

# 2022 HSA/HDHP/HRA Health Plans at a Glance: Small Group 1-100

Carrier/Plans	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>Aetna</b>				
Bronze MC 100 7000 Ded HSA M	\$7,000	\$7,000	0%	0%
Bronze MC Savings Plus 100 7000 HSA M	\$7,000	\$7,000	0%	0%
Bronze MC Sutter 1000 7000 HSA M	\$7,000	\$7,000	0%	0%
Gold MC 90/50 2800 HSA	\$2,800	\$3,750	10%	10%/10% up to \$250
Gold MC AWH SoCA 90/50 2800 HSA	\$2,800	\$3,750	10%	10%/10% up to \$250
Gold MC Savings Plus 90/50 2800 HSA	\$2,800	\$3,750	10%	10%/10% up to \$250
Gold MC Sutter 90/50 2800 HSA	\$2,800	\$3,750	10%	10%/10% up to \$250
<b>Anthem Blue Cross</b>				
Bronze PPO 6000/45% w/HSA PrevRx (6B78)	\$6,000	\$7,050	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 (6BSK)	\$6,700	\$7,050	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 (6BSB)	\$6,000	\$7,050	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 6700/0% w/HSA PrevRx (6BSP)	\$6,700	\$7,050	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 7000/0% w/HSA (6BTN)	\$7,000	\$7,050	0%	0%
Silver PPO 2100/30% w/HSA PrevRx Single/Family (6BNP/6BU0)	\$2,100 (Individual); \$2,800 (Family)	\$7,050	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
Silver PPO 2600/35% w/HSA PrevRx Singlr/Family (6BJE/6BJN)	\$2,600 (Individual); \$2,800 (Family)	\$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 2100/30% w/HSA PrevRx Single/Family (6BNK/6BTW)	\$2,100 (Individual); \$2,800 (Family)	\$7,050	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
Silver Select PPO 2600/35% w/HSA PrevRx Single/Family (6BJJ/6BJS)	\$2,600 (Individual); \$2,800 (Family)	\$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

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<b>Blue Shield of California</b>				
Bronze Full PPO Savings 5700/40% OffEx	\$5,700	\$7,000	40%	40% up to \$500
Bronze Full PPO Savings 7000 OffEx	\$7,000	\$7,000	0%	0%
Bronze Tandem PPO Savings 5700/40% OffEx	\$5,700	\$7,000	40%	40% up to \$500
Bronze Tandem PPO Savings 7000 OffEx	\$7,000	\$7,000	0%	0%
Silver Full PPO Savings 2100/25% OffEx	\$2,100 (1 +); \$2,800 (2+)	\$6,900	25%	\$20/\$65/\$100/30% up to \$250
Silver Full PPO Savings 2600/35% HDHP PrevRx OffEx	\$2,600 (1+); \$2,800 (2+)	\$7,000	35%	35% up to \$250
Silver Tandem PPO Savings 2100/25% OffEx	\$2,100 (1+); \$2,800 (2+)	\$6,900	25%	\$20 (Level A); \$25 (Level B)/\$65 (Level A); \$95 (Level B)/\$100 (Level A); \$150 (Level B)/30% up to \$250
Silver Tandem PPO Savings 2600/35% HDHP PrevRx OffEx	\$2,600 (1+); \$2,800 (2+)	\$7,000	35%	35% (Level A); 40% (Level B)
Gold Full PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1+); \$2,800 (2+)	\$3,000	15%	\$10/\$30/\$50/30% up to \$250
Gold Tandem PPO Savings 1750/15% HDHP PrevRx OffEx	\$1,750 (1+); \$2,800 (2+)	\$3,000	15%	\$10 (Level A); \$15 (Level B)/\$30 (Level A); \$50 (Level B)/\$50 (Level A); \$80 (Level B)/30% up to \$250
<b>CaliforniaChoice</b>				
Bronze PPO A Anthem Blue Cross - Prudent Buyer - Small Group (HSA)	\$6,250	\$7,050	35%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30%; Level 2: 40%
Bronze PPO B Anthem Blue Cross - Select PPO (HSA)	\$6,250	\$7,050	35%	Level 1: \$20; Level 2: \$20 / Level 1: \$90; Level 2: \$100 / Level 1: \$160; Level 2: \$170 / Level 1: 30%; Level 2: 40%
Bronze HMO B Sharp Health Plan - Performance (HSA)	\$6,200	\$6,900	40%	40% up to \$500
Bronze HMO B Sutter Health Plus - Sutter Health Plus (HSA)	\$7,000	\$7,000	0%	0%
Bronze HMO C Kaiser Permanente - Full (HSA)	\$7,000	\$7,000	0%	0%
Bronze HMO C Western Health - Full (HSA)	\$7,000	\$7,000	0%	0%
Silver HMO C Sutter Health Plus - Sutter Health Plus (HSA)	\$2,500 (Self Only); \$2,800 (Individual with Family)	\$6,850	\$35/\$50	\$10/\$20/\$40/20% up to \$250

