

CONSUMER- DIRECTED HEALTH PLANS (CDHP)

WHAT IS A CDHP?

- ▶ A Consumer-Directed Health Plan (CDHP) is a **high-deductible health plan** paired with a spending account for out-of-pocket expenses, most commonly a **Health Savings Account (HSA)**.



WHAT IS AN HSA?

- ▶ A Health Savings Account (HSA) is a savings account that lets you put aside money on a pre-tax basis to pay for qualified medical, dental or vision expenses (as defined by the IRS).
- ▶ By using untaxed dollars in an HSA to pay for deductibles, copays, coinsurance and other qualified expenses, you can lower your overall health care cost.



HSA ELIGIBILITY



**Health savings
account**

- Being eligible means that a person is able to make contributions into a health savings account.

TO BE ELIGIBLE, THE FOLLOWING REQUIREMENTS MUST BE MET:

1. Cannot be claimed as a dependent.

- You cannot be claimed as a dependent on somebody else's tax return.

2. Must be enrolled in an HSA-qualified health plan.

- These plans are known as **high-deductible health plans (HDHP)**.

3. Must not be enrolled in other coverage.

- Includes Medicare or Medicaid.
- Additional health coverage that is **not** an HSA-qualified deductible plan.
 - Including enrollment in a spouse's non-HSA-qualified plan as secondary coverage.
- Includes full-purpose Flexible Spending Accounts (FSA).

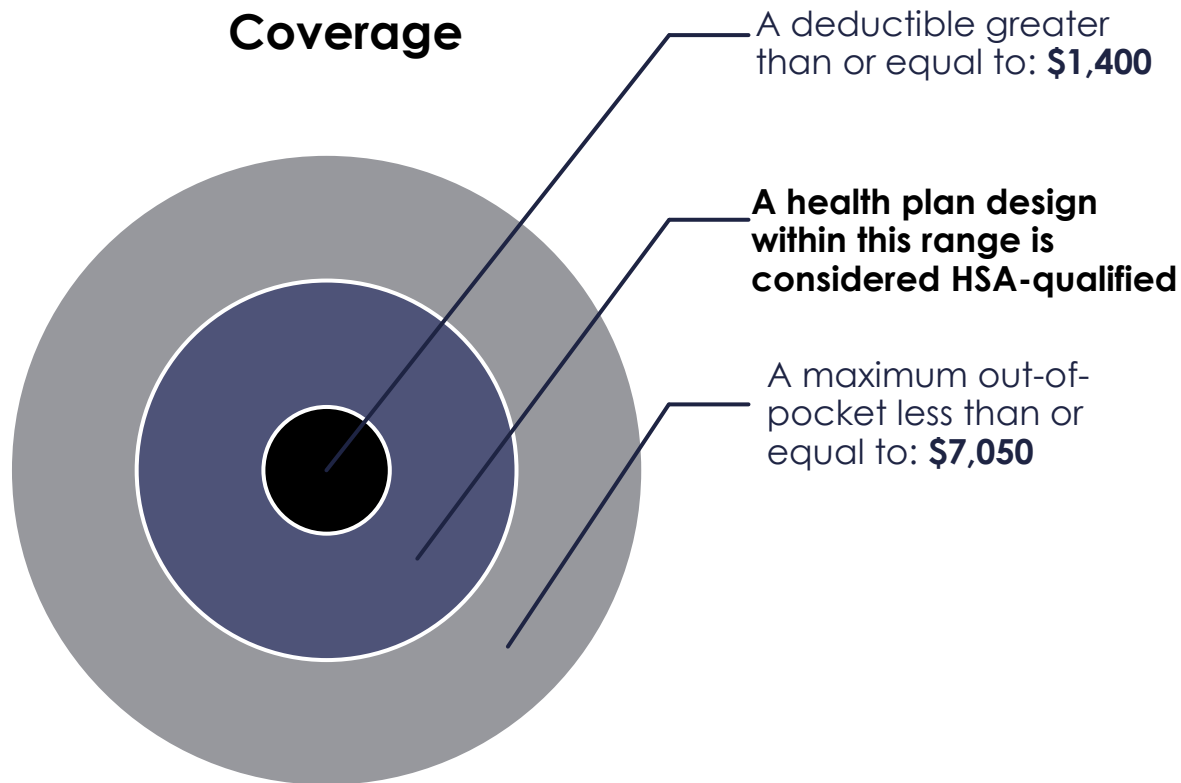
WHAT IS A HIGH- DEDUCTIBLE HEALTH PLAN?

