

2024 HSA/HRA/HDHP Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
Aetna				
Bronze MC Savings Plus 100 7050 HSA Open Access/Savings Plus/AWH SoCA	\$7,050	\$7,050	0%	0% (up to 30-day supply) / 0% (up to 30-day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Gold MC Savings Plus 90/50 3200 HSA	\$3,200	\$4,075	10%	10% up to \$250 (up to 30-day supply) / 10% up to \$250 (up to 30-day supply) / 10% up to \$250 (up to 30-day supply)
Anthem Blue Cross				
Silver PPO HSA/H 2600/3200/5200 35% PrevRx (9KFG/9KGL)	\$2,600 (self) \$3,200 (2+)	\$7,050	35%	Level 1: \$15; Level 2: \$20 / Level 1: \$70; Level 2: \$80 / Level 1: \$110; Level 2: \$120 / Level 1: 30% up to \$250; Level 2: 40% up to \$250
Silver Select PPO HSA/H 2100/3200/4200 30% PrevRx (9B31/9KGR)	\$2,100 (self) \$3,200 (2+)	\$7,750	30%	Level 1: \$15; Level 2: \$20 / Level 1: \$70; Level 2: \$80 / Level 1: \$110; Level 2: \$120 / Level 1: 30% up to \$250; Level 2: 40% up to \$250
Bronze PPO 6700/0% w/HSA PrevRx WH (9KF9)	\$6,700	\$7,800	0%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Bronze PPO 6000/45% w/HSA PrevRx WH (9KFN)	\$6,000	\$7,400	45%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Bronze PPO 6700/0% w/HSA PrevRx (9KG9)	\$6,700	\$7,800	0%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Bronze PPO 6000/45% w/HSA PrevRx (9KGF)	\$6,000	\$7,400	45%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Bronze Select PPO 7050/0% w/HSA (9KFE)	\$7,050	\$7,050	0%	\$0% / \$0% / \$0% / \$0%
Bronze Select PPO 6700/0% w/HSA PrevRx (9KF3)	\$6,700	\$7,800	0%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Bronze Select PPO 6000/45% w/HSA PrevRx (9KGN)	\$6,000	\$7,400	45%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30% up to \$400; Level 2: 40% up to \$500
Gold PPO HSA/H 1700/3200/3400 15% PrevRx (9KEX/9KFS)	\$1,700 (self) \$3,200 (2+)	\$3,700	15%	Level 1: \$10; Level 2: \$20 / Level 1: \$30; Level 2: \$40 / Level 1: \$50; Level 2: \$60 / Level 1: 30% up to \$250; Level 2: 40% up to \$250
Gold Select PPO HSA/H 1700/3200/3400 15% PrevRx (9KFB/9KG3)	\$1,700 (self) \$3,200 (2+)	\$3,700	15%	Level 1: \$10; Level 2: \$20 / Level 1: \$30; Level 2: \$40 / Level 1: \$50; Level 2: \$60 / Level 1: 30% up to \$250; Level 2: 40% up to \$250

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 11/5/23.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
Blue Shield of California				
Bronze Full PPO Savings 7500 OffEx	\$7,500	\$7,500	0%	\$0 / \$0 / \$0 / \$0
Silver Tandem PPO Savings 2300/30% OffEx	\$2,300 (member); \$3,200 (2+ members)	\$7,900	30%	\$25 (Level A); \$30 (Level B) / \$75 (Level A); \$100 (Level B) / \$100 (Level A); \$150 (Level B) / 30% up to \$250
Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx	\$2,600 (1 member); \$3,200 (2+ members)	\$7,900	35%	35% (Level A); 40% (Level B) (up to \$250; 30-day supply) / 35% (Level A); 40% (Level B) (up to \$250; 30-day supply) / 35% (Level A); 40% (Level B) (up to \$250; 30-day supply) / 35% (Level A); 35% (Level B) (up to \$250; 30-day supply)
Bronze Tandem PPO Savings 5700/40% OffEx	\$5,700	\$7,500	40%	40% up to \$500 / 40% up to \$500 / 40% up to \$500 / 40% up to \$500
Bronze Tandem PPO Savings 7500 OffEx	\$7,500	\$7,500	0%	\$0 / \$0 / \$0 / \$0
Bronze Full PPO Savings 5700/40% OffEx	\$5,700	\$7,500	40%	40% up to \$500 / 40% up to \$500 / 40% up to \$500 / 40% up to \$500
Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx	\$2,600 (1 member); \$3,200 (2+ members)	\$7,900	35%	35% up to \$250 / 35% up to \$250 / 35% up to \$250 / 35% up to \$250
Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1 member); \$3,200 (2+ members)	\$4,000	15%	\$10 / \$30 / \$50 / 30% up to \$250
Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1 member); \$3,200 (2+ members)	\$4,000	15%	\$10 (Level A); \$15 (Level B) / \$30 (Level A); \$50 (Level B) / \$50 (Level A); \$80 (Level B) / 30% up to \$250
Silver Full PPO Savings 2300/30% OffEx	\$2,300 (1 member); \$3,200 (2+ members)	\$7,900	30%	\$25 / \$75 / \$100 / 30% up to \$250

