

# 2021 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	\$7,000	\$7,000	0%	0%
Bronze MC AWH SoCA 100 7000 Ded HSA	\$7,000	\$7,000	0%	0%
Bronze MC Savings Plus 100 7000 Ded HSA	\$7,000	\$7,000	0%	0%
<b>Anthem Blue Cross</b>				
Bronze PPO 5600/45% w/HSA (5STX)	\$5,600	\$7,000	45%	Level 1: 35% up to \$500; Level 2: 45% up to \$500
Bronze PPO 5600/45% w/HSA (5STX)	\$5,600	\$7,000	45%	Level 1: 35% up to \$500; Level 2: 45% up to \$500
Bronze PPO 6950/0% w/HSA (5SU5)	\$6,950	\$6,950	0%	0%
Bronze PPO 6950/0% w/HSA WH (5T05)	\$6,950	\$6,950	0%	0%
Bronze Select PPO 5600/45% w/HSA (5SU1)	\$5,600	\$7,000	45%	Level 1: 35% up to \$500; Level 2: 45% up to \$500
Bronze Select PPO 6950/0% w/HSA (5SU9)	\$6,950	\$6,950	0%	0%
Bronze Select PPO 7000/0% w/HSA (5SV4)	\$7,000	\$7,000	0%	0%
Silver PPO 2000/30% w/HSA – Rx-C-Single/Family (5SW5/5SWD)	\$2,000	\$6,750	30%	Level 1: \$20; Level 2: \$25/Level 1: \$60; Level 2: \$95/Level 1: \$85; Level 2: \$115/Level 1: 30% up to \$250; Level 2: 40% up to \$250
Silver PPO 2500/35% w/HAS PrevRx-Single/Family (5TOV/5TOZ)	\$2,500	\$6,950	35%	Level 1: \$20; Level 2: \$25/Level 1: \$65; Level 2: \$100/Level 1: \$100; Level 2: \$115/Level 1: 30% up to \$250; Level 2: 40% up to \$250
Silver Select PPO 2000/30% w/HSA – Rx-C-Single/Family (5SW1/5SW9)	\$2,000	\$6,750	30%	Level 1: \$20; Level 2: \$25/Level 1: \$60; Level 2: \$95/Level 1: \$85; Level 2: \$115/Level 1: 30% up to \$250; Level 2: 40% up to \$250
Silver Select PPO 2500/35% w/HAS PrevRx-Single/Family (5T13/5T17)	\$2,500	\$6,950	35%	Level 1: \$20; Level 2: \$25/Level 1: \$65; Level 2: \$100/Level 1: \$100; Level 2: \$115/Level 1: 30% up to \$250; Level 2: 40% up to \$250

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 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>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 member); \$2,800 (2 or more members)	\$6,900	25%	\$20/\$65/\$100/30% up to \$250
Silver Full PPO Savings 2600/35% OffEx	\$2,600 (1 member); \$2,800 (2 or more members)	\$7,000	35%	35% up to \$250
Silver Tandem PPO Savings 2100/25% OffEx	\$2,100 (1 member); \$2,800 (2 or more members)	\$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% OffEx	\$2,600 (1 member); \$2,800 (2 or more members)	\$7,000	35%	35% (Level A); 40% (Level B)
Gold Full PPO Savings 1750/15% OffEx	\$1,750 (1 member); \$2,800 (2 or more members)	\$3,000	15%	\$10/\$30/\$50/30% up to \$250
Gold Tandem PPO Savings 1750/15% OffEx	\$1,750 (1 member); \$2,800 (2 or more members)	\$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 - (HSA)	\$5,800	\$7,000	35%	35%/45%
Bronze PPO B Anthem Blue Cross - Select PPO (HSA)	\$5,800	\$7,000	35%	35%/45%
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%

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 HSA/HDHP/HRA Health Plans at a Glance: Small Group 1-100

## CaliforniaChoice (cont.)

Silver HMO C Sutter Health Plus – Sutter Health Plus (HSA)	\$2,500 (Self Only); \$2,800 (Individual with Family)	\$6,850	20%	\$10/\$20/\$40/20% up to \$250
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 - (HSA)	\$2,000 (single); \$2,800 (per member)	\$6,750	30%	30%/40%