- ▶ A high-deductible health plan (HDHP) is a health plan that has a minimum deductible and a maximum out-of-pocket, as determined annually by the IRS.

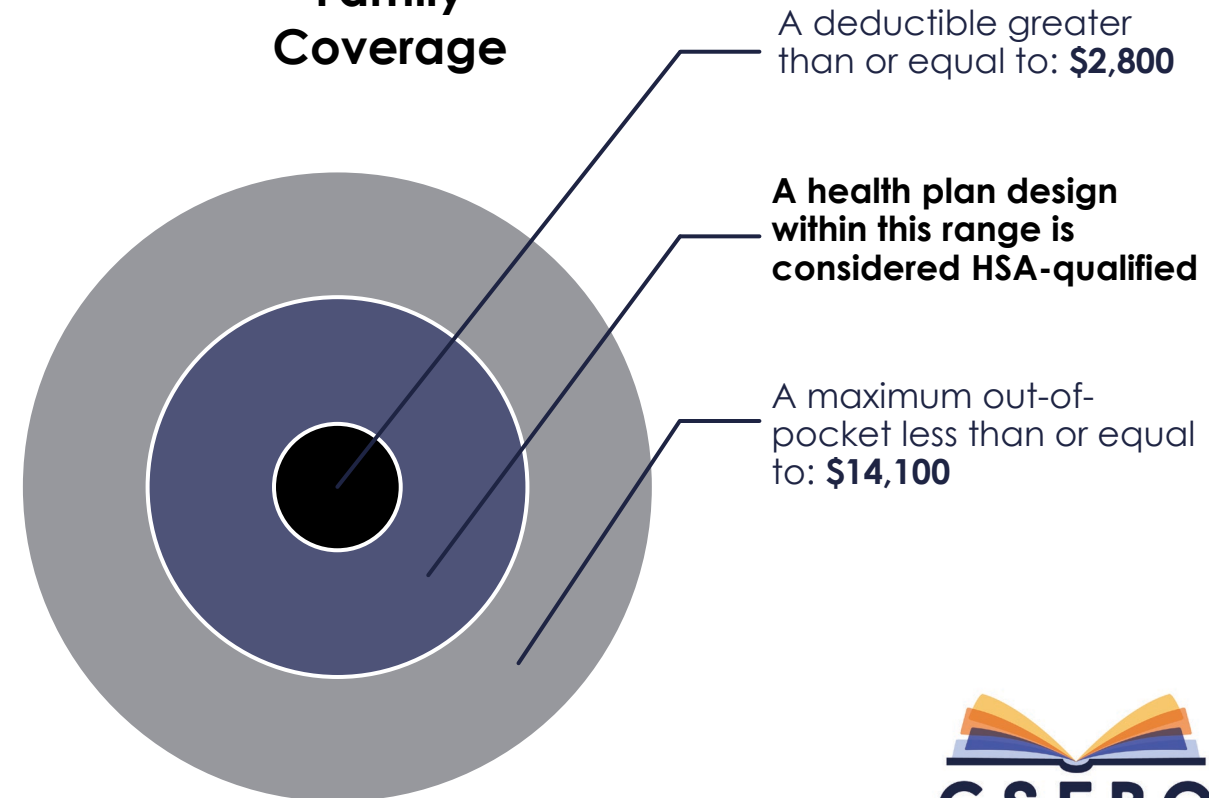


HDHP 2022 IRS PLAN DESIGN REQUIREMENTS

Individual Coverage



Family Coverage



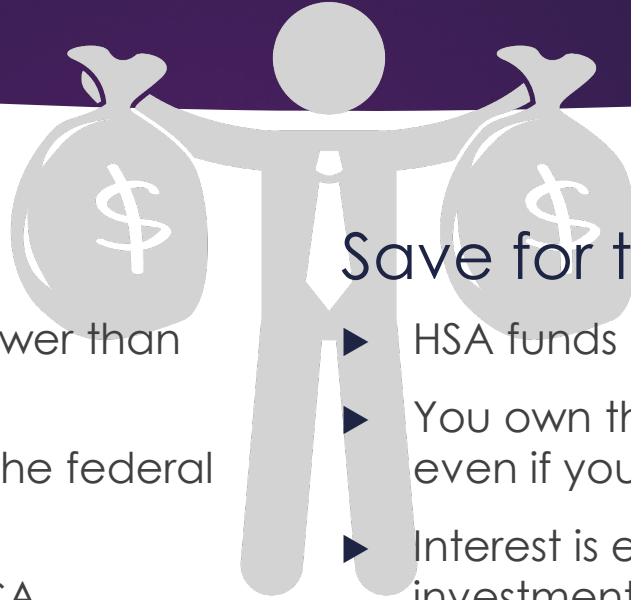
A CDHP HAS TWO PARTS: HIGH-DEDUCTIBLE HEALTH PLAN + HEALTH SAVINGS ACCOUNT

8



- ▶ High-deductible health plan that is considered HSA-qualified through CSEBO:
 - ▶ Anthem PPO CDHP 90, 80 & 60.
 - ▶ Kaiser HMO CDHP \$1,500.
- ▶ Tax-free savings account for qualified medical, dental and vision expenses.
- ▶ Works in conjunction with the HSA-powered plan.

WHY CHOOSE A CDHP?



Save Now:

- ▶ CDHP premiums are typically lower than traditional health plans.
- ▶ HSA deposits are tax-free from the federal level.
 - ▶ You will pay state taxes in CA.
 - ▶ Contribution maximums set annually by the IRS.
- ▶ HSA withdrawals for qualified medical, dental or vision expenses are tax-free for the life of the account.

Save for the Future:

- ▶ HSA funds roll over year to year.
- ▶ You own the account and the money, even if you change jobs or insurance plans.
- ▶ Interest is earned tax-free, with diverse investment options.
- ▶ Once 65+, you can pay for Medicare Part B premiums tax-free.
 - ▶ Additionally, non-qualified disbursements are taxed as income, without an additional penalty.

2022 HSA Contribution Maximums

Tier	Under Age 55	Over Age 55
Individual:	\$3,650	\$4,650
Family:	\$7,300	\$8,300

Total maximum contribution allowed in a calendar year of employee & employer contributions, if applicable.

CDHP PLANS

- Pay in full (less network discounts) for **all** services until plan deductible is met.
- Combined medical and Rx deductible & out-of-pocket maximum.
- Copays, deductibles and coinsurance can be paid pre-tax (even out-of-network providers).
- Retirement vehicle: accounts grow over time as pre-tax contributions and unused funds roll over from year to year, earning tax-free interest.

