

HEALTH PLAN COMPARISON - HSAs, HRAs & OUT-OF-NETWORK

	Aetna	Anthem Blue Cross	Blue Shield of California	CalCPA Health	Cigna	E.D.I.S.
Do any of your HSA-Compatible or HRA-Compatible High Deductible Health Plans (HDHP) have an embedded [†] deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible?	Yes	Yes	Yes	Yes	Cigna can quote custom plans. HSA plans would be limited by federal IRS regulations.	Yes
On plans which include out-of-network benefits, what do you use to determine benefit [Limited Fee Schedule (LFS), Usual, Customary & Reasonable (UCR), percentage of Medicare, etc.]?	% of Medicare	Varies	LFS	LFS for all plans except the Protect 10 plan, which is UCR	Maximum Reimbursable Charge (MRC)	Varies

[†] When HSA plans were first introduced in 2004, IRS publications used the term “embedded deductible” to refer to the individual deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible. Current IRS publications do not use the term “embedded deductible.”

IRS Publication 969 (2010) “Health Savings Accounts and Other Tax-Favored Health Plans” provides the following HDHP eligibility clarification on page 4:

“Family plans that do not meet the high deductible rules. There are some family plans that have deductibles for both the family as a whole and for individual family members. Under these plans, if you meet the individual deductible for one family member, you do not have to meet the higher annual deductible amount for the family. If either the deductible for the family as a whole or the deductible for an individual family member is below the minimum annual deductible for family coverage, the plan does not qualify as an HDHP.”

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	Health Net [†]	MediExcel Health Plan	National General	Sharp Health Plan	Total Benefit Solutions	UnitedHealthcare	Western Health Advantage
Do any of your HSA-Compatible or HRA-Compatible High Deductible Health Plans (HDHP) have an embedded [†] deductible within a family plan in which an individual family member does not have to meet the higher family deductible if he/she has met the lower individual deductible?	Yes	No	Yes	Yes	Both of our standard Access US HDHP plans are embedded. Our standard Access 2000 HDHP plan does have the higher individual deductible of \$2800 in 2021.	<u>Select, Select Plus, PPO, Core, Core Essential, Choice and Choice Plus:</u> HSA = Yes HRA = N/A <u>Select and Select Plus:</u> Options HSA = Yes <u>Alliance (HMO):</u> HRA = Yes HSA = Yes, only the \$3000/80% plan is embedded	Yes
On plans which include out-of-network benefits, what do you use to determine benefit [Limited Fee Schedule (LFS), Usual, Customary & Reasonable (UCR), percentage of Medicare, etc.]?	MAA (Maximum Allowable Amount): MAA PPO Plans	UCR	Out of network benefits are calculated using a percentage of Medicare. If the service isn't listed, then UCR is utilized.	UCR	Inside the U.S., providers not in the Aetna network may require them to pay the provider directly for services rendered and submit a claim to Aetna. For U.S. provider out of network claims, we base fees on market factors and the federal government's Resource Based Relative Value Scale (RBRVS) methodology with adjustments made at the local level. We develop fee schedules separately for each service area, and fee schedules may also vary among providers in the same geographical area as determined by market considerations. The standard percentage is 105 percent for professional charges and 140 percent for facility charges.	<u>Select Plus (PPO):</u> Reimbursement for *Non-Network treatment is based on percentage of the published rates allowed by Medicare for the same or similar services (110%) <u>HMO:</u> N/A	N/A

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