of-Pocket Maximum		\$2,500 per individual*, \$5,000 per family**
Lifetime Maximum Benefit		None (\$2,000,000 calendar year maximum)
Office Visits		100% paid after deductible
Other Professional Services		100% paid after deductible
Emergency Care		100% paid after deductible
Inpatient Hospital Services and Surgical Facilities		100% paid after deductible
Inpatient Professional Services for Surgery, Anesthesia, Lab and Physician Visits		100% paid after deductible
Other Professional Services		100% paid after deductible
Outpatient Surgical Facility		100% paid after deductible
Preventive Care (Ages 7 & Up) 1 Physical Per Year		Not subject to the deductible; 100% plan paid.
Well Woman Care, Well Baby Care		Not subject to the deductible, 100% plan paid. Well Woman Care – 1 Visit Per Year
Mental & Nervous - Inpatient		100% paid after deductible
Mental & Nervous - Outpatient		100% paid after deductible
Substance Abuse - Inpatient		100% paid after deductible
Substance Abuse - Outpatient		100% paid after deductible
Physical Therapy, Occupational Therapy, Chiropractic Care		100% paid after deductible up to 25 visits/year (combined with out-of-network visits)
Acupuncture		Plan pays up to \$60/visit after deductible, maximum 12 visits/year (combined with out-of-network visits)
Durable Medical Equipment		100% paid after deductible
Skilled Nursing Facility		100% paid after deductible, up to 100 days per year (combined in-/out-of-network)
Hospice Care		100% paid after deductible
Home Healthcare		100% paid after deductible, up to 90 visits/year (combined in-/out of network)
In-Network Prescription Drugs		
Prescription Deductible ¹		No separate deductible
Retail Pharmacies (30-day supply)		Plan pays 100% of negotiated drug rate after deductible
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail Order (60-day supply , Anthem Blue Cross Express Scripts only)		Plan pays 100% of negotiated drug rate after deductible Plan pays 100% of negotiated drug rate after deductible
Mail Order (60-day supply , Anthem Blue Cross Express Scripts only)		Plan pays 100% of negotiated drug rate after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program
Out-of-Network Benefits		
Annual Deductible ¹		No separate deductible, Out-of-Network benefits are included in the annual deductible. Benefits are paid after deductible is met.
Annual Out-of-Pocket Maximum		\$5,000 per individual* \$10,000 per family**
Office Visits		Plan pays 70% of allowable fee after deductible
Inpatient Hospital Services		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Outpatient Surgical Facility		Plan pays 70% of allowable fee up to a maximum of \$380 per day
Mental & Nervous - Inpatient		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Mental & Nervous - Outpatient		Plan pays 70% of allowable fee, up to a maximum of \$380 per day
Substance Abuse - Inpatient		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Substance Abuse - Outpatient		Plan pays 70% of allowable fee, up to a maximum of \$380 per day
Out-of-Network Prescription Drugs		
Annual Deductible ¹		No separate deductible, Out-of-Network benefits are included in the annual deductible. Benefits are paid after deductible is met.0
Retail Pharmacies		After the deductible is satisfied, member pays 30% of the allowable drug fee, plus any excess charges
Mail Order		Not covered
Self-Administered Injectable Drugs (Excluding insulin)		Not covered



* **Individual Coverage:** Individual Coverage refers to a subscriber without covered dependents. Individual subscribers are subject to the Individual Deductible and Individual Out-of-Pocket Maximum.

** **Family Coverage:** Family Coverage refers to a subscriber and covered dependents. Benefits will not be paid for any family member until the full Family Deductible is met. Likewise, the Family Out-of-Pocket Maximum will not be considered met for any family member until the full Family Out-of-Pocket Maximum is met.

Note: Annual Out-of-Pocket Maximum includes Annual Deductible. Family Aggregate: Once one or more family members eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.

1. Annual Deductible is combined, In- and Out-of-Network. The co-insurance applies after the deductible has been satisfied.

