



CalCPA ProtectPlus

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Copay Plans — Options at a Glance

	Protect 10	Protect 15	Protect 25
Provisions	In-network	In-network	In-network
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	\$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	\$2,500 per member \$5,000 family aggregate	\$3,000 per member \$6,000 family aggregate	\$4,000 per member \$8,000 family aggregate
Lifetime Maximum Benefit	\$5,000,000 \$2,000,000 calendar year maximum	\$5,000,000 \$2,000,000 calendar year maximum	\$5,000,000 (\$2,000,000 calendar year maximum)
Hospital Admission Copay	NA	NA	NA
Inpatient & Outpatient Hospital Services	10% of negotiated fee	20% of negotiated fee	30% of negotiated fee
Emergency Room Deductible	\$100 ³	\$100 ³	\$100 ³
Office Visits	\$10 copay per visit	\$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.	\$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.
Preventive (ages 7 and up) 1 Physical per year Deductibles do not apply	\$10 copay, plan pays up to \$250, you pay the balance (if any) at 10% of negotiated fee	\$15 copay, plan pays up to \$250, you pay the balance (if any) at 20% of negotiated fee	\$25 copay, plan pays up to \$250, you pay the balance (if any) at 30% of negotiated fee
Well-Baby Care (ages 0–6) Deductibles do not apply	\$10 copay per visit, then 10% of the negotiated fee	\$15 copay per visit, then 20% of the negotiated fee	\$25 copay per visit, then 30% of the negotiated fee
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) Note: Some specialty drugs are only available through Anthem Blue Cross' Specialty Rx 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	\$150 per person Applies to brand-name drugs only \$300 family aggregate
Prescription Drugs—Retail (30-day supply)			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand (if no generic is available)	\$25 or 20% of the negotiated fee, whichever is higher	\$25 or 20% of the negotiated fee, whichever is higher	\$25 or 20% of the negotiated fee, whichever is higher
Brand (if generic is available)	\$15 plus the cost difference between brand drug and generic drug equivalent	\$15 plus the cost difference between brand drug and generic drug equivalent	\$15 plus the cost difference between brand drug and generic drug equivalent
Prescription Drugs—Mail Order (60-day supply, Anthem Blue Cross NextRx Only)			
Generic	\$20 copay	\$20 copay	\$20 copay
Brand (if no generic is available)	\$30 or 20% of the negotiated fee, whichever is higher	\$30 or 20% of the negotiated fee, whichever is higher	\$30 or 20% of the negotiated fee, whichever is higher
Brand (if generic is available)	\$20 copay, plus the cost difference between the generic drug and the brand drug	\$20 copay, plus the cost difference between the generic drug and the brand drug	\$20 copay, plus the cost difference between the generic drug and the brand drug
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail-order (60-day supply)	30% of negotiated fee	30% of negotiated fee	30% of negotiated fee

Copay Plans — Options at a Glance	Protect 35	Protect 45
	In-network	In-network
Provisions	In-network	In-network
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	\$0
Annual Out-of-Pocket Maximum	\$5,000 per member \$10,000 family aggregate	\$8,000 per member \$16,000 family aggregate
Lifetime Maximum Benefit	\$5,000,000 \$2,000,000 calendar year maximum	\$5,000,000 \$2,000,000 calendar year maximum
Hospital Admission Copay	NA	First hospital admission only per person, per year \$3,000 copay
Inpatient & Outpatient Hospital Services	40% of negotiated fee	50% of negotiated fee
Emergency Room Deductible	\$100 ³	\$100 ³
Office Visits	\$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.	\$45 copay per visit
Preventive (ages 7 and up) 1 Physical per year Deductibles do not apply	\$35 copay, plan pays up to \$250, you pay the balance (if any) at 40% of negotiated fee	\$45 copay, plan pays up to \$250, you pay the balance (if any) at 50% of negotiated fee
Well-Baby Care (ages 0–6) Deductibles do not apply	\$35 copay per visit, then 40% of the negotiated fee	\$45 copay per visit, then 50% of the negotiated fee
Prescription Drugs Annual Deductible (Combines in-/out-of-network charges) Note: Some specialty drugs are only available through Anthem Blue Cross' Specialty Rx 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 copay	\$10 copay
Brand (if no generic is available)	\$25 or 20% of the negotiated fee, whichever is higher	\$25 or 20% of the negotiated fee, whichever is higher
Brand (if generic is available)	\$15 plus the cost difference between brand drug and generic drug equivalent	\$15 plus the cost difference between brand drug and generic drug equivalent
Prescription Drugs—Mail Order (60-day supply, Anthem Blue Cross NextRx Only)		
Generic	\$20 copay	\$20 copay
Brand (if no generic is available)	\$30 or 20% of the negotiated fee, whichever is higher	\$30 or 20% of the negotiated fee, whichever is higher
Brand (if generic is available)	\$20 copay, plus the cost difference between the generic drug and the brand drug	\$20 copay, plus the cost difference between the generic drug and the brand drug
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail-order (60-day supply)	30% of negotiated fee	30% of negotiated fee

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 Inpatient	10% of UCR	20% of negotiated fee	30% of negotiated fee	40% of negotiated fee	50% of negotiated fee
Mental & Nervous First hospital admission per year	None	None	None	None	\$3,000 copay
Mental & Nervous Outpatient	\$10 copay	\$15 copay ⁵	\$25 copay ⁵	\$35 copay ⁵	\$45 copay
Substance Abuse Inpatient	10% of UCR ²	20% of negotiated fee	30% of negotiated fee	40% of negotiated fee	50% of negotiated fee
Substance Abuse First hospital admission per year	None	None	None	None	\$3,000 copay
Substance Abuse Outpatient	\$10 copay	\$15 copay ⁵	\$25 copay ⁵	\$35 copay ⁵	\$45 copay

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 Inpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day
Mental & Nervous First hospital admission per year	None	None	None	None	\$5,000 copay
Mental & Nervous Outpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day
Substance Abuse Inpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day
Substance Abuse First hospital admission per year	None	None	None	None	\$5,000 copay
Substance Abuse Outpatient	Plan pays 70% of UCR ² , up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated fee up to \$540 per day	Plan pays 50% of negotiated 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.