

# 2025 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*
<b>Aetna</b>				
Bronze MC Savings Plus 100 6650 HSA M	\$6,650	\$6,650	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Bronze MC 100 6650 HSA M	\$6,650	\$6,650	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Gold MC Savings Plus 90/50 3300 HSA	\$3,300	\$6,600	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)
Gold MC 90/50 3300 HSA	\$3,300	\$6,600	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)
<b>Anthem Blue Cross</b>				
Gold PPO HSA/H 1700/3300/3400 15%	\$1,700 (self); \$3,300 (2+)	\$3,900 (incl. ded)	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
Bronze PPO 6700/0% w/HSA	\$6,700	\$7,800 (incl. ded)	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	\$6,000	\$7,400 (incl. ded)	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
Silver Select PPO HSA/H 2600/3300/5200 35%	\$2,600 (Self); \$3,300 (2+)	\$7,050 (incl. ded)	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
Bronze PPO 6700/0% w/HSA	\$6,700	\$7,800 (incl. ded)	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	\$6,000	\$7,400 (incl. ded)	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 6650/0% w/HSA	\$6,650	\$6,650 (incl. ded)	0%	\$0% / \$0% / \$0% / \$0%
Bronze Select PPO 6700/0% w/HSA	\$6,700	\$7,800 (incl. ded)	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

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Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>Anthem</b>				
Bronze Select PPO 6000/45% w/HSA	\$6,000	\$7,400 (incl. ded)	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
Silver Select PPO HSA/H 2100/3300/4200 30%	\$2,100 (Self); \$3,300 (2+)	\$7,750 (incl. ded)	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
Gold Select PPO HSA/H 1700/3300/3400 15%	\$1,700 (self); \$3,300 (2+)	\$3,900 (incl. ded)	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
Silver PPO HSA/H 2600/3300/4200 30%	\$2,600 (Self); \$3,300 (2+)	\$7,050 (incl. ded)	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 PPO HSA/H 2100/3300/4200 30%	\$2,100 (Self); \$3,300 (2+)	\$7,750 (incl. ded)	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
<b>Blue Shield of California</b>				
Bronze Full PPO Savings 7500 OffEx	\$7,500	\$7,500 (incl. ded)	0%	\$0 / \$0 / \$0 / \$0
Silver Tandem PPO Savings 2300/30% OffEx	\$2,300 (1 member); \$3,300 (2 or more members)	\$7,900 (incl. ded)	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); \$3,300 (2 or more members)	\$7,900 (incl. ded)	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 (incl. ded)	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 (incl. ded)	0%	\$0 / \$0 / \$0 / \$0
Bronze Full PPO Savings 5700/40% OffEx	\$5,700	\$7,500 (incl. ded)	40%	40% up to \$500 / 40% up to \$500 / 40% up to \$500 / 40% up to \$500
Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1 member); \$3,300 (2 or more members)	\$4,000 (incl. ded)	15%	\$15 / \$30 / \$50 / 30% up to \$250
Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1 member); \$3,300 (2 or more members)	\$4,000 (incl. ded)	20%	\$15 (Level A); \$20 (Level B) / \$30 (Level A); \$50 (Level B) / \$50 (Level A); \$80 (Level B) / 30% up to \$250

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Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>Blue Shield</b>				
Silver Full PPO Savings 2300/30% OffEx	\$2,300 (1 member); \$3,300 (2 or more members)	\$7,900 (incl. ded)	30%	\$25 / \$75 / \$100 / 30% up to \$250
Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx	\$2,600 (1 member); \$3,300 (2 or more members)	\$7,900 (incl. ded)	35%	35% up to \$250 / 35% up to \$250 / 35% up to \$250 / 35% up to \$250
<b>CaliforniaChoice</b>				
Gold HMO E (HSA) Kaiser Permanente - Full	\$1,750 (Individual); \$3,300 (Family)	\$4,000 (incl. ded)	15%	\$15 (up to 30 day supply) / \$45 (up to 30 day supply) / \$45; (up to 30 day supply) / 15% up to \$250; (up to 30 day supply)
Silver HMO D (HSA) Kaiser Permanente - Full	\$2,850 (Self Only); \$3,300 (Individual with Family)	\$7,500 (incl. ded)	25%	25% (up to 30 day supply) / 25% (up to 30 day supply) / 25% (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)
Bronze HMO C (HSA) Kaiser Permanente - Full	\$6,650	\$6,650 (incl. ded)	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 HMO D (HSA) Western Health - Full	\$2,600 (Self Only); \$3,300 (Individual with Family)	\$4,800 (incl. ded)	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)
Bronze HMO C (HSA) Western Health - Full	\$6,650	\$6,650 (incl. ded)	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)
Silver HMO C (HSA) Western Health - Full	\$2,850 (Self Only); \$3,300 (Individual with Family)	\$7,500 (incl. 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) / 25% up to \$250 (up to 30 day supply)
Bronze HMO B (HSA) Sharp Health Plan - Performance	\$6,200	\$7,100 (incl. ded)	40%	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)/40% up to \$500 (up to 30 day supply)
Silver PPO D (HSA) Anthem Blue Cross - Prudent Buyer - Small Group	\$2,000 (Individual); \$3,300 (Family)	\$7,700 (incl. ded)	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)
Bronze PPO A (HSA) Anthem Blue Cross - Prudent Buyer - Small Group	\$6,250	\$7,350 (incl. ded)	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)