Anthem Blue Cross HMO Plans

	HMO Advantage 100	HMO Value 80
Annual Deductible	None	None
Annual Out-of-Pocket Maximum	\$1,750 individual \$3,500 family	\$5,000 individual \$10,000 two-party \$15,000 family
Professional Services		
Office Visits	\$10 per visit	\$15 per visit
Specialist & Consultants	\$10 per visit	\$30 per visit
Hospital		
Emergency Care <i>Copay waived if admitted</i>	\$100 per visit	\$100 per visit
Inpatient Hospital Services and Surgical Facilities	No charge	20% of charges
Other Professional Services	No charge	20% of charges
Outpatient Medical Services	No charge	No copay
Health Maintenance		
Outpatient Annual Physical Examination, Well Woman and Well Baby Care	No Charge	No Charge
Mental & Nervous and Substance Abuse		
Inpatient	No charge	20% of charges
Outpatient	No charge	No charge
Other Services		
Home Healthcare (90 visits per year)	No charge	\$15 per visit
Physical Therapy, Occupational Therapy, Chiropractic Care (60-day period of care)	No charge	\$15 per visit
Prescription Drugs		
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) <i>Note: Some specialty drugs are only available through Anthem Blue Cross's CuraScript mail order program</i>	\$150 Brand Deductible per member	\$150 Brand Deductible per member
Participating Pharmacies (30-day supply)	\$10 Generic \$25 Brand Formulary \$45 Brand Non-Formulary	\$10 Generic \$25 Brand Formulary \$45 Brand Non-Formulary
Mail Order (60-day supply) <i>Available only through Anthem Blue Cross's Express Scripts mail order pharmacy.</i>	\$10 Generic \$25 Brand Formulary \$45 Brand Non-Formulary	\$10 Generic \$25 Brand Formulary \$45 Brand Non-Formulary
Self-Administered Injectable Drugs (Excluding insulin)	30% of prescription drug maximum allowed amount.	30% of prescription drug maximum allowed amount.

Note: This summary is a brief review of benefits. It is not a contract and does not replace the master policy. It is as accurate as possible, but we cannot be responsible for any errors and make no warranty of any kind.

Copay Plans — Options at a Glance

Protect 10

Protect 15

Provisions	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual Deductible (Combined in-/out-of-network)	\$250 per member in-/out-of-network \$500 family aggregate Generally, all medical benefits are covered only after the plan's deductible has been met		\$250 per member in-/out-of-network \$500 family aggregate Generally, all medical benefits are covered only after the plan's deductible has been met	
Annual Out-of-Pocket Maximum	\$2,500 per member \$5,000 family aggregate	\$5,000 per member	\$3,000 per member \$6,000 family aggregate	\$10,000 per member
Lifetime Maximum Benefit	None \$2,000,000 calendar year maximum		None \$2,000,000 calendar year maximum	
Hospital Admission Copay	NA		NA	
Inpatient & Outpatient Hospital Services	10% of negotiated fee	Plan pays 70% of UCR ² , up to \$540 per day ¹	20% of negotiated fee	Plan pays 50% of allowable fee, up to \$540 per day ¹
Emergency Room Deductible	\$100 ³		\$100 ³	
Office Visits	\$10 copay per visit	Plan pays 70% of UCR ²	\$15 copay per visit. First 6 in-network visits (combined with in-network mental and nervous outpatient visits) per calendar year are not subject to the deductible.	Plan pays 50% of allowable fee ¹
Preventive (ages 7 and up) 1 Physical per year Deductibles do not apply	100% plan paid	Plan pays up to \$250 ¹	100% plan paid	Plan pays up to \$250 ¹
Well-Baby Care (ages 0–6) Deductibles do not apply	100% plan paid	Plan pays 70% of UCR ^{1,2}	100% plan paid	Plan pays 50% of allowable fee ¹
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) Note: Some specialty drugs are only available through Anthem Blue Cross's CuraScript mail order program	\$150 per person Applies to brand-name drugs only \$300 family aggregate		\$150 per person Applies to brand-name drugs only \$300 family aggregate	
Prescription Drugs—Retail (30-day supply)				
Generic	\$10	Retail In-Network copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.	\$10	Retail In-Network copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.
Brand Formulary	\$25		\$25	
Brand Non-Formulary	\$45		\$45	
Prescription Drugs—Mail Order (60-day supply, Anthem Blue Cross Express Scripts Only)		Not covered		Not covered
Generic	\$10		\$10	
Brand Formulary	\$25		\$25	
Brand Non-Formulary	\$45		\$45	
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail-order (60-day supply)	30% of prescription drug maximum allowed amount.	Not covered	30% of prescription drug maximum allowed amount.	Not covered

