

HSA & HRA Health Plans at a Glance Small Group (1-50)

| California Small Group HSA & HRA Compatible Plans | | | | | | | | |
|---|-----------------------------------|-----------------------------|--------------------------------|--|--|-------------------------------------|-----------------|-----------------|
| Carrier/Plan | Individual Deductible- In Network | Family Deductible Structure | Individual Max OOP- In Network | Deductible Accrual In/Out Combined or Separate | Office Visit / Inpatient Hospital In Network (after ded) | Rx Coverage- In Network (after ded) | HRA- Compatible | HSA- Compatible |
| Aetna | | | | | | | | |
| Bronze MC HSA 2500 50/50 | \$2,500 | True Integrated Family | \$6,350 | Separate | 50% | 50% | | Yes |
| Bronze MC HSA 3500 70/50 | \$3,500 | True Integrated Family | \$6,350 | Separate | 30% | \$20, \$40, \$100 | | Yes |
| Bronze EPO 3000 70 HSA | \$3,000 | True Integrated Family | \$6,450 | Separate | 30% | \$30, \$60, \$100 | | Yes |
| Bronze MC HSA HDHP 6300 100/50 | \$6,300 | True Integrated Family | \$6,300 | Separate | 0% | 0% | | Yes |
| Anthem Blue Cross | | | | | | | | |
| Gold Select PPO 2000/20%/4000 w/HRA | \$2,000 | Aggregate | \$4,000 | Combined | 20% | 20% | Yes* | |
| Gold PPO 2000/20%/4000 w/HRA | \$2,000 | Aggregate | \$4,000 | Combined | 20% | 20% | Yes* | |
| Silver Select PPO 2000/30%/6350 w/HSA | \$2,000 | Aggregate | \$6,350 | Combined | 30% | 30% | | Yes |
| Silver PPO 2000/30%/6350 w/HSA | \$2,000 | Aggregate | \$6,350 | Combined | 30% | 30% | | Yes |
| Bronze Select PPO 5500/30%/6450 w/HSA | \$5,500 | Aggregate | \$6,450 | Combined | 30% | 30% | | Yes |
| Bronze PPO 5500 30%/6450 w/HSA | \$5,500 | Aggregate | \$6,450 | Combined | 30% | 30% | | Yes |
| Bronze PPO 6350/0%/6350 w/HSA | \$6,350 | Aggregate | \$6,350 | Combined | 0% | 0% | | Yes |
| Bronze Select PPO 6350/0%/6350 w/HSA | \$6,350 | Aggregate | \$6,350 | Combined | 0% | 0% | | Yes |
| Blue Shield of California | | | | | | | | |
| Bronze Full PPO HSA 3500 | \$3,500 | Aggregate | \$6,000 | Separate | 30% | \$15, \$50, \$75 | | Yes |
| Bronze Full PPO HSA 5500 | \$5,500 | Aggregate | \$6,250 | Separate | 40% | \$15, \$50, \$75 | | Yes |
| Silver Full PPO HSA 2000 | \$2,000 | Aggregate | \$4,400 | Separate | 20% | \$15, \$50, \$75 | | Yes |

*May only be used with Anthem Blue Cross Life and Health Company's internal HRA Plan Administration.

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| CaliforniaChoice | | | | | | | | |
| Gold EPO A (Anthem) | \$1,500 | Aggregate | \$6,350 | N/A | 20% | 20% | | Yes |
| Silver HMO A (Kaiser) | \$1,500 | Embedded | \$6,250 | N/A | 20% | 20% | | Yes |
| Silver HMO C (UHC) | \$2,000 | Aggregate | \$5,000 | N/A | 20% | \$15,\$35,\$70 | | Yes |
| Silver HMO C (WHA) | \$1,500 | Aggregate | \$6,250 | N/A | 20% | 20% | | Yes |
| Bronze HMO C (WHA) | \$5,500 | Aggregate | \$6,350 | N/A | 40% | 40% | | Yes |
| Bronze HMO A (Kaiser) | \$3,500 | Embedded | \$6,250 | N/A | \$30/30% | \$15, \$40 | | Yes |
| Bronze HMO A (WHA) | \$3,500 | Aggregate | \$6,350 | N/A | 30% | 30% | | Yes |
| Bronze HMO B (UHC) | \$3,500 | Aggregate | \$6,250 | N/A | 20% | \$20, \$50, \$100 | | Yes |
| Bronze HMO B (Sharp) | \$3,750 | Aggregate | \$6,350 | N/A | 40% | 40% | | Yes |
| Bronze EPO B (Anthem) | \$4,000 | Aggregate | \$6,350 | N/A | 20% | 20% | | Yes |
| Bronze HMO C (Kaiser) | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Bronze HMO C (Sharp) | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Bronze HMO D (WHA) | \$4,500 | Aggregate | \$6,250 | NA% | 40% | 40% | | Yes |
| Covered California SHOP | | | | | | | | |
| Kaiser Silver 70 HSA HMO | \$1,500 | Aggregate | \$6,250 | N/A | 20% | 20% | | Yes |
| Sharp Silver 70 HSA HMO | \$1,500 | Aggregate | \$6,250 | N/A | 20% | 20% | | Yes |
| Western Health Advantage Silver 70 HSA HMO | \$1,500 | Aggregate | \$6,250 | N/A | 20% | 20% | | Yes |
| Health Net Silver 70 HSA EPO | \$1,500 | Aggregate | \$6,000 | Separate | 30% | 30% | | Yes |
| Kaiser Bronze 60 HSA HMO | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Sharp Bronze 60 HSA HMO | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Western Health Advantage Bronze 60 HSA HMO w/child dental Alternate plan | \$5,500 | Aggregate | \$5,500 | N/A | 0% | 0% | | Yes |
| Western Health Advantage Bronze 60 HSA HMO | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Health Net | | | | | | | | |
| ALL PLANS PERMIT HRA INTEGRATION | | | | | | | ALL PLANS CAN BE HRA WRAPPED | |
| Silver 70 HSA EPO Alternate (BHG/BHF) | \$1,500 | Aggregate | \$6,000 | Combined | 30% | 30% | Yes | Yes |