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
CaliforniaChoice				
Gold HMO E (HSA) Kaiser Permanente - Full	\$1,750 (Individual); \$3,200 (Family)	\$3,700	15%	\$15 (up to 30 day supply) / \$45 (up to 30 day supply) / \$45; prior auth. required (up to 30 day supply) / 15% up to \$250; prior auth. required (up to 30 day supply)
Silver HMO D (HSA) Kaiser Permanente - Full	\$2,850 (Self Only); \$3,200 (Individual with Family)	\$7,500	25%	25% (up to 30 day supply) / 25% (up to 30 day supply) / 25% prior auth. required (up to 30 day supply) / 25% up to \$250 prior auth. required (up to 30 day supply)
Silver EPO G (HSA) Cigna + Oscar - Open Access Plus	\$3,200	\$7,500	30%	\$\$15 / \$\$80 / \$\$115 / 30% up to \$250
Silver EPO E (HSA) Cigna + Oscar - LocalPlus	\$3,200	\$7,500	30%	\$\$15 / \$\$80 / \$\$115 / 30% up to \$250
Bronze EPO C (HSA) Cigna + Oscar - LocalPlus	\$5,750	\$8,000	40%	40% up to \$500 / 40% up to \$500 / 40% up to \$500 / 40% up to \$500
Bronze HMO C (HSA) Kaiser Permanente - Full	\$7,050	\$7,050	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% prior auth. required (up to 30 day supply) / 0% prior auth. required (up to 30 day supply)
Silver PPO D (HSA) Anthem Blue Cross - Prudent Buyer - Small Group	\$2,000 (Individual); \$3,200 (Family)	\$7,700	35%	Level 1: \$15; Level 2: \$20 (up to 30 day supply; Select Rx) / Level 1: \$70; Level 2: \$80 (up to 30 day supply; Select Rx) / Level 1: \$110; Level 2: \$120 (up to 30 day supply; Select Rx) / Level 1: 30%; Level 2: 40% (up to \$250 per Rx; prior auth. required)
Silver PPO E (HSA) Anthem Blue Cross - Select PPO	\$2,000 (Individual); \$3,200 (Family)	\$7,700	35%	Level 1: \$15; Level 2: \$20 (up to 30 day supply; Select Rx) / Level 1: \$70; Level 2: \$80 (up to 30 day supply; Select Rx) / Level 1: \$110; Level 2: \$120 (up to 30 day supply; Select Rx) / Level 1: 30%; Level 2: 40% (up to \$250 per Rx; prior auth. required)
Bronze PPO A (HSA) Anthem Blue Cross - Prudent Buyer - Small Group	\$6,250	\$7,350	35%	Level 1: \$20; Level 2: \$20 (up to 30 day supply; Select Rx) / Level 1: \$90; Level 2: \$100 (up to 30 day supply; Select Rx) / Level 1: \$160; Level 2: \$170 (up to 30 day supply; Select Rx) / Level 1: 30%; Level 2: 40% (up to 30 day supply; Select Rx)