Copay Plans — Options at a Glance

Protect 25

Protect 35

Provisions	In-network	Out-of-network ¹	In-network	Out-of-network ¹
Annual Deductible (Combined in-/out-of-network)	\$500 per member in-/out-of-network \$1,000 family aggregate Generally, all medical benefits are covered only after the plan's deductible has been met.		\$500 per member in-/out-of-network \$1,000 family aggregate Generally, all medical benefits are covered only after the plan's deductible has been met	
Annual Out-of-Pocket Maximum	\$4,000 per member \$8,000 family aggregate	\$10,000 per member	\$5,000 per member \$10,000 family aggregate	\$10,000 per member
Lifetime Maximum Benefit	None (\$2,000,000 calendar year maximum)		None \$2,000,000 calendar year maximum	
Hospital Admission Copay	NA		NA	
Inpatient & Outpatient Hospital Services	30% of negotiated fee	Plan pays 50% of allowable fee, up to \$540 per day ¹	40% of negotiated fee	Plan pays 50% of allowable fee, up to \$540 per day ¹
Emergency Room Deductible	\$100 ³		\$100 ³	
Office Visits	\$25 copay per visit. First 6 in-network visits (combined with in-network mental and nervous outpatient visits) per calendar year are not subject to the deductible.	Plan pays 50% of allowable fee ¹	\$35 copay per visit. First 6 in-network visits (combined with in-network mental and nervous outpatient visits) per calendar year are not subject to the deductible.	Plan pays 50% of allowable fee ¹
Preventive (ages 7 and up) 1 Physical per year Deductibles do not apply	100% plan paid	Plan pays up to \$250 ¹	100% plan paid	Plan pays up to \$250 ¹
Well-Baby Care (ages 0–6) Deductibles do not apply	100% plan paid	Plan pays 50% of allowable fee ¹	100% plan paid	Plan pays 50% of allowable fee ¹
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) Note: Some specialty drugs are only available through Anthem Blue Cross's CuraScript mail order program	\$150 per person Applies to brand-name drugs only \$300 family aggregate		\$150 per person Applies to brand-name drugs only \$300 family aggregate	
Prescription Drugs—Retail (30-day supply)				
Generic	\$10	Retail In-Network copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.	\$10	Retail In-Network copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.
Brand Formulary	\$25		\$25	
Brand Non-Formulary	\$45		\$45	
Prescription Drugs—Mail Order (60-day supply, Anthem Blue Cross Express Scripts Only)		Not covered		Not covered
Generic	\$10	Not covered	\$10	Not covered
Brand Formulary	\$25		\$25	
Brand Non-Formulary	\$45		\$45	
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail-order (60-day supply)	30% of prescription drug maximum allowed amount.	Not covered	30% of prescription drug maximum allowed amount.	Not covered

