

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.