TRADITIONAL PLANS

- Same network, doctors and prescription drug coverage (either HMO or PPO).
 - Same pricing discounts for providers.
 - Once deductible is met, coinsurance applies until out-of-pocket maximum met.
 - Preventive care covered at 100% (when using in-network).
- Office visit and Rx copays apply before deductible is met; all other services, deductible applies.
 - Separate medical and Rx out-of-pocket maximums.
 - Copays, deductibles and coinsurance are paid after-tax.

ANTHEM ADVANCED IMAGING EXAMPLE: BEFORE PLAN DEDUCTIBLE MET

PPO 80

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider **\$30** specialist copay; plan pays rest.
- CT of lower limb with contrast, total billed to plan: \$320.
 - Member pays provider **\$320**.
- **Total Member Cost Share: \$350**

CDHP 90

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider **\$155** with pre-tax dollars in HSA.
- CT of lower limb with contrast, total billed to plan: \$320.
 - Member pays provider **\$320** with pre-tax dollars in HSA.
- **Total Member Cost Share: \$485**

ANTHEM ADVANCED IMAGING EXAMPLE: AFTER PLAN DEDUCTIBLE MET

PPO 80

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider **\$30** specialist copay; plan pays rest.
- CT of lower limb with contrast, total billed to plan: \$320.
 - Member pays provider 20% coinsurance for total billed: **\$64**; plan pays rest.
- **Total Member Cost Share: \$94**

CDHP 90

- Member self-refers to specialist office visit, total billed to plan: \$155.
 - Member pays provider 10% coinsurance for total billed: **\$15.50** with pre-tax dollars in HSA; plan pays rest.
- CT of lower limb with contrast, total billed to plan: \$320.
 - Member pays provider 10% coinsurance for total billed: **\$32** with pre-tax dollars in HSA; plan pays rest.
- **Total Member Cost Share: \$47.50**



TRANSITIONING TO A CDHP

CSEBO MEDICAL INSURANCE

CONSUMER-DIRECTED HEALTH PLANS (CDHP) CO

EFFECTIVE 1/1/2022 - 12/31/2022

Maximum you will
spend in a calendar
year.

