# 2026 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 7200 HSA M | $7,200 | $7,200 | 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) |
| Bronze MC 100 7200 HSA M | $7,200 | $7,200 | 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 3400 HSA | $3,400 | $4,300 | 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) / 10% up to $250 (up to 30 day supply) |
| Gold MC 90/50 3400 HSA | $3,400 | $4,300 | 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) / 10% up to $250 (up to 30 day supply) |
| **Anthem Blue Cross** | | | | |
| Anthem Bronze PPO 6700/0% w/HSA PrevRx WH (8VEE) | $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 |
| Anthem Bronze Select PPO 6000/45% w/HSA PrevRx (8VDU) | $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 |
| Anthem Bronze Select PPO 7200/0% w/HSA (8ZXN) | $7,200 | $7,200 (incl. ded) | 0% | 0% / $0% / $0% / $0% |
| Anthem Bronze Select PPO 6700/0% w/HSA PrevRx (8VE9) | $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 |
| Anthem Bronze PPO 6000/45% w/HSA PrevRx (8VDP) | $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 |
| Anthem Bronze PPO 6700/0% w/HSA PrevRx (8VE4) | $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 |
| Anthem Bronze PPO 6000/45% w/HSA PrevRx WH (8VDZ) | $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 |
| Anthem Gold Select PPO HSA/H 1900/3400/3800 15% PrevRx - F - F (8VBJ/8VBK) | $1,900 (Self); $3,400 (2+) | $4,500 (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 |

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# 2026 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* |
|---|---|---|---|---|
| **Anthem** | | | | |
| Anthem Gold PPO HSA/H 1900/3400/3800 15% PrevRx - F (8VBL/8VBM) | $1,900 (Self); $3,400 (2+) | $4,500 (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 |
| Anthem Silver PPO HSA/H 2300/3400/4600 30% PrevRx - F (8VC5/8VC4) | $2,300 (Self); $3,400 (2+) | $8,450 (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 |
| Anthem Silver PPO HSA/H 2600/3400/5200 35% PrevRx - F (8VCS/8VCR) | $2,600 (self); $3,400 (2+) | $8,450 (incl. ded) | 35% | 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 |
| Anthem Silver Select PPO HSA/H2600/3400/5200 35% PrevRx - F (8VD2/8VD1) | $2,600 (Self); $3,400 (2+) | $8,450 (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 |
| Anthem Silver Select PPO HSA/H 2300/3400/4600 30% PrevRx - F (8VCF/8VCG) | $2,300 (Self); $3,400 (2+) | $8,450 (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 |
| **Blue Shield of California** | | | | |
| 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); $3,400 (2 or more members) | $8,500 (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 2800/35% HDHP PrevRx OffEx | $2,800 (1 member); $3,400 (2 or more members) | $8,500 (incl. ded) | 35% | 35% up to $250(Level A); 40% up to $250(Level B) / 35% up to $250(Level A) 40% up to $250(Level B)/ 35% up to $250(Level A); 40% up to $250(Level B) / 40% up to $250 |
| Bronze Tandem PPO Savings 5700/40% OffEx | $5,700 | $8,500 (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 | $8,500 (incl. ded) | 40% | 40% up to $500 / 40% up to $500 / 40% up to $500 / 40% up to $500 |
| Gold Full PPO Savings 1850/15% HDHP PrevRx OffEx | $1,850 (1 member); $3,400 (2 or more members) | $4,500 (incl. ded) | 15% | $15 (Level A); $20 (Level B) / $30 (Level A); $50 (Level B) / $50 (Level A); $80 / 30% up to $250 (Level B) |
| Gold Tandem PPO Savings 1850/15% HDHP PrevRx OffEx | $1,850 (1 member); $3,400 (2 or more members) | $4,500 (incl. ded) | 15% | $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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# 2026 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** | | | | |
| Silver Full PPO Savings 2300/30% OffEx | $2,300 (1 member); $3,400 (2 or more members) | $8,500 (incl. ded) | 30% | $25 / $30 / $75 / $100 / $150 30% up to $250 |
| Silver Full PPO Savings 2800/35% HDHP PrevRx OffEx | $2,800 (1 member); $3,400 (2 or more members) | $8,500 (incl. ded) | 35% | 35% up to $250 / 40% up to $250 / 35% up to $250 / 40% up to $250 |
| **California*Choice*** | | | | |
| Gold HMO E (HSA) Kaiser Permanente - Full | $1,900 (Individual); $3,400 (Family) | $4,500 (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 | $3,200 (Self Only); $3,400 (Individual with Family) | $8,300 (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 | $7,250 | $7,200 (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 | $2,900 (Self Only); $3,400 (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 | $7,200 | $7,200 (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 | $3,200 (Self Only); $3,400 (Individual with Family) | $8,300 (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 | $7,250 (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 | $3,000 (Individual); $3,400 (Family) | $8,450 (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; prior auth. required) |
| 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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# 2026 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* |
|---|---|---|---|---|
| **California*Choice*** | | | | |
| Silver PPO E (HSA) Anthem Blue Cross - Select PPO | $3,000 (Individual); $3,400 (Family) | $8,450 (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); $3,400 (Individual with Family) | $8,000 (incl. ded) | 25% | $20 (up to 30 day supply) / $40 (up to 30 day supply) / $80 (up to 30 day supply) / 25% up to $250 (up to 30 day supply) |
| **Community Care Health** | | | | |
| Silver 70 HDHP EPO 3200/25 | $3,200 (Self); $3,400 (2+) | $8,300 (incl. ded) | 25% | $25% / $23.84% / $23.13% / 25% up to $250 |
| Silver 70 HMO 2250/50 HRA | $2,250 (Self); $4,500 (2+) | $8,900 (incl. ded) | 20% | $17 / $65 / $90 / 20% up to $250 |
| Gold 80 HMO 2150/35 HRA | $2,150 (Self); $4,300 (2+) | $7,550 (inc. ded) | 25% | $15 / $30 / $45 / 20% up to $250 |
| **Covered California for Small Business** | | | | |
| 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 1900/15% PCP + Child Dental Alt | $1,900 (self); $3,400 ( 2+) | $4,500 (incl. ded) | 15% | $15 / $45 / $45 / 15% up to $250 |
| KPCA Silver 70 HDHP HMO 3200/25% PCP + Child Dental | $3,200 (Self); $3,400 (2+) | $8,300 (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); $3,400 (2+) | $8,500 (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); $3,400 (2+) | $8,500 (incl. ded) | 30% | $25 / $$75 / $100 / 30% up to $250 |
| SHRP Premier Silver 70 HDHP HMO 3200/25% PCP + Child Dental | $3,200 | $8,300 (incl. ded) | 25% | $25% / $25% / $25% / 25% up to $250 |
| SHRP Premier Bronze 60 HDHP HMO 7200/0% PCP + Child Dental | $7,200 | $7,200 (incl. ded) | 0% | $0% / $0% / $0% / 0% up to $500 |
| KPCA Bronze 60 HDHP HMO 7200/0% PCP + Child Dental | $7,200 | $7,200 (incl. ded) | 0% | $0% / $0% / $0% / $0% |