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
CaliforniaChoice				
Bronze PPO B (HSA) Anthem Blue Cross - Select PPO	\$6,250	\$7,350	35%	Level 1: \$20; Level 2: \$20 (up to 30 day supply; Select Rx) / Level 1: \$90; Level 2: \$100 (up to 30 day supply; Select Rx) / Level 1: \$160; Level 2: \$170 (up to 30 day supply; Select Rx) / Level 1: 30%; Level 2: 40% (up to 30 day supply; Select Rx)
Gold HMO D (HSA) Western Health - Full	\$2,600 (Self Only); \$3,200 (Individual with Family)	\$4,800	0%	\$0 (up to 30 day supply) / \$40 (up to 30 day supply) / \$60 (up to 30 day supply) / 20% up to \$250 (up to 30 day supply)
Silver HMO C (HSA) Western Health - Full	\$2,850 (Self Only); \$3,200 (Individual with Family)	\$7,500	25%	25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)
Bronze HMO C (HSA) Western Health - Full	\$7,500	\$7,050	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Bronze HMO B (HSA) Sharp Health Plan - Performance	\$6,200	\$7,100	25%	40% up to \$500 (up to 30 day supply) / 40% up to \$500 (up to 30 day supply) / 40% up to \$500 (up to 30 day supply)
Silver HMO C (HSA) Sutter Health Plus - Sutter Health Plus	\$2,800 (Self Only); \$3,200 (Individual with Family)	\$7,200	0%	\$20 (up to 30 day supply) / \$40 (up to 30 day supply) / \$60 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)
Bronze HMO B (HSA) Sutter Health Plus - Sutter Health Plus	\$7,050	\$7,050	40%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Cigna + Oscar				
Cigna+Oscar Open Access Plus Gold \$3500 HSA	\$3,500	\$3,950	0%	\$10 (30 day supply) / \$30 (30 day supply) / \$50 (30 day supply) / 30% up to \$250 (30 day supply)
Cigna+Oscar Open Access Plus Silver \$3200 HSA	\$3,200	\$7,500	30%	\$15 (30 day supply) / \$85 (30 day supply) / \$115 (30 day supply) / 30% up to \$250 (30 day supply)
Cigna+Oscar LocalPlus Bronze \$5750 HSA	\$5,750	\$8,000	40%	40% (30 day supply) / 40% (30 day supply) / 40% (30 day supply) / 40% up to \$500 (30 day supply)
Cigna+Oscar LocalPlus Silver \$3200 HSA	\$3,200	\$7,500	30%	\$15 (30 day supply) / \$85 (30 day supply) / \$115 (30 day supply) / 30% up to \$250 (30 day supply)
Cigna+Oscar LocalPlus Gold \$3500 HSA	\$3,500	\$3,950	0%	\$10 (30 day supply) / \$30 (30 day supply) / \$50 (30 day supply) / 30% up to \$250 (30 day supply)
Cigna+Oscar Open Access Plus Bronze \$5750 HSA	\$5,750	\$8,000	40%	40% (30 day supply) / 40% (30 day supply) / 40% (30 day supply) / 40% up to \$500 (30 day supply)

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
Community Care Health				
Silver 70 HDHP HMO 2850/25	\$7,000	\$7,000	25%	0%
Silver 70 HMO HRA 2250/50	\$2,700	\$7,200	20%	25%/20% up to \$250
Gold 80 HMO HRA 2150/35	\$2,250	\$8,900	25%	\$17/\$65/\$90/20% up to \$250
Silver 70 HDHP EPO 2850/25	\$2,150	\$7,550	25%	\$15/\$30/\$45/20% up to \$250
Covered California for Small Business				
BSCA Bronze 60 HDHP PPO 7500/0% + Child Dental Alt	\$7,500	\$7,500	0%	0% / 0% / 0% / 0% up to \$500
KPCA Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$1,750 (Self); \$3,200 (2+)	\$3,700	15%	\$15 / \$45 / \$45 / 15% up to \$250
BSCA Silver 70 HDHP PPO 2300/30% + Child Dental Alt	\$2,300 (self); \$3,200 (2+)	\$7,900	30%	\$25 / \$75 / \$100 / 30% up to \$250
SHRP Premier Silver 70 HDHP HMO 2850/25% + Child Dental	\$2,850 (Self); \$3,200 (2+)	\$7,500	25%	25% / 25% / 25% / 25% up to \$250
SHRP Premier Bronze 60 HDHP HMO 7050/0% + Child Dental	\$7,050	\$7,050	0%	0% / 0% / 0% / 0% up to \$500
KPCA Bronze 60 HDHP HMO 7050/0% + Child Dental	\$7,050	\$7,050	0%	\$0% / \$0% / \$0% / \$0%
KPCA Silver 70 HDHP HMO 2850/25% + Child Dental	\$2,850 (Self); \$3,200 (2+)	\$7,500	25%	25% / 25% / 25% / 25% up to \$250
Health Net				
Bronze HDHP PPO 7050/0%	\$7,050	\$7,050	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
Silver HDHP PPO 1600/50%	\$1,600 (Individual); \$3,200 (2+)	\$7,500	40%	\$20 (30 day supply) / \$70 (30 day supply) / \$100 (30 day supply) / 50% up to \$250 (30 day supply)
Gold HDHP PPO 1600/20%	\$1,600 (Individual); \$3,200 (2+)	\$3,200	20%	\$15 (30 day supply) / \$30 (30 day supply) / \$50 (30 day supply) / 20% up to \$250 (30 day supply)