Must be met before the
plan benefits (copay
and coinsurance listed)
apply.



PERMANENTE®

15

PLAN NUMBER

GENERAL PLAN INFORMATION

IN-NETWORK

NETWORK

NETWORK¹

Annual Medical and Prescription Drug Combined Out-of-Pocket Limit

Individual/Family	\$3,000/\$6,000	Unlimited	\$5,000/\$10,000	Unlimited	\$7,050/\$14,100	Unlimited	\$3,000/\$6,000
-------------------	-----------------	-----------	------------------	-----------	------------------	-----------	-----------------

Annual Combined Medical Deductible and Prescription Drug Deductible - Plan deductible applies unless otherwise stated

Individual/Family	\$1,400/\$2,800	\$4,000/\$8,000	\$1,500/\$3,000 ²	\$4,500/\$9,000	\$2,800/\$5,600	\$5,000/\$10,000	\$1,500/\$3,000 ¹
-------------------	-----------------	-----------------	------------------------------	-----------------	-----------------	------------------	------------------------------

Plan Information

Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization
Referrals Required?	No		No		No		
Plan Coinsurance, After Deductible is Met	90%	50%	80%	50%	60%	50%	

Health Savings Account (HSA) Compatibility

HSA-Compatible Plan:	Yes		Yes		Yes		
2022 Individual Maximum Contribution:	\$3,650		\$3,650		\$3,650		
2022 Family Maximum Contribution:	\$7,300		\$7,300		\$7,300		
Over 55 HSA Contribution Catch-Up:	\$1,000		\$1,000		\$1,000		\$1,000

Physician/Diagnostic Services - After Plan Deductible is Met

Preventive Care	\$0	50%	\$0	50%	\$0	50%	\$0
Primary Care Office Visit	10%	50%	20%	50%	\$45	50%	10%
Specialist Office Visit	10%	50%	20%	50%	\$45	50%	10%
Diagnostic X-Ray and Lab Tests	10%	50%	20%	50%	40%	50%	10%
Advanced Imaging (MRI/PET/CAT Scans)	10%	50% up to \$800 per procedure maximum	20%	50% up to \$800 per procedure maximum	40%	50% up to \$800 per procedure maximum	10%

Inpatient Hospital Services - After Plan Deductible is Met

Inpatient Hospitalization	10%	50% up to \$1,000 maximum per day	20%	50% up to \$1,000 maximum per day	40%	50% up to \$1,000 maximum per day	10%
---------------------------	-----	-----------------------------------	-----	-----------------------------------	-----	-----------------------------------	-----

Outpatient Services - After Plan Deductible is Met

Outpatient Surgery	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%
Outpatient Lab and Imaging	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%

Preventive care always
covered at 100%,
before deductible met.

CSEBO MEDICAL INSURANCE
CONSUMER-DIRECTED HEALTH PLANS (CDHP) COMPARISON
EFFECTIVE 1/1/2022 - 12/31/2022



16

Family deductible applies for any 2+ party (with some exceptions).