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Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>CaliforniaChoice</b>				
Silver PPO E (HSA) Anthem Blue Cross - Select PPO	\$2,000 (Individual); \$3,300 (Family)	\$7,700 (incl. ded)	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)
Bronze PPO B (HSA) Anthem Blue Cross - Select PPO	\$6,250	\$7,350 (incl. ded)	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)
Silver HMO C (HSA) Sutter Health Plus - Sutter Health Plus	\$2,800 (Self Only); \$3,300 (Individual with Family)	\$7,200 (incl. ded)	25%	\$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)
<b>Community Care Health</b>				
Silver 70 HDHP EPO 2850/25	\$2,850 (Self); \$3,200 (2+)	\$7,500 (incl. ded)	25%	\$25% / \$25% / \$25% / 25% up to \$250
Silver 70 HDHP HMO 2850/25	\$2,850 (Self); \$3,200 (2+)	\$7,500 (incl. ded)	25%	\$25% / \$25% / \$25% / 25% up to \$250
<b>Covered California for Small Business</b>				
BSCA Bronze 60 HDHP PPO 7500/0% PCP + Child Dental Alt	\$7,500	\$7,500 (incl. ded)	0%	\$0% / \$0% / \$0% / \$0%
KPCA Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$1,750 (Self); \$3,300 (2+)	\$4,000 (incl. ded)	15%	\$\$15 / \$\$45 / \$\$45 / 15% up to \$250
KPCA Silver 70 HDHP HMO 2850/25% PCP + Child Dental	\$2,850 (Self); \$3,300 (2+)	\$7,500 (incl. ded)	25%	\$25% / \$25% / \$25% / 25% up to \$250
BSCA Bronze 60 HDHP PPO 7500/0% PCP + Child Dental Alt INF	\$7,500	\$7,500 (incl. ded)	0%	\$0% / \$0% / \$0% / \$0%
BSCA Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt	\$2,300 (self); \$3,300 (2+)	\$7,900 (incl. ded)	30%	\$\$25 / \$\$75 / \$\$100 / 30% up to \$250
BSCA Silver 70 HDHP PPO 2300/30% PCP + Child Dental Alt INF	\$2,300 (self); \$3,300 (2+)	\$7,900 (incl. ded)	30%	\$\$25 / \$\$75 / \$\$100 / 30% up to \$250
SHRP Premier Silver 70 HDHP HMO 2850/25% PCP + Child Dental	\$2,850 (Self); \$3,300 (2+)	\$7,500 (incl. ded)	25%	\$25% / \$25% / \$25% / 25% up to \$250
SHRP Premier Bronze 60 HDHP HMO 6650/0% PCP + Child Dental	\$6,650	\$6,650 (incl. ded)	0%	\$0% / \$0% / \$0% / 0% up to \$500
KPCA Bronze 60 HDHP HMO 6650/0% PCP + Child Dental	\$6,650	\$6,650 (incl. ded)	0%	\$0% / \$0% / \$0% / \$0%

