

2023 HSA/HDHP/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*
Aetna				
Bronze MC 100 7000 HSA M Open Access/Savings Plus/AWH SoCA	\$7,000	\$7,000	0%	\$30/\$100/50% up to \$500
Gold MC Gold 90/50 3000 HSA Open Access/Savings Plus/AWH SoCA	\$3,000	\$3,750	10%	10%/10% up to \$250
Anthem Blue Cross				
Gold PPO 1700/15% w/HSA PrevRx Prudent Buyer (6SLD) /Select PPO (6SLC)	\$1,700	\$3,700	15%	Level 1: \$10/\$30/\$50/30% up to \$250 per script Level 2: \$20/\$40/\$60/40% up to \$250 per script
Silver PPO 2100/30% w/HSA PrevRx Prudent Buyer (6RJ5)/Select PPO (6RHT)	\$2,100/\$3,000/\$4,200	\$7,200	30%	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script
Silver PPO 2600/35% w/HSA PrevRx Prudent Buyer (6RG5/6RH6)/Select PPO (6RHL)	\$2,600/\$3,000/\$5,200	\$7,050	35%	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script
Bronze PPO \$6000/45% w/HSA PrevRx Prudent Buyer (6RJK)/Select PPO (6RJU)	\$6,000	\$7,050	45%	Level 1: \$20/\$90/\$160/30% up to \$400 per script Level 2: \$20/\$100/\$170/40% up to \$500 per script
Bronze PPO 6700/0% w/HSA PrevRx Prudent Buyer (6RG7)/Select PPO (6RJV)	\$6,700	\$7,050	45%	Level 1: \$20/\$90/\$160/30% up to \$400 per script Level 2: \$20/\$100/\$170/40% up to \$500 per script
Bronze PPO 7000/0% w/HSA Select PPO (6RHP)	\$7,000	\$7,000	0%	0%
Bronze PPO 6000/45% w/HSA PrevRx WH Prudent Buyer (6RGR)	\$6,000	\$7,050	45%	Level 1: \$20/\$90/\$160/30% up to \$400 per script Level 2: \$20/\$100/\$170/40% up to \$500 per script
Bronze PPO 6700/0% w/HSA PrevRx WH Prudent Buyer (6RJB)	\$6,700	\$7,050	0%	Level 1: \$20/\$90/\$160/30% up to \$400 per script Level 2: \$20/\$100/\$170/40% up to \$500 per script
Blue Shield of California				
Gold PPO Savings 1750/15% HDHP PrevRx Full PPO/Tandem PPO	\$1,750	\$3,300	15%	\$10/\$30/\$50/30%
Silver PPO Savings 2600/25% HDHP PrevRx Full PPO/Tandem PPO	\$2,300	\$7,500	25%	\$25/\$70/ \$100/30%
Silver PPO Savings 2600/35% HDHP PrevRx Full PPO/Tandem PPO	\$2,600	\$7,500	35%	35%
Bronze PPO Savings 5700/40% Full PPO/Tandem PPO	\$5,700	\$7,000	40%	40%
Bronze PPO Savings 7000 OffEx Full PPO/Tandem PPO	\$7,000	\$7,000	0%	0%

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CaliforniaChoice				
Bronze PPO A Anthem Blue Cross (HSA) Prudent Buyer	\$6,250	\$7,050	35%	Level 1: \$20; Level 2: \$20 (up to 30-day supply) Level 1: \$90; Level 2: \$100 (up to 30-day supply) Level 1: \$160; Level 2: \$170 (up to 30-day supply) Level 1: 30%; Level 2: 40% (up to 30-day supply)
Bronze PPO B Anthem Blue Cross (HSA) Select PPO	\$6,250	\$7,050	35%	Level 1: \$20; Level 2: \$20 (up to 30-day supply) Level 1: \$90; Level 2: \$100 (up to 30-day supply) Level 1: \$160; Level 2: \$170 (up to 30-day supply) Level 1: 30%; Level 2: 40% (up to 30-day supply)
Bronze HMO C Kaiser Permanente (HSA) Full PPO	\$7,000	\$7,000	0%	0%
Bronze HMO B Sutter Health Plus (HSA) Full PPO	\$7,000	\$7,000	0%	0%
Silver PPO E Anthem Blue Cross (HSA) Select PPO	\$2,000	\$7,050	35%	See benefit summary
Silver PPO D Anthem Blue Cross (HSA) Prudent Buyer	\$2,000	\$7,050	35%	See benefit summary
Silver EPO G Cigna + Oscar (HSA) Open Access Plus	\$3,000	\$7,250	30%	\$15 / \$60 / \$90 / 30% up to \$250
Silver HMO D Kaiser Permanente (HSA) Full PPO	\$2,700	\$7,200	25%	25%
Silver HMO C Sutter Health Plus Full PPO	\$2,500	\$7,050	25%	\$20/\$40/\$60/25% up to \$259
Gold HMO E Kaiser Permanente (HSA) Full PPO	\$1,600	\$3,550	15%	\$15/\$45/\$45/15% up to \$250
Bronze EPO C Cigna + Oscar (HSA) Local Plus	\$5,750	\$7,450	40%	40% up to \$250
Silver EPO Cigna + Oscar (HSA) Local Plus	\$3,000	\$7,250	30%	\$15/\$60/\$90/30% up to \$250
Bronze HMO C Western Health Advantage (HSA) Full HMO	\$7,000	\$7,000	0%	0%
Silver HMO C Western Health Advantage (HSA) Full HMO	\$2,700	\$7,200	25%	25%
Gold HMO D Western Health Advantage (HSA) Full HMO	\$2,400	\$4,800	0%	\$0/\$40/\$60/20%