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
Kaiser Permanente				
Bronze 60 HDHP HMO 7050/0 + Child Dental	\$7,050	\$7,050 (includes ded)	0%	\$0 / \$0 / \$0 / \$0
Silver 70 HDHP HMO 2850/25% + Child Dental	\$2,850 (Self); \$3,200 (2+)	\$7,500 (includes ded)	25%	25% up to \$250 / 25% up to \$250 / 25% up to \$250 / 25% up to \$250
Gold 80 HDHP HMO 1750/15% + Child Dental Alt	\$1,750 (Self); \$3,200 (2+)	\$3,700 (includes ded)	15%	\$15 / \$45 / \$45 / 15% up to \$250
Gold 80 HRA HMO 2250/35 + Child Dental	\$2,250	\$8,500 (includes ded)	25%	\$15 / \$30 / \$30 / 20% up to \$250
Sharp Health Plan				
PERFORMANCE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply) / Certain specialty medications may be covered with prior authorization.
PREMIER Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply) / Certain specialty medications may be covered with prior authorization.
VALUE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply) / Certain specialty medications may be covered with prior authorization.
CHOICE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,050	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply) / Certain specialty medications may be covered with prior authorization.
Sutter Health Plus				
Bronze SD03 HDHP HMO	\$7,050	\$7,050 (includes ded)	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
Bronze SP03 Plus HDHP HMO	\$7,050	\$7,050 (includes ded)	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
Silver SD11 HDHP HMO	\$2,800 (Self); \$3,200 (2+)	\$7,200 (includes ded)	25%	\$20 (30 day supply) / \$40 (30 day supply) / \$60 (30 day supply) / 25% up to \$250 (30 day supply)
Silver SP11 Plus HDHP HMO	\$2,800 (Self); \$3,200 (2+)	\$7,200 (includes ded)	25%	\$20 (30 day supply) / \$40 (30 day supply) / \$60 (30 day supply) / 25% up to \$250 (30 day supply)
Gold SD12 HDHP HMO	\$1,600 (Single); \$3,200 (Family)	\$6,000 (includes ded)	20%	\$15 (up to 30 day supply) / \$50 (up to 30 day supply) / \$80 (up to 30 day supply) / 20% up to \$250 (up to 30 day supply)
Gold SP12 Plus HDHP HMO	\$1,600 (Single); \$3,200 (Family)	\$6,000 (includes ded)	20%	\$15 (up to 30 day supply) / \$50 (up to 30 day supply) / \$80 (up to 30 day supply) / 20% up to \$250 (up to 30 day supply)

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

UnitedHealthcare				
Core (HDHP) Bronze (HSA/Premium Rewards) 6000/60% (DH-97)	\$6,000	\$6,000	40%	40% up to \$500 (up to 31 day supply) / 40% up to \$500 (up to 31 day supply) / 40% up to \$500 (up to 31 day supply)
Select Plus (HDHP) Bronze (HSA/Premium Rewards) 6000/60% (DI-AI)	\$6,000	\$6,000	40%	40% up to \$500 (up to 31 day supply) / 40% up to \$500 (up to 31 day supply) / 40% up to \$500 (up to 31 day supply)
Core (HDHP) Silver (HSA/Premium Rewards) 2800/60% (DH-9Y)	\$2,800	\$2,800	40%	\$20 (up to 31 day supply) / \$85 (up to 31 day supply) / \$135 (up to 31 day supply) / 25% up to \$250 (up to 31 day supply)
Select Plus (HDHP) Silver (HSA/Premium Rewards) 2800/60% (DI-AB)	\$2,800	\$2,800	40%	\$20 (up to 31 day supply) / \$85 (up to 31 day supply) / \$135 (up to 31 day supply) / 25% up to \$250 (up to 31 day supply)
Western Health Advantage				
Gateway 7050 Bronze 60 HDHP HMO	\$7,050	\$7,050 (includes ded)	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Capital 2850 Silver 70 HDHP HMO	\$2,850 (Single); \$3,200 (2+)	\$7,500 (includes ded)	25%	25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)
Gateway 1600 Gold 80 HDHP HMO	\$1,600 (Single); \$3,200 (2+)	\$4,800 (includes ded)	0%	\$10 (up to 30 day supply) / \$40 (up to 30 day supply) / \$60 (up to 30 day supply) / 20% up to \$250 (up to 30 day supply)
Gateway 2600 Gold 80 HDHP HMO	\$2,600 (Single); \$3,200 (2+)	\$5,200 (embedded)		0% (up to 30 day supply) / \$40 (up to 30 day supply) / \$60 (up to 30 day supply) / 20% up to \$250 (up to 30 day supply)