PLAN NUMBER			ANTHEM BLUE CROSS				KAISER PERMANENTE	
GENERAL PLAN INFORMATION			CDHP 60				DHMO CDHP #8966	
			OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK ONLY		
Annual Medical and Prescription Drug Combined Out-of-Pocket Maximum								
Individual/Family	\$3,000/\$6,000	\$1,000/\$10,000	Unlimited	\$7,050/\$14,100	Unlimited	\$3,000/\$6,000		
Annual Combined Medical Deductible and Prescription Drug Deductible - Plan deductible applies unless otherwise stated								
Individual/Family	\$1,400/\$2,800	\$4,000/\$8,000	\$1,500/\$3,000 ²	\$4,500/\$9,000	\$2,800/\$5,600	\$5,000/\$10,000	\$1,500/\$3,000 ¹	
Plan Information								
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)	
Referrals Required?	No		No		No		Yes	
Plan Coinsurance, After Deductible is Met	90%	50%	80%	50%	60%	50%	90%	
Health Savings Account (HSA) Compatibility								
HSA-Compatible Plan:	Yes		Yes		Yes		Yes	
2022 Individual Maximum Contribution:	\$3,650		\$3,650		\$3,650		\$3,650	
2022 Family Maximum Contribution:	\$7,300		\$7,300		\$7,300		\$7,300	
Over 55 HSA Contribution Catch-Up:	\$1,000		\$1,000		\$1,000		\$1,000	
Physician/Diagnostic Services - After Plan Deductible is Met								
Preventive Care	\$0	50%	\$0	50%	\$0	50%	\$0	
Primary Care Office Visit	10%	50%	20%	50%	\$45	50%	10%	
Specialist Office Visit	10%	50%	20%	50%	\$45	50%	10%	
Diagnostic X-Ray and Lab Tests	10%	50%	20%	50%	40%	50%	10%	
Advanced Imaging (MRI/PET/CAT Scans)	10%	50% up to \$800 per procedure maximum	20%	50% up to \$800 per procedure maximum	40%	50% up to \$800 per procedure maximum	10%	
Inpatient Hospital Services - After Plan Deductible is Met								
Inpatient Hospitalization	10%	50% up to \$1,000 maximum per day	20%	50% up to \$1,000 maximum per day	40%	50% up to \$1,000 maximum per day	10%	
Outpatient Services - After Plan Deductible is Met								
Outpatient Surgery	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%	
Outpatient Lab and Imaging	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%	

CSEBO MEDICAL INSURANCE
CONSUMER-DIRECTED HEALTH PLANS (CDHP) COMPARISON
EFFECTIVE 1/1/2022 - 12/31/2022



17

CDHP 80 & Kaiser CDHP cap individuals to a \$2,800 deductible.

PLAN NUMBER		CDHP 90				CDHP 80 & Kaiser CDHP cap individuals to a \$2,800 deductible.		KAISER PERMANENTE DHMO CDHP #8966
GENERAL PLAN INFORMATION		IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK ONLY		
Annual Medical and Prescription Drug Combined Out-of-Pocket Limit								
Individual/Family	\$3,000/\$6,000	Unlimited	\$5,000/\$10,000	Unlimited	\$7,050/\$14,100	Unlimited	\$3,000/\$6,000	
Annual Combined Medical Deductible and Prescription Drug Deductible - Plan deductible applies unless otherwise stated								
Individual/Family	\$1,400/\$2,800	\$4,000/\$8,000	\$1,500/\$3,000 ²	\$4,500/\$9,000	\$2,800/\$5,600	\$5,000/\$10,000	\$1,500/\$3,000 ¹	
Plan Information								
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)	
Referrals Required?	No		No		No		Yes	
Plan Coinsurance, After Deductible is Met	90%	50%	80%	50%	60%	50%	90%	
Health Savings Account (HSA) Compatibility								
HSA-Compatible Plan:	Yes		Yes		Yes		Yes	
2022 Individual Maximum Contribution:	\$3,650		\$3,650		\$3,650		\$3,650	
2022 Family Maximum Contribution:	\$7,300		\$7,300		\$7,300		\$7,300	
Over 55 HSA Contribution Catch-Up:	\$1,000		\$1,000		\$1,000		\$1,000	
Physician/Diagnostic Services - After Plan Deductible is Met								
Preventive Care	\$0	50%	\$0	50%	\$0	50%	\$0	
Primary Care Office Visit	10%	50%	20%	50%	\$45	50%	10%	
Specialist Office Visit	10%	50%	20%	50%	\$45	50%	10%	
Diagnostic X-Ray and Lab Tests	10%	50%	20%	50%	40%	50%	10%	
Advanced Imaging (MRI/PET/CAT Scans)	10%	50% up to \$800 per procedure maximum	20%	50% up to \$800 per procedure maximum	40%	50% up to \$800 per procedure maximum	10%	
Inpatient Hospital Services - After Plan Deductible is Met								
Inpatient Hospitalization	10%	50% up to \$1,000 maximum per day	20%	50% up to \$1,000 maximum per day	40%	50% up to \$1,000 maximum per day	10%	
Outpatient Services - After Plan Deductible is Met								
Outpatient Surgery	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%	
Outpatient Lab and Imaging	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%	