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Chinese Community Health Plan				
Bronze 60 HDHP HMO	\$7,000	\$7,000	0%	0%
Cigna + Oscar				
Bronze \$5750 HSA Local Plus/Access Plus	\$5,750	\$7,450	40%	40% up to \$250
Silver \$3000 HSA Local Plus/Access Plus	\$3,000	\$7,250	30%	\$15/\$60/\$90/30% up to \$250
Community Care Health				
Bronze 60 HDHP HMO 7000/0	\$7,000	\$7,000	0%	0%
Silver 70 HDHP HMO 2700/25	\$2,700	\$7,200	25%	25%/20% up to \$250
Silver 70 HMO HRA 2250/50	\$2,250	\$8,900	20%	\$17/\$65/\$90/20% up to \$250
Gold 80 HMO HRA 2150/35	\$2,150	\$7,550	25%	\$15/\$30/\$45/20% up to \$250
Silver 70 HDHP EPO 2850/20	\$2,850	\$7,050	20%	\$20% / \$20% / \$20% / 20% up to \$250
Covered California for Small Business				
BSCA Silver Full PPO Savings 2300/25% + Child Dental (eff.7/1)	\$2,300	\$7,500	25%	\$25/\$70/\$100/30% up to \$250
BSCA Bronze Full PPO Savings 7000 + Child Dental (eff.7/1)	\$7,000	\$7,000	0%	0%
SHRP Bronze 60 HDHP HMO 7000/0% + Child Dental Premier	\$7,000	\$7,000	0%	0%
SHRP Silver 70 HDHP HMO 2700/25% + Child Dental Premier	\$2,700	\$7,200	25%	25%
KPCA Bronze 60 HDHP HMO 7000/0% + Child Dental Full PPO	\$7,000	\$7,000	0%	0%
KPCA Silver 70 HDHP HMO 2700/25% + Child Dental	\$2,700	\$7,200	25%	25%
KPCA Gold 80 HDHP HMO 1600/15% + Child Dental Alt Full PPO	\$1,600	\$3,350	15%	\$15/\$45/\$45/15% up to \$250
Health Net				
Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
Silver 70 HDHP PPO 1500/50% + Child Dental	\$1,500	\$7,000	50%	\$20/\$70/\$100/50% up to \$250

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Kaiser Permanente				
Bronze 60 HDHP HMO 7000/0 + Child Dental Full PPO	\$7,000	\$7,000	0%	0%
Silver 70 HDHP HMO 2700/25% + Child Dental Full PPO	\$2,700	\$7,200	25%	25% up to \$250
Gold 80 HDHP HMO 1600/15% + Child Dental Alt	\$1,600	\$3,350	15%	\$15/\$45/\$45/15% up to \$250
Gold 80 HRA HMO 2250/35 + Child Dental	\$2,250	\$8,500	25%	\$15/\$30/\$30/20% up to \$250
Sharp Health Plan				
Bronze 60 HDHP HMO 7000/0% + Child Dental Premier/Performance/Value/Choice	\$7,000	\$7,000	0%	0%
Bronze HDHP NG 1 (6100/50/50%) Premier/Performance/Value/Choice	\$6,100	\$6,900	50%	\$16/\$70/\$100/Certain specialty medications may be covered with prior authorization.
Silver 70 HDHP HMO 2700/25% + Child Dental Premier/Performance/Value/Choice	\$2,700	\$7,200	25%	25% up to \$250
Sutter Health Plus				
Gold SD02 HDHP HMO	\$1,500	\$6,000	20%	\$15/\$50/\$80/20% up to \$250 (up to 30-day supply)
Bronze SD48 HDHP HMO	\$7,000	\$7,000	0%	0%
Silver SD01 HDHP HMO	\$2,500	\$7,050	25%	\$20/\$40/\$60/25% up to \$250
UnitedHealthcare				
Bronze 6000/60% HSA Core (CV-QL)/ Select Plus (CV-Qy)	\$6,000	\$7,500	40%	40% up to \$500
Bronze 6000/60% HSA Doctors Plan (CV-P2)	\$6,000	\$7,500	40%	40% up to \$500
Silver 2800/60% HSA Core (CV-QD)/Select Plus (CV-QQ)/Doctors Plan (CV-PW)	\$2,800	\$7,500	40%	\$20/\$85/\$135/25% up to \$250
Western Health Advantage				
Gateway 7000 Bronze 60 HDHP HMO Full PPO	\$7,000	\$7,000	0%	0%
Capital 2700 Silver 70 HDHP HMO Full PPO	\$2,700	\$7,200	25%	25% up to \$250
Gateway 2400 Gold 80 HDHP HMO Full PPO	\$2,400	\$4,800	0%	0%/\$30/\$50/20% up to \$250

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Type of Limit		2022	2023	Change
HSA Contribution Limit	Self-only	\$3,650	\$3,850	Self-only: +\$200
	Family	\$7,300	\$7,750	Family: +\$450
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	\$1,400	\$1,500	Self-only: +100
	Family	\$2,800	\$3,000	Family: +\$200
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$7,000	\$7,500	Self-only: +\$450
	Family	\$14,100	\$15,000	Family: +\$900
ACA Compliant Maximum Out-of-pocket	Self-only	\$8,750	\$9,100	Self-only: \$8,750
	Family	\$17,400	\$18,200	Family: \$17,400

* 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-22-24.pdf>

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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.

- **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.

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