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# 2026 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* |
|---|---|---|---|---|
| **Health Net** | | | | |
| Bronze HDHP PPO 7200/0% | $7,200 | $7,200 (incl. ded) | 0% | $0% / $0% / $0% / $0% |
| Silver HDHP PPO 1800/50% | $1,800 | $7,500 (incl. ded) | 50% | $20 / $70 / $100 / 50% up to $250 (30 Day Supply) |
| Gold HDHP PPO 1800/20% | $1,800 (Individual); $3,600 (2+) | $4,200 (incl. ded) | 20% | $15 / $30 / $50 / 20% up to $250 (30 day supply) |
| **Kaiser Permanente** | | | | |
| 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 1900/15% PCP + Child Dental Alt | $1,900 (Self); $3,400 (2+) | $4,500 (incl. ded) | 15% | $15 / $45 / $45 / 15% up to $250 |
| Silver 70 HDHP HMO 3200/25% PCP + Child Dental | $3,200 (Self); $3,400 (2+) | $8,300 (incl. ded) | 25% | 25% up to $250 / 25% up to $250 / 25% up to $250 / 25% up to $250 |
| Bronze 60 HDHP HMO 7200/0 PCP + Child Dental | $7,200 | $7,200 (incl. ded) | 0% | $0 / $0 / $0 / $0 |
| **Sharp Health Plan** | | | | |
| CHOICE Bronze 60 HDHP HMO 7200/0%/0% + Child Dental (Pe/V/C) | $7,200 | $7,200 (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) |
| CHOICE Bronze HDHP NG 1 | $6,100 | $7,250 (incl. ded) | 50% | $20 (up to 30 day supply) / $70 (up to 30 day supply) / $100 (up to 30 day supply) / 50% up to $500 (up to 30 day supply) |
| VALUE Bronze 60 HDHP HMO 7200/0%/0% + Child Dental (Pe/V/C) | $7,200 | $7,200 (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) |
| VALUE Bronze HDHP NG 1 | $6,100 | $7,250 (incl. ded) | 50% | $20 (up to 30 day supply) / $70 (up to 30 day supply) / $100 (up to 30 day supply) / 50% up to $500 (up to 30 day supply) |
| PERFORMANCE Bronze HDHP NG 1 | $6,100 | $7,250 (incl. ded) | 50% | $20 (up to 30 day supply) / $70 (up to 30 day supply) / $100 (up to 30 day supply) / 50% up to $500 (up to 30 day supply) |
| PREMIER Bronze 60 HDHP HMO 7200/0% PCP + Child Dental | $7,200 | $7,200 (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) |
| PREMIER Bronze HDHP NG 1 | $6,100 | $7,250 (incl. ded) | 50% | $20 (up to 30 day supply) / $70 (up to 30 day supply) / $100 (up to 30 day supply) / 50% up to $500 (up to 30 day supply) |
| CHOICE Silver 70 HDHP HMO 3200/25%/25% + Child Dental (Pe/V/C) | $3,200 (Self Only) $3,400 (Family) | $8,300 (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 Silver 70 HDHP HMO 3200/25%/25% + Child Dental (Pe/V/C) | $3,200 (Self Only); $3,400 | $8,300 (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) |