Copay Plans — Options at a Glance

Protect 45

Provisions	In-network	Out-of-network ¹
Annual Deductible (Combined in-/out-of-network)	\$0	\$1,000 per member, no family limit
Annual Out-of-Pocket Maximum	\$8,000 per member \$16,000 family aggregate	\$15,000 + deductible per member
Lifetime Maximum Benefit	None \$2,000,000 calendar year maximum	
Hospital Admission Copay	First hospital admission only per person, per year \$3,000 copay	First hospital admission only per person, per year \$5,000 copay
Inpatient & Outpatient Hospital Services	50% of negotiated fee	Plan pays 50% of allowable fee, up to \$540 per day ¹
Emergency Room Deductible	\$100 ³	
Office Visits	\$45 copay per visit	Plan pays 50% of allowable fee ¹ after deductible
Preventive (ages 7 and up) 1 Physical per year Deductibles do not apply	100% plan paid	Plan pays up to \$250 ¹ after deductible
Well-Baby Care (ages 0–6) Deductibles do not apply	100% plan paid	Plan pays 50% of allowable fee ¹
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) Note: Some specialty drugs are only available through Anthem Blue Cross's CuraScript mail order program	\$150 per person Applies to brand-name drugs only \$300 family aggregate	
Prescription Drugs—Retail (30-day supply)		
Generic	\$10	Retail In-Network copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount.
Brand Formulary	\$25	
Brand Non-Formulary	\$45	
Prescription Drugs—Mail Order (60-day supply, Anthem Blue Cross Express Scripts Only)		Not covered
Generic	\$10	
Brand Formulary	\$25	
Brand Non-Formulary	\$45	
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail-order (60-day supply)	30% of prescription drug maximum allowed amount.	Not covered

Copay Plan — Mental Health and Substance Abuse

CalCPA ProtectPlus has contracted with Anthem Blue Cross' network of specialists and facilities to provide members with mental health and substance abuse benefits. Outpatient treatment for mental health or substance abuse services does not require pre-authorization from Anthem Blue Cross, but if you have questions regarding outpatient benefits please call 1-888-209-7847. Inpatient mental health or substance abuse services must be pre-authorized in order to be eligible for payment under the plan.

If you or your family members need this type of service you must first call 1-800-274-7767 for authorization. Please be aware that if you seek treatment from an out-of-network provider, your out-of-pocket costs will be substantially higher. Furthermore, claims for treatment from out-of-network providers are subject to review and may be rejected if they do not meet the plan's standards for necessity and appropriateness of treatment.

Benefits listed are per-member costs, subject to deductibles and copayments unless otherwise stated.

In-Network Benefits

	Protect 10	Protect 15	Protect 25	Protect 35	Protect 45
Mental & Nervous / Substance Abuse Inpatient	10% of negotiated fee	20% of negotiated fee	30% of negotiated fee	40% of negotiated fee	50% of negotiated fee
Mental & Nervous / Substance Abuse First hospital admission per year	None	None	None	None	\$3,000 copay
Mental & Nervous / Substance Abuse Office Visits / Therapy Sessions	\$10 copay	\$15 copay ⁵	\$25 copay ⁵	\$35 copay ⁵	\$45 copay
Mental & Nervous / Substance Abuse Outpatient	10% of negotiated fee	20% of negotiated fee	30% of negotiated fee	40% of negotiated fee	50% of negotiated fee

Out-of-Network Benefits

- Member is responsible for all charges in excess of plan payments

	Protect 10	Protect 15	Protect 25	Protect 35	Protect 45
Mental & Nervous / Substance Abuse Inpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day
Mental & Nervous / Substance Abuse First hospital admission per year	None	None	None	None	\$5,000 copay
Mental & Nervous / Substance Abuse Office Visits / Therapy Sessions	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day
Mental & Nervous / Substance Abuse Outpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day	Plan pays 50% of allowable fee, up to \$540 per day

Important notes to the ProtectPlus Copay Plans:

- Where a maximum number of visits per year/per day is indicated, it includes both in-network and out-of-network services.
- Copays do not apply toward satisfaction of the annual deductible or out-of-pocket maximum.
- Rx deductible is not integrated with the medical deductible.

1. Payments to out-of-network providers are based on negotiated fees (or UCR for the Protect 10 Plan). You pay any charges in excess of these fees.
2. UCR = Usual, Customary and Reasonable.
3. Waived if admitted.
4. Customary and Reasonable.
5. Deductible does not apply to first 6 in-network visits (includes visits to physicians) per calendar year.