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| Carrier/Plan | Individual Deductible- In Network | Family Deductible Structure | Individual Deductible Structure | Deductible Accrual In/Out Combined or Separate | Office Visit/Inpatient Hospital In Network (after ded) | RX Coverage- In Network (after ded) | HRA – Compatible | HSA - Compatible |
| Kaiser Permanente | | | | | | | | |
| Silver 70 HSA 1500/20% w/child dental | \$1,500 | Aggregate | \$6,250 | N/A | 20% | 20% | | Yes |
| Bronze 60 HSA 3500/30 w/child dental | \$3,500 | Embedded | \$6,250 | N/A | \$30 / 30% | \$15, \$40, 30% | | Yes |
| Gold 80 HMO with HRA 2000/30 w/child dental | \$2,000 | Embedded | \$6,250 | N/A | \$30/20% | \$15, \$30, 20% | Yes | |
| Bronze 60 HSA 4500/40% w/child dental | \$4,500 | Aggregate | \$6,250 | N/A | 40% | 40% | | Yes |
| Sharp Health Plan | | | | | | | | |
| Bronze 60 HSA 4500/40%/40% | \$4,500 | Aggregate | \$6,250 | Combined | 40% | 40% | | Yes |
| Silver 70 HSA 1500/20%/20% | \$1,500 | Aggregate | \$6,250 | Combined | 20% | 20% | | Yes |
| UnitedHealthcare | | | | | | | | |
| Select State HSA Bronze 4500/40% Plan 77-F | \$4,500 | Aggregate | \$6,250 | Combined | 40% | 40% | | Yes |
| Alliance HMO HSA Silver 2000/20% Plan 3T-4 | \$2,000 | Aggregate | \$5,500 | Combined | 20% | \$15, \$35, \$70 | | Yes |
| Alliance HMO HSA Bronze 3500/20% Plan 3T-5 | \$3,500 | Aggregate | \$6,250 | Combined | 20% | \$20, \$50, \$100 | | Yes |
| Alliance State HMO HSA Silver 1500/20% Plan AB-GX | \$1,500 | Aggregate | \$6,250 | Combined | 20% | 40% | | Yes |
| Alliance State HMO HSA Bronze 4500/40% Plan 77-B | \$4,500 | Aggregate | \$6,250 | Combined | 40% | 40% | | Yes |
| Select Plus HSA Bronze 3500/20% Plan GN-6 | \$3,500 | Aggregate | \$6,250 | Combined | 20% | \$20, \$50, \$100 | | Yes |
| Select Plus HSA Silver 2000/20% Plan GN-5 | \$2,000 | Aggregate | \$5,000 | Combined | 20% | \$15, \$35, \$70 | | Yes |
| Core HSA Silver 2000/20% Plan AB-41 | \$2,000 | Aggregate | \$4,000 | Combined | 20% | \$15,\$35,\$70 | | Yes |
| Core HSA Bronze 3500/20% Plan AB-42 | \$3,500 | Aggregate | \$7,000 | Combined | 20% | \$20,\$50,\$100 | | Yes |

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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.

Brand-name drug: A drug protected by a patent.

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

Copayment (Coplay): A fixed dollar amount an individual pays for specific services covered by his or her health plan. The health plan pays the rest.

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 Aggregate Deductible: Each individual's deductible will count toward the family deductible, not the entire family deductible. Or State: Family amounts can be met by any combination of amounts from any family member and one member can meet the entire amount for the family. No one member is required to meet his/her individual deductible.

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

Formulary: The list of brand-name and generic drugs covered by a health plan.

Generic drug: A drug that is a chemical and therapeutic equivalent of a brand-name drug where the patent has expired and is usually less expensive.

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.

Mail order/mail service pharmacy: A pharmacy that dispenses a supply of maintenance prescription medications through the mail.

Medicare: A federal health plan that pays for medical services for qualified seniors, disabled persons, and people with end-state renal disease (ESRD).

True Integrated Family: The Family Deductible and/or Out-of-Pocket Maximum can be met by a combination of family members or by a single individual within the family. There is no individual Deductible and/or Out-of-Pocket Maximum to satisfy within the Family Deductible and/or Out-of-Pocket Maximum.

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| Type of Limit | | 2015 | 2016 | Change |
|--|-----------------|----------|----------|--------------------|
| HSA Contribution Limit | Self-only | \$3,350 | \$3,350 | No change |
| | Family | \$6,650 | \$6,750 | Up to \$100 |
| 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 | \$1,300 | \$1,300 | No change |
| | Family | \$2,600 | \$2,600 | No change |
| HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums) | Self-only | \$6,450 | \$6,550 | Up \$100 |
| | Family | \$12,900 | \$13,100 | Up \$200 |

High deductible health plan definition, annual deductible minimum and out-of-pocket maximum are in Code section 223©(2)(A). The out-of-pocket maximum includes in-network deductibles, copayments and coinsurance, but does not include premiums or balance-billing for out of network services.

[Rev. Proc. 2015-30](#)

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