



2019 Silver HSA Plans for Small Group – Understanding the Math*

AB 1305 includes a different requirement for high deductible health plans. A plan contract for family coverage that includes a deductible and is a high deductible health plan, as defined in federal law, must include a deductible for each individual covered by the plan contract that is equal to either the amount set forth in Section 223(c)(2)(A)(i)(II) of Title 26 of the United States Code or the deductible for individual coverage under the plan contract, whichever is greater.

Regarding Changes:

- If the subscriber is enrolled as the sole member in this plan and, subsequently, a dependent is added to the plan during the benefit period, the “Subscriber and Family Coverage” deductible amounts will apply on the date coverage for the dependent begins. Any deductible amounts the subscriber met while enrolled as the sole member in this plan will be applied towards the subscriber’s per member deductible and the per family deductible listed above under “Subscriber and Family Coverage.”
- Conversely, if the subscriber is enrolled with dependents and, subsequently, all dependents are removed from the plan during the benefit period, any deductible amounts the subscriber met while enrolled with dependents will be applied towards the “Subscriber Only Coverage” deductible. The subscriber will not be credited for any “Subscriber and Family Coverage” deductible amounts he/she met that exceed the “Subscriber Only Coverage” deductible.

Let’s see how deductibles and out-of-pocket (OOP) limits work with a 2019 HSA Plan for Subscriber and Family Coverage using Per Member and Per Family In-Network scenario examples.

Example 1: Subscriber and Family Coverage – DEDUCTIBLE (Per Calendar Year)

Plan Coverage	In-Network	Out-of-Network
Subscriber only coverage	\$2,000	\$4,000
Subscriber and Family coverage		
Per Member	\$2,700	\$5,400
Per Family	\$4,000	\$10,800

For “Subscriber and Family Coverage”, the cost share applies for any given member after he/she meets the per member deductible or after the entire per family deductible is met. The per family deductible (embedded model) can be met by any combination of amounts from any member, but no one member is required to meet his/her member deductible. Let’s see how this works with the following example below:

Per Member / Per Family (In-Network Model)

Sally (family member 1) has allowable claims applied to her deductible totaling	\$2,200
Jill (family member 2) has allowable claims applied to her deductible totaling	\$400
Sam (family member 3) has allowable claims applied to his deductible totaling	\$1,400
<i>Claims total \$4,000 (per family deductible met)</i>	\$4,000

Notice above that no one member satisfied the \$2,700 per member in-network deductible, but the family members collectively satisfied the per family deductible. Members in this family now pay their coinsurance amounts per their plan (up to the OOP limit), since the in-network per family deductible is satisfied.

*Examples are for in-Network only

**Example 2: Subscriber and Family Coverage –
OUT-OF-POCKET(OOP) (Per Calendar Year)**

Plan Coverage	In-Network	Out-of-Network
Subscriber only coverage	\$6,000	\$12,000
Subscriber and Family coverage		
Per Member	\$6,000	12,000
Per Family	\$12,000	\$24,000

For “Subscriber and Family Coverage”, the cost share applies for any given member after he/she meets the per member OOP limit or after the entire per family OOP limit is met. The per family OOP limit (embedded model) can be met by any combination of amounts from any member, but no one member is required to meet his/her member OOP limit. Let’s see how this works with the following example below:

Per Member / Per Family (In-Network Model)

Jorge (family member 1) has allowable claims applied to his OOP totaling	\$2,800
Tia (family member 2) has allowable claims applied to her OOP totaling	\$6,000**
Arturo (family member 3) has allowable claims applied to his OOP totaling	\$2,000
<i>Claims total \$10,800 (Family out-of-pocket limit is \$12,000, so there is \$1,200 remaining before the per family OOP limit is met)</i>	\$10,800

**Notice above that although the per family in-network OOP limit has not been met, Tia has satisfied her per member in-network OOP limit of \$6,000. This means that Tia has satisfied her in-network OOP for the balance of the calendar year. However, Jorge and Arturo have not satisfied their per member in-network OOP and will be required to continue to pay their in-network coinsurance/copays until they satisfy either their per member OOP limit or the per family OOP limit.

For additional benefit information, please review the Summary of Benefits and Coverage (SBC) at <https://sbc.anthem.com>