This chart is not a contract. Please refer to each plan's Medical Plan Document and Disclosure Form or Certificate.

Waiting Period/If You Have Questions

Waiting Period

As the employer, you may choose to cover your eligible employees from the first day of the month following their date of hire, or from the first day of the month following a 30, 60, 90, 120, 150 or 180-day waiting period.

Upon approval, coverage becomes effective on the first day of the month following the completion of the specified waiting period.

If an employee is not actively at work on the day coverage would otherwise become effective, coverage is delayed until the first day of the month after the date the employee returns to active work.

If You Have Questions

With the CalCPA ProtectPlus program you're a person, not a number. Each employer, large or small, receives the same courteous attention. If you have questions, just call **Banyan Administrators, Managers for the CalCPA ProtectPlus Programs, 1-877-480-7923**, or visit our web site: www.cpaprotectplus.com

For Your Employees

When you sign up for CalCPA ProtectPlus, or an Anthem Blue Cross HMO, you and all of your enrolled employees are mailed an identification card and a copy of the Medical Plan Document and Disclosure Form which also serves as a Summary Plan Description (SPD).

The Medical Plan Document contains benefits, services and other information to help your employees get acquainted with the plan.

CalCPA ProtectPlus and Anthem Blue Cross HMO plan members also have access to a dedicated member services department through Anthem Blue Cross. Member services representatives are there to answer any questions or resolve any problems your employees may have with their benefits, available services, or how best to use the Anthem Blue Cross provider network.

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Employer Contribution

As an employer, you must contribute a minimum of 50% of the premium costs for each employee. Payroll deduction is required for employee contributions that are withheld to pay premium costs.

Participation Requirements

Employees

If the employer is paying 100% of the employee premium, then all eligible employees must enroll. If the employee pays part of the premium, a minimum of 75% of the eligible employees must enroll.

Employees who waive coverage on the grounds that they have other group coverage are not counted as eligible employees.

1099 Employees

1099 employees (independent contractors) are not eligible. Compensation for eligible employees is reported on form W-2.

Dependents

Dependents who waive coverage on the grounds that they have other group coverage are not counted as eligible dependents.

Domestic Partners

Qualifying domestic partners who have filed a valid affidavit of Domestic Partnership with the State of California's Secretary of State's office, and the children of such domestic partners, are eligible for family enrollment so long as they remain qualified.

Medicare

CalCPA ProtectPlus and Anthem Blue Cross HMO plans are not substitutes for Medicare supplemental insurance. If you are covered by both Medicare and CalCPA ProtectPlus or an Anthem Blue Cross HMO plan, and Medicare is the primary payer, you will receive only the medical benefit provided by each plan without duplication, which usually will mean that you receive only limited value from your CalCPA ProtectPlus or HMO plans.

Valid Enrollment

False or missing information on any required enrollment forms may be the basis for rescission of coverage. Rescission voids the coverage from the date of issue. If an employee is not validly enrolled, no benefits will be paid for any claim submitted, and premiums already paid for the time period for which coverage is rescinded will be refunded, less the amount of any claims paid in error.

Declined Business

An employer may be declined coverage under the following conditions:

- The employer does not meet employer contribution or employee participation requirements
- The employer is not a bonafide business
- The employer does not meet the eligibility requirements as described on page 2

If the foregoing eligibility conditions are met and the employer has two to fifty employees in the firm, then issuance is guaranteed. Larger firms (51+) are not issued on a guaranteed basis. Additionally, Solo Practitioners requesting coverage will be subject to underwriting and may be declined coverage based on medical history.

How to Enroll in CalCPA ProtectPlus

Necessary Forms

Each Firm must complete a Subscription Agreement. In addition, each employee must complete an Employee Enrollment Form. All of the forms used in the operation of CalCPA ProtectPlus may be downloaded from our web site at www.cpaprotectplus.com.