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Type of Limit		2023	2024	Change
HSA Contribution Limit	Self-only	\$3,850	\$4,150	Self-only: \$300
	Family	\$7,750	\$8,300	Family: \$550
HSA Catch-up Contributions (not subject to adjustment for inflation)	Age 55 or older*	\$1,000	\$1,000	No change**
HDHP Minimum Deductible	Self-only	\$1,500	\$1,600	Self-only: 100
	Family	\$3,000	\$3,200	Family: \$200
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$7,500	\$8,050	Self-only: \$550
	Family	\$15,000	\$16,100	Family: \$1,100
ACA Compliant Maximum Out-of-pocket	Self-only	\$9,100	\$9,450	Self-only: \$350
	Family	\$18,200	\$18,900	Family: \$700

* Catch-up contributions can be made any time during the year in which the HSA participant turns 55.

** Unlike other limits, the HSA catch-up contribution amount is not indexed; any increase would require statutory change.

Not All High Deductible Plans Are HSA Eligible

To qualify as an HDHP, a health insurance plan must not offer *any* benefit beyond preventive care before those covered by the plan (individuals or families) meet their annual deductible. "An otherwise high deductible plan fails the HSA qualification when it tries to be nice and it gives you some benefits before you meet the deductible,"

If the plan provides coverage in the following areas before the individual or family satisfies their deductible, it is not HSA-qualified.

- **Prescription drugs.** Plans may not cover non preventive prescription drugs with only a co-pay before an individual or family meets the annual deductible.
- **Office visits.** Excluding preventive care such as physical checkups or immunizations, plans may not cover office visits with only a co-pay, without having to meet the annual deductible first.
- **Emergency.** Plans may not cover emergency services with a co-pay outside the deductible.

Cites:

<https://www.irs.gov/pub/irs-drop/rp-23-23.pdf>

2024 HSA/HRA Health Plans at a Glance: Small Group 1-100

Glossary of Terms

Aggregate deductible:

The total family deductible must be met prior to benefits being paid. The deductible can be satisfied by one or multiple persons.

- **Aggregate** Family deductible: The full family deductible must be met before the subscriber or covered dependents can receive benefits for covered services. Deductible accumulates separately for participating and non-participating providers.
- **Aggregate** Family OOP Max: Includes the calendar year medical deductible. For family coverage, the full family out-of-pocket maximum must be met before the enrollee or covered dependents can receive 100% benefits for covered services. Calendar year out-of-pocket maximum accumulates separately for participating and non-participating providers.

Coinsurance:

The cost-sharing percentage that an individual must pay after the deductible amount has been met.

Deductible:

The fixed dollar amount individuals must pay from their own funds for covered medical services before insurance coverage begins. Deductible typically calculates January 1 to December 31.

Embedded Deductible:

Benefits will begin to pay when one person meets the single deductible, or when two or more people satisfy the family deductible.

- Individual **Embedded** Family Deductible: Calendar Year Deductible (includes medical care & prescription drug cost-shares; in a family, a member only need to satisfy the individual deductible, not the entire family deductible, prior to receiving plan benefits)
- Individual **Embedded** OOP Max: Annual Out-of-Pocket Maximums (In-network/out-of-network out-of-pocket maximums are exclusive of each other); includes calendar year deductible, physician office dollar copay & prescription drug copays; for an individual on family coverage plan, a member can receive 100% benefits for covered services once the individual out-of-pocket maximum is met).

Embedded individual OOPM rule applies to HSA-qualifying HDHPs:

A May 8, 2015 [FAQ](#) issued by HHS explained how the embedded individual deductible applies to HDHPs with family deductibles that exceed the individual OOPM.

Health Reimbursement Arrangement (HRA):

An employer funded account that provides reimbursement for specific employee and dependent medical expenses.

Health Savings Account (HSA):

Combines a qualified high-deductible health plan with a federally tax advantaged savings account, allowing employees to save and pay for routine medical expenses with pre-tax dollars. Employees own their account and unused dollars roll over year after year. Who qualifies? Any individual covered by a qualified high-deductible health plan (HDHP) who is not covered by other health insurance, or Medicare, or is claimed as a dependent.

High Deductible Health Plan (HDHP):

These plans typically offer lower [premiums](#) and higher [deductibles](#) than a traditional health plan. Participating in a "qualified" HDHP is a requirement for [health savings accounts](#) and other tax-advantaged programs.

*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. This is not a policy. For a complete description of benefits, exclusions, limitations and participation requirements, please consult the contract and/or evidence of coverage and disclosure brochure. Certain specialty medications may be covered with prior authorization. Last updated on 12/21/2023.

Page | 9