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<b>CaliforniaChoice (cont.)</b>				
Silver HMO C Western Health - Full (HSA)	\$2,500 (Self Only); \$2,800 (Individual with Family)	\$6,850	20%	20% up to \$250
Silver HMO D Kaiser Permanente - Full (HSA)	\$2,500 (Self Only); \$2,800 (Individual with Family)	\$6,850	20%	20%/20% up to \$250
Gold HMO D Western Health - Full (HSA)	\$2,400 (Self Only); \$2,800 (Individual with Family)	\$4,800	0%	\$0/\$30/\$50/20% up to \$250
Silver EPO B Anthem Blue Cross - Prudent Buyer - Small Group (HSA)	\$2,000 (single); \$2,800 (per member)	\$7,050	35%	Level 1: \$15; Level 2: \$20 / Level 1: \$70; Level 2: \$80 / Level 1: \$110; Level 2: \$120 / Level 1: 30% ; Level 2: 40%
<b>Chinese Community Health Plan</b>				
Bronze 60 HDHP HMO	\$7,000	\$7,000	0%	0%
<b>Cigna + Oscar</b>				
Bronze Open Access Plus \$5750 HSA	\$5,750	\$7,000	40%	40% up to \$250
Bronze LocalPlus \$5750 HSA	\$5,750	\$7,000	40%	40% up to \$250
Silver Open Access Plus \$2500 HSA	\$2,500 (Self); \$2,800 (2+)	\$7,000	30%	\$20/\$60/\$90/20% up to \$250
Silver LocalPlus \$2500 HSA	\$2,500 (Self); \$2,800 (2+)	\$7,000	30%	\$20/\$60/\$90/20% up to \$250
<b>Community Care Health</b>				
Bronze 60 HDHP HMO 7000/0	\$7,000	\$7,000	0%	0%
Silver 70 HDHP HMO 2500/20	\$2,500	\$6,850	20%	20%/20% up to \$250
Silver 70 HMO HRA 2250/50	\$2,250	\$50/\$85	\$40/\$85	\$17/\$65/\$90/20% up to \$250
Gold 80 HMO HRA 2150/35	\$2,150	\$35/\$50	25%	\$15/\$30/\$45/20% up to \$250

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<b>Covered California for Small Business</b>				
HLNT Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
HLNT Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400	\$7,000	40%	\$19/\$80/\$100/40% up to \$250
KPCA Bronze 60 HDHP HMO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
SHRP Premier Bronze 60 HDHP HMO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%/0% up to \$500
KPCA Silver 70 HDHP HMO 2500/20% + Child Dental	\$2,500 (Self); \$2,800 (2+)	\$6,850	20%	20%/20% up to \$250
KPCA Gold 80 HDHP HMO 1600/15% + Child Dental Alt	\$1,600 (Individual); \$2,800 (Family)	\$3,250	15%	\$15/\$45/\$45/15% up to \$250
<b>Health Net</b>				
Bronze 60 HDHP PPO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400	\$7,000	40%	\$19/\$80/\$100/40% up to \$250
EnhancedCare Silver 70 HDHP PPO 1400/40% + Child Dental Alt	\$1,400	\$7,000	40%	\$19/\$80/\$100/40% up to \$250
<b>Kaiser Permanente</b>				
Bronze 60 HDHP HMO 7000/0 + Child Dental	\$7,000	\$7,000	0%	0%
Silver 70 HDHP HMO 2500/20% + Child Dental	\$2,500 (Self); \$2,800 (2+)	\$6,850	20%	20%/20%/20%/20% up to \$250
Gold 80 HDHP HMO 1600/15% + Child Dental Alt	\$1,600 (Self); \$2,800 (2+)	\$3,250	15%	\$15/\$45/\$45/15% up to \$250
Gold 80 HRA HMO 2250/35 + Child Dental	\$2,250	\$7,800	25%	\$15/\$30/\$30/20% up to \$250