Send the Forms to Us

Once all of your forms are completed, mail them to:

Banyan Administrators, Managers for the
CalCPA ProtectPlus Programs
1215 Manor Drive, Suite 200
Mechanicsburg, PA 17055

If you have questions, please call:
Banyan Administrators, Managers for the
CalCPA ProtectPlus Programs at 1-877-480-7923.

For Firms with Brokers

If your firm uses a broker, direct them to the Word & Brown web site at www.wordandbrown.com for information on quoting the CalCPA ProtectPlus program.

This entire brochure is a plain-language summary of some of the key provisions of the CalCPA ProtectPlus and Anthem Blue Cross HMO medical plans offered through the Group Insurance Trust of the California Society of Certified Public Accountants. In the event of any conflicts between the information in this brochure and the official plan documents, the plan documents will govern. Copies of these documents are available through the plan's administrator or on the website: www.cpaprotectplus.com. This brochure is not intended to provide a guarantee of medical coverage or CalCPA membership. The Group Insurance Trust reserves the right to change benefits under CalCPA ProtectPlus at any time.

If you have questions about CalCPA ProtectPlus or Anthem Blue Cross HMO plans please contact our plan administrator: Banyan Administrators, Managers for the CalCPA ProtectPlus Programs, 1215 Manor Drive, Suite 200 Mechanicsburg, PA 17055, Telephone: 1-877-480-7923.

Monthly Rates

For information on monthly rates, please see the enclosed insert (if applicable), call Banyan Administrators at 1-877-480-7923, or visit our web site at www.cpaprotectplus.com.

Just a Reminder Did You Complete...

- The Subscription Agreement
- An Employee Enrollment Form for each employee requesting coverage
- An Employee Enrollment Form for each employee declining coverage (Sections 2 and 7 only)

Finally, if enrollment will replace other coverage, please include a copy of last month's group premium statement and the previous plan certificate or benefit booklet.



CalCPA ProtectPlus Online

CalCPA ProtectPlus offers you convenient access to a variety of individualized information via the www.cpaprotectplus.com web site. Here are a few examples of what you can do when you visit www.cpaprotectplus.com:

- Find an in-network participating doctor or hospital near you, including specialists and medical groups
- Get rates and information for CalCPA ProtectPlus Medical, Dental, Vision, Life & Disability Coverage and Anthem Blue Cross HMO plans
- Download and print plan documents and forms, including:
 - Subscriber information change request
 - Mail-order drug enrollment/order form
 - Prescription drug claim form
 - Medical service claim form
 - Medical plan enrollment form
 - Termination of Domestic Partner form
 - Medical plan document and disclosure form for each of the CalCPA ProtectPlus plans;

Plan Administrator:

Banyan Administrators, LLC

Managers for the CalCPA ProtectPlus Programs

Voice 1-877-480-7923

Fax 1-877-237-4519

Email cpaprotectplus@banyan-llc.com

Group Insurance Trust

Group Insurance Trust 1-800-556-5771

Thomas E. Kowalski License #0471969

Susan L. Young License #0C52124

www.cpaprotectplus.com

Anthem Blue Cross Customer Service for CalCPA ProtectPlus

Members Medical 1-888-209-7847

Mental Health/Outpatient 1-888-209-7847

Mental Health/Inpatient 1-800-274-7767

Anthem Blue Cross HMO Customer Service

1-888-209-7847

Mail Order Drug Program

1-866-274-6825

Health Access 24-Hour Nurse Hotline

1-800-700-9186

The Bank of New York Mellon

Customer Service 1-877-472-4200

Employer Support 1-866-712-4551

www.HSAmember.com

US Bank

1-866-273-8275

www.myhsa.usbank.com

Alliant Credit Union

1-800-328-1935 x 2291

www.alliantcreditunion.org

California Society of CPAs

1-800-922-5272

www.calcpa.org

Useful Definitions

Aggregate Deductible is met when the total of the deductible amounts satisfied by all family members exceeds two times the individual deductible amount (except HSA 2850 plan).

Aggregate Out-of-Pocket Maximum is met when the total of the out-of-pocket payments made by all family members exceeds two times the individual out-of-pocket amount.

