## Word&Brown.



1) Go to <u>https://calcpahealth.com/plan-documents/summary-of-benefits-and-coverage-sbc-for-firms/#2021</u> Find your preferred network, and then select the plan underneath it for which you would like the SBC.

Health Plans	1	1		
PPO/HSA Network	Select PPO/HSA Network	HMO Network	Select HMO Networ	
PPO HSA 1450	Select PPO HSA 1450	HMO 10 0	Select HMO 10 0	
PPO HSA 1900	Select PPO HSA 1900	HMO 35 0	Select HMO 35 0	
PPO HSA 2900	Select PPO HSA 2900	HMO 25 1500	Select HMO 25 1500	
PPO HSA 3700	Select PPO HSA 3700	HMO 30 3000	Select HMO 30 3000	
PPO HSA 4900	Select PPO HSA 4900			
PPO HSA6000	Select PPO HSA 6000			
PPO 10 0	Select PPO 10 0			
PPO 20 600	Select PPO 20 600			
PPO 20 1000	Select PPO 20 1000			
PPO 30 600	Select PPO 30 600			
PPO 35 1200	Select PPO 35 1200			
PPO 40 2000	Select PPO 40 2000			
PPO 45 1500	Select PPO 45 1500			
PPO 45 2500	Select PPO 45 2500			
PPO 50 6000 Saver	Select PPO 50 6000 Saver			
PPO 65 3900	Select PPO 65 3900			
Pediatric Dental Vision				