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Plan/Network	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>Health Net</b>				
Bronze HDHP PPO 6650/0%	\$6,650	\$6,650 (incl. ded)	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
Silver HDHP PPO 1650/50%	\$1,650 (Individual); \$3,300 (2+)	\$7,500 (incl. ded)	50%	\$20 (30 day supply) / \$70 (30 day supply) / \$100 (30 day supply) / 50% up to \$250 (30 day supply)
Gold HDHP PPO 1650/20%	\$1,650 (Individual); \$3,300 (2+)	\$4,000 (incl. ded)	20%	\$15 (30 day supply) / \$30 (30 day supply) / \$50 (30 day supply) / 20% up to \$250 (30 day supply)
<b>Kaiser Permanente</b>				
Gold 80 HRA HMO 2250/35 PCP + Child Dental	\$2,250	\$8,500 (incl. ded)	25%	\$15 / \$30 / \$30 / 20% up to \$250
Gold 80 HDHP HMO 1750/15% PCP + Child Dental Alt	\$1,750 (Self); \$3,300 (2+)	\$4,000 (incl. ded)	15%	\$15 / \$45 / \$45 / 15% up to \$250
Silver 70 HDHP HMO 2850/25% PCP + Child Dental	\$2,850 (Self); \$3,300 (2+)	\$7,500 (incl. ded)	25%	25% up to \$250 / 25% up to \$250 / 25% up to \$250 / 25% up to \$250
Bronze 60 HDHP HMO 6650/0 PCP + Child Dental	\$6,650	\$6,650 (incl. ded)	0%	\$0 / \$0 / \$0 / \$0
<b>Sharp Health Plan</b>				
PREMIER Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150 (incl. ded)	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply)
CHOICE Bronze 60 HDHP HMO 6650/0%/0% + Child Dental (PeVC)	\$6,650	\$6,650 (incl. ded)	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
CHOICE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150 (incl. ded)	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply)
CHOICE Sharp Silver 70 HDHP HMO 2850/25%/25% + Child Dental (PeVC)	\$2,850 (Self Only); \$3,300 (Family Coverage)	\$7,500 (incl. 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) / 25% up to \$250 (up to 30 day supply)
VALUE Bronze 60 HDHP HMO 6650/0%/0% + Child Dental (PeVC)	\$6,650	\$6,650 (incl. ded)	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
VALUE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150 (incl. ded)	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply)
VALUE Sharp Silver 70 HDHP HMO 2850/25%/25% + Child Dental (PeVC)	\$2,850 (Self Only); \$3,300 (Family Coverage)	\$7,500 (incl. 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)
PERFORMANCE Bronze 60 HDHP HMO 6650/0%/0% + Child Dental (PeVC)	\$6,650	\$6,650 (incl. ded)	0%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
PERFORMANCE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$7,150 (incl. ded)	50%	\$16 (up to 30 day supply) / \$70 (up to 30 day supply) / \$100 (up to 30 day supply)
PERFORMANCE Sharp Silver 70 HDHP HMO 2850/25%/25%	\$2,850 (Self Only);	\$7,500 (incl. ded)	25%	25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)

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	\$3,300 (Family Coverage)	ded)		to 30 day supply) / 25% up to \$250 (up to 30 day supply) / 25% up to \$250 (up to 30 day supply)
<b>Sutter Health Plus</b>				
Bronze SD13 HDHP HMO	\$6,650	\$6,650	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
Gold SP22 Plan HDHP HMO	\$1,650 (Self); \$3,300 (2+)	\$6,000	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 SD22 HDHP HMO	\$1,650 (Self); \$3,300 (2+)	\$6,000	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)
Silver SP21 Plan HDHP HMO	\$2,800 (Self); \$3,300 (2+)	\$7,200	25%	\$20 (30 day supply) / \$40 (30 day supply) / \$60 (30 day supply) / 25% up to \$250 (30 day supply)
Silver SD21 HDHP HMO	\$2,800 (Self); \$3,300 (2+)	\$7,200	25%	\$20 (30 day supply) / \$40 (30 day supply) / \$60 (30 day supply) / 25% up to \$250 (30 day supply)
Bronze SP13 Plan HDHP HMO	\$6,650	\$6,650	0%	0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply)
<b>UnitedHealthcare</b>				
Core (HDHP) (DZ-HK) Bronze (HSA/Premium Rewards) 6000/60%	\$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) / 40% up to \$500 (up to 31 day supply)
Select Plus (HDHP) (DZ-HV) Bronze (HSA/Premium Rewards) 6000/60%	\$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) / 40% up to \$500 (up to 31 day supply)
Core (HDHP) (DZ-HD) Silver (HSA/Premium Rewards) 2900/60%	\$2,900	\$2,900	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) (DZ-HO) Silver (HSA/Premium Rewards) 2900/60%	\$2,900	\$2,900	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)
<b>Western Health Advantage</b>				
Capital 2850 Silver 70 HDHP HMO	\$7,050	\$7,050 (incl. ded)	0%	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) / 25% up to \$250 (up to 30 day supply)
Gateway 6650 Bronze 60 HDHP HMO	\$2,850 (Single); \$3,200 (2+)	\$7,500 (incl. ded)	25%	0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply) / 0% (up to 30 day supply)
Gateway 1650 Gold 80 HDHP HMO	\$1,600 (Single); \$3,200 (2+)	\$4,800 (incl. ded)	0%	\$10 / \$40 / \$60 / 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)

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type of Limit		2024	2025	Change
HSA Contribution Limit	Self-only	\$4,150	\$4,300	+\$150
	Family	\$8,300	\$8,550	+\$250
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	\$1,600	\$1,650	+\$50
	Family	\$3,200	\$3,300	+\$100
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$8,050	\$8,300	+\$250
	Family	\$16,100	\$16,600	+\$500
ACA Compliant Maximum Out-of-pocket	Self-only	\$9,450	\$9,200	-\$250
	Family	\$18,900	\$18,400	-\$500

\* 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.

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