Annual Deductible (Medical) is the amount of charges you must pay for any covered services before any benefits are available to you.

Brand Name Drug is a prescription drug that has been patented and is only produced by one manufacturer.

Coinsurance is the amount, expressed as a percentage, payable by the member for covered expenses.

Copayment/Copay is the amount due and payable by you for office visits and certain other services.

Drug Customary and Reasonable Charge represents the maximum amount Anthem Blue Cross will allow as a covered expense for a prescription filled at a non-participating pharmacy.

Emergency is a sudden, serious and unexpected acute illness, injury, or condition that could permanently endanger health if medical treatment is not received immediately.

Generic Drug is a prescription drug that does not bear the trademark of a specific manufacturer. It is represented by the manufacturer to be chemically the same as a brand name drug.

Health Maintenance Organizations (HMOs) represent “pre-paid” or “capitated” insurance plans in which individuals or their employers pay a fixed monthly fee for services, instead of a separate charge for each visit or service. The monthly fees remain the same regardless of types or levels of services provided by physicians who are employed by, or under contract with the HMO.

Health Savings Account (HSA) is a special tax-sheltered savings account that is similar to a traditional Individual Retirement Account (IRA), but designated for medical expenses. An HSA allows you to pay for current health expenses and save for future qualified medical and retiree healthcare expenses on a tax-free basis. Contributions, earnings, and distributions all are exempt from federal income and Social Security (FICA) taxes when used to pay for qualified medical expenses.

High Deductible Health Plan (HDHP) is a health insurance plan with minimum annual deductibles of \$1,200 for individuals or \$2,400 for family coverage. The annual out-of-pocket expense maximums (including deductibles and copayments but not including premiums) cannot exceed \$5,950 for individuals or \$11,900 for families. These amounts (for 2011) are indexed annually for inflation.

In-Network describes services provided by physicians, hospitals, and other providers that are in the Anthem Blue Cross network.

Lifetime Maximum Benefit is the amount of total benefits that will be paid for by the plan for each member. The plan will pay an unlimited amount during each member's lifetime, subject to an annual maximum of \$2,000,000.

Member is a plan participant or covered family member.

Negotiated Fee is the fee participating providers agree to accept as payment in full for covered services.

Non-Participating Provider is a non-participating hospital, non-participating physician or other provider who does not have a Prudent Buyer Plan Participating Agreement in effect with Anthem Blue Cross at the time services are rendered.

Out-of-Network describes services provided by physicians, hospitals, and other providers that are not in the Anthem Blue Cross network.

Out-of-Pocket Maximum is the most you pay for covered expenses during the year before the plan begins paying 100% of covered expenses for the rest of the year. Only covered expenses count toward the maximum. Amounts paid toward the annual medical deductible count toward the out-of-pocket maximum. However, copays do not count toward the out-of-pocket maximum except for Anthem Blue Cross HMO plans.

Participating Provider is a participating hospital, participating physician, or other provider who has entered into an agreement with Anthem Blue Cross and is included in its network.

Prescription Drug Deductible is the amount of charges you have to pay for any covered brand-name prescription drug, before any brand-name prescription drug benefits are available to you. The prescription drug deductible does not apply to generic drugs and is not integrated with the medical deductible. It does not count toward the out-of-pocket maximum.

Rights of Survivorship may apply to eligible family members following the death of a plan participant. These are rights to continued coverage under the deceased participant's plan after the legally required rights provided under COBRA or CalCOBRA have expired. Family members who are eligible, and the conditions for continuation coverage, are set forth under the plan document. Rights of Survivorship do not apply to Anthem Blue Cross HMO Participants.

Usual, Customary and Reasonable (UCR) is a charge which falls within the common range of fees billed by a majority of physicians, hospitals, and other providers for a procedure in a given geographic region, or which is justified based on the complexity, or the severity of treatment for a specific case.

CalCPA ProtectPlus

1235 Radio Road

Redwood City, CA 94065-1217

1-800-556-5771

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