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| | | | | |
|---|---|---|---|---|
| | (Family) | | | |
| PERFORMANCE Silver 70 HDHP HMO 3200/25%/25% + Child Dental (Pe/V/C) | $3,200 (Self Only); $3,400 (Family) | $8,300 (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) |
| PREMIER Silver 70 HDHP HMO 3200/25% PCP + Child Dental | $3,200 (Self Only); $3,400 (Family) | $8,300 (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) |
| **Sutter Health Plus** | | | | |
| Bronze SP23 Plus HDHP HMO | $7,200 | $7,200 | 0% | 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) |
| Bronze SD23 HDHP HMO | $7,200 | $7,200 | 0% | 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) / 0% (30 day supply) |
| Silver SP31 Plus HDHP HMO | $2,800 (Self); $3,400 (2+) | $8,000 | 25% | $20 (30 day supply) / $40 (30 day supply) / $80 (30 day supply) / 25% up to $250 (30 day supply) |
| Silver SD31 HDHP HMO | $2,800 (Self); $3,400 (2+) | $8,000 | 25% | $20 (30 day supply) / $40 (30 day supply) / $80 (30 day supply) / 25% up to $250 (30 day supply) |
| Gold SP32 Plus HDHP HMO | $1,700 (Self); $3,400 (2+) | $6,000 | 20% | $15 (up to 30 day supply) / $50 (up to 30 day supply)/ $100 (up to 30 day supply) / 20% up to $250 (up to 30 day supply) |
| Gold SD32 HDHP HMO | $1,700 (Self); $3,400 (2+) | $6,000 | 20% | $15 (up to 30 day supply) / $50 (up to 30 day supply) / $100 (up to 30 day supply) / 20% up to $250 (up to 30 day supply) |
| **UnitedHealthcare** | | | | |
| Select Plus (HDHP) (EP-2A) Bronze (HSA/Premium Rewards) 6000/60% | $6,000 | $8,500 | 40% | $250 + 40% after ded |
| Core (HDHP) (EP-1Q) Bronze (HSA/Premium Rewards) 6000/60% | $6,000 | $8,500 | 40% | $250 + 40% after ded |
| Select Plus (HDHP) (EP-1U) Silver (HSA/Premium Rewards) 2900/60% | $2,900 | $8,500 | 40% | $250 + 40% after ded |
| Core (HDHP) (EP-18) Silver (HSA/Premium Rewards) 2900/60% | $2,900 | $8,500 | 40% | $250 + 40% after ded |
| **Western Health Advantage** | | | | |
| Gateway 7200 Bronze 60 HDHP HMO | $7,200 | $7,200 (incl. ded) | 0% | $0 / $0 / $0 / $0 |
| Gateway 3200 Silver 70 HDHP HMO | $3,200 (Single); $3,400 (2+) | $8,300 (incl. ded) | 25% | 25% up to $250 / 25% up to $250 / 25% up to $250 / 25% up to $250 |

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# 2026 HSA/HRA Health Plans at a Glance: Small Group 1-100

| | | | | |
|---|---|---|---|---|
| Gateway 2900 Gold 80 HDHP HMO | $2,900 (Single); $3,400 (2+) | $4,800 (incl. ded) | 0% | $0 / $40 / $60 / 20% up to $250 |
| Gateway 1700 Gold 80 HDHP HMO | $1,700 | $4,800 (embedded) | 20% | $10 / $40 / $60 / 20% up to $250 |
| Gateway 1700 Platinum 90 HDHP HMO | $1,700 | $3,400 | 0% | $0 / $0 / $40 / $100 after ded |

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# 2026 HSA/HRA Health Plans at a Glance: Small Group 1-100

| Type of Limit | | 2025 | 2026 | Change |
|---|---|---|---|---|
| HSA Contribution Limit | Self-only | $4,300 | $4,400 | **+$100** |
| | Family | $8,550 | $8,750 | **+$200** |
| 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 | $1,650 | $1,700 | **+$50** |
| | Family | $3,300 | $3,400 | **+$100** |
| HDHP Maximum Out-of-pocket Expense Limit (deductibles, copayments and other amounts, but not premiums) | Self-only | $8,300 | $8,500 | **+$200** |
| | Family | $16,600 | $17,000 | **+$400** |
| ACA Compliant Maximum Out-of-pocket | Self-only | $9,200 | $10,600 | **+$1,400** |
| | Family | $18,400 | $21,200 | **+2,800** |

* 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.

*May be subject to deductible. 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 02/2026..





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