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Carrier/Plans	In Network Deductible (Indv.)	In Network Max OOP (Indv.)	In Network Hospital*	In Network Rx Coverage*
<b>Sharp Health Plan</b>				
CHOICE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$16/\$70/\$100/Certain specialty medications may be covered with prior authorization.
PERFORMANCE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$16/\$70/\$100/Certain specialty medications may be covered with prior authorization.
PREMIER Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$16/\$70/\$100/Certain specialty medications may be covered with prior authorization.
VALUE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$16/\$70/\$100/Certain specialty medications may be covered with prior authorization.
CHOICE Sharp Bronze 60 HDHP HMO 7000/0%/0% + Child Dental	\$7,000	\$7,000	0%	0%
PERFORMANCE Sharp Bronze 60 HDHP HMO 7000/0%/0% + Child Dental	\$7,000	\$7,000	0%	0%
PREMIER Sharp Premier Bronze 60 HDHP HMO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
VALUE Sharp Bronze 60 HDHP HMO 7000/0%/0% + Child Dental	\$7,000	\$7,000	0%	0%
CHOICE Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental	\$2,500 (Self Only); \$2,800 (Family)	\$6,850	20%	20% up to \$250
PERFORMANCE Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental	\$2,500 (Self Only); \$2,800 (Family)	\$6,850	20%	20% up to \$250
PREMIER Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental	\$2,500 (Self Only); \$2,800 (Family)	\$6,850	20%	20% up to \$250
VALUE Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental	\$2,500 (Self Only); \$2,800 (Family)	\$6,850	20%	20% up to \$250
<b>Sutter Health Plus</b>				
Bronze SD38 HDHP HMO	\$7,000	\$7,000	0%	0%
Silver SD47 HDHP HMO	\$2,500 (Single); \$2,800 (Family)	\$6,850	20%	\$10/\$20/\$40/20% up to \$250

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<b>UnitedHealthcare</b>				
Core HDHP w/Motion Bronze 6000/60% (CP-AS)	\$6,000	\$7,050	40%	40% up to \$500
Select Plus HDHP w/Motion Bronze 6000/60% (CP-AR)	\$6,000	\$7,050	40%	40% up to \$500
Core HDHP w/Motion Silver 2700/60% (CO-98)	\$2,700	\$7,050	40%	\$20/\$85/\$135/25% up to \$250
Select Plus HDHP w/Motion Silver 2700/60% (CO-93)	\$2,700	\$7,050	40%	\$20/\$85/\$135/25% up to \$250
Doctors Plan HDHP w/Motion Bronze 6000/60% (CP-AT)	\$6,000	\$7,050	40%	40% up to \$500
Doctors Plan HDHP w/Motion Silver 2700/60% (CP-AD)	\$2,700	\$7,050	40%	\$20/\$85/\$135/25% up to \$250
<b>Western Health Advantage</b>				
Gateway 7000 Bronze 60 HDHP HMO	\$7,000	\$7,000	0%	0%
Capital 2500 Silver 70 HDHP HMO	\$2,500 (self); \$2,800 (ind. w/fam)	\$6,850	20%	20% up to \$250
Gateway 2400 Gold 80 HDHP HMO	\$2,400 (Self); \$2,800 (Ind. w/Fam)	\$4,800	0%	0%/\$30/\$50/20% up to \$250

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Type of Limit		2021	2022	Change
HSA Contribution Limit	Self-only	\$3,600	\$3,650	<b>Up \$50</b>
	Family	\$7,200	\$7,300	<b>Up \$100</b>
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	\$1,400	No change
	Family	\$2,800	\$2,800	No change
HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums)	Self-only	\$7,000	\$7,000	<b>Up \$50</b>
	Family	\$14,000	\$14,100	<b>Up \$100</b>
ACA Compliant Maximum Out-of-pocket	Self-only	\$8,550	\$8,700	<b>Up \$150</b>
	Family	\$17,100	\$17,400	<b>Up \$300</b>

\* 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-21-25.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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