## Chinese Community Health Plan

Bronze 60 HDHP HMO	\$7,000	\$7,000	0%	0%
Silver 70 HDHP HMO 2500/20	\$2,500	\$6,850	20%	20%/20%/20%/20% up to \$250
Silver 70 HMO HRA 2250/50	\$2,250	\$7,800	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

## Cigna + Oscar

Bronze LocalPlus \$5500 HSA	\$5,500	\$7,000	40%	40%/40% up to \$250
Bronze Open Access Plus \$5500 HSA	\$5,500	\$7,000	40%	40%/40% up to \$250
Bronze LocalPlus \$6500 HSA	\$6,500	\$7,000	40%	40%/40% up to \$250
Bronze Open Access Plus \$6500 HSA	\$6,500	\$7,000	40%	40%/40% up to \$250

## Community Care Health

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	\$7,800	20%	\$17/\$65/\$90/20% up to \$250

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 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>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%	\$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%	\$2,500 (Self); \$2,800 (2+)	\$6,850	20%	20%/20% up to \$250
SHRP Premier Silver 70 HDHP HMO 2500/20% + Child Dental	\$2,500 (Self); \$2,800 (per member)	\$6,850	20%	20%/20% up to \$250
OSCR Circle Bronze 60 HDHP EPO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
<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 HRA HMO 2250/35 + Child Dental	\$2,250	\$7,800	25%	\$15/\$30/\$30/20% up to \$250
<b>Oscar</b>				
Bronze Circle 60 HDHP EPO 7000/0% + Child Dental	\$7,000	\$7,000	0%	0%
Silver Oscar Circle 70 HDHP EPO \$2,500/20% + Child Dental	\$2,500 (self); \$2,800 (2+)	\$6,850	20%	20% up to \$250

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 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>Sharp</b>				
CHOICE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$20/\$70/\$100/Certain specialty medications may be covered with prior authorization.
PERFORMANCE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$20/\$70/\$100/Certain specialty medications may be covered with prior authorization.
PREMIER Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$20/\$70/\$100/Certain specialty medications may be covered with prior authorization.
VALUE Bronze HDHP NG 1 (6100/50/50%)	\$6,100	\$6,900	50%	\$20/\$70/\$100/Certain specialty medications may be covered with prior authorization.
<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
<b>UnitedHealthcare</b>				
Select Plus HSA w/Motion Bronze 7000/100% (CE-MN)	\$7,000	\$7,000	0%	0%
Core HSA w/Motion Bronze 7000/100% (CE-MT)	\$7,000	\$7,000	0%	0%
Select Plus HSA w/Motion Silver 2550/60% (CE-MM)	\$2,550	\$6,850	40%	\$15/\$70/\$115/25% up to \$250
Core HSA w/Motion Silver 2550/60% (CE-MS)	\$2,550	\$6,850	40%	\$15/\$70/\$115/25% 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

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 HSA/HDHP/HRA Health Plans at a Glance: Small Group 1-100

Type of Limit		2020	2021	Change
HSA Contribution Limit	Self-only	\$3,550	\$3,600	<b>Up \$50</b>
	Family	\$7,100	\$7,200	<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	\$6,900	\$7,000	<b>Up \$100</b>
	Family	\$13,800	\$14,000	<b>Up \$200</b>
ACA Compliant Maximum Out-of-pocket	Self-only	\$8,150	\$8,550	<b>Up \$400</b>
	Family	\$16,300	\$17,100	<b>Up \$800</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/irb/2019-22\\_IRB#REV-PROC-2019-25](https://www.irs.gov/irb/2019-22_IRB#REV-PROC-2019-25)

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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. 100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.

# 2021 HSA/HDHP/HRA Health Plans at a Glance: Small Group 1-100

## 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.

\*May be subject to deductible. The summary above is meant to be a brief description of plan benefits and features only. 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.  
100<sup>1</sup> Certain specialty medications may be covered with prior authorization. Last updated on 03/24/2021.