CSEBO MEDICAL INSURANCE
CONSUMER-DIRECTED HEALTH PLANS (CDHP) COMPARISON
EFFECTIVE 1/1/2022 - 12/31/2022

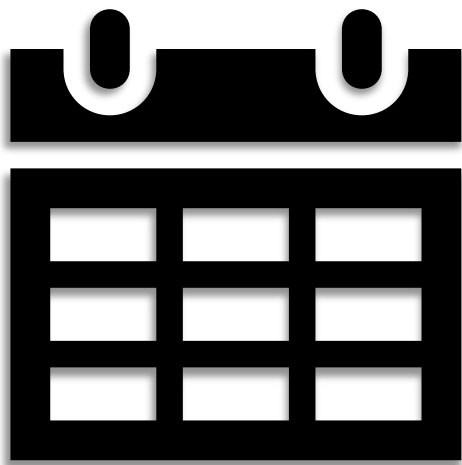


18

CDHP 80 & Kaiser CDHP
cap individuals to
individual OOPM.

PLAN NUMBER	CDHP 90		CDHP 80		CDHP 60		KAISER PERMANENTE DHMO CDHP #8966
GENERAL PLAN INFORMATION	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK	OUT-OF-NETWORK ¹	IN-NETWORK ONLY
Annual Medical and Prescription Drug Combined Out-of-Pocket Limit							
Individual/Family	\$3,000/\$6,000	Unlimited	\$5,000/\$10,000	Unlimited	\$7,050/\$14,100	Unlimited	\$3,000/\$6,000
Annual Combined Medical Deductible and Prescription Drug Deductible - Plan deductible applies unless otherwise stated							
Individual/Family	\$1,400/\$2,800	\$4,000/\$8,000	\$1,500/\$3,000 ²	\$4,500/\$9,000	\$2,800/\$5,600	\$5,000/\$10,000	\$1,500/\$3,000 ¹
Plan Information							
Type of Plan	Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Preferred Provider Organization (PPO)		Health Maintenance Organization (HMO)
Referrals Required?	No		No		No		Yes
Plan Coinsurance, After Deductible is Met	90%	50%	80%	50%	60%	50%	90%
Health Savings Account (HSA) Compatibility							
HSA-Compatible Plan:	Yes		Yes		Yes		Yes
2022 Individual Maximum Contribution:	\$3,650		\$3,650		\$3,650		\$3,650
2022 Family Maximum Contribution:	\$7,300		\$7,300		\$7,300		\$7,300
Over 55 HSA Contribution Catch-Up:	\$1,000		\$1,000		\$1,000		\$1,000
Physician/Diagnostic Services - After Plan Deductible is Met							
Preventive Care	\$0	50%	\$0	50%	\$0	50%	\$0
Primary Care Office Visit	10%	50%	20%	50%	\$45	50%	10%
Specialist Office Visit	10%	50%	20%	50%	\$45	50%	10%
Diagnostic X-Ray and Lab Tests	10%	50%	20%	50%	40%	50%	10%
Advanced Imaging (MRI/PET/CAT Scans)	10%	50% up to \$800 per procedure maximum	20%	50% up to \$800 per procedure maximum	40%	50% up to \$800 per procedure maximum	10%
Inpatient Hospital Services - After Plan Deductible is Met							
Inpatient Hospitalization	10%	50% up to \$1,000 maximum per day	20%	50% up to \$1,000 maximum per day	40%	50% up to \$1,000 maximum per day	10%
Outpatient Services - After Plan Deductible is Met							
Outpatient Surgery	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%
Outpatient Lab and Imaging	10%	50% up to \$350 maximum	20%	50% up to \$350 maximum	40%	50% up to \$350 maximum	10%

DEDUCTIBLES & OUT-OF-POCKET MAXIMUMS



- ▶ Deductibles and out-of-pocket maximums (OOPM) run on a calendar year.
 - ▶ January 1 – December 31st each year.

RESOURCES



IRS Publication 969: HSA and Other Tax-Favored Health Plans

<https://www.irs.gov/publications/p969>



IRS Publication 502: Medical and Dental Expenses

<https://www.irs.gov/publications/p502>



HealthEquity

<https://www.healthequity.com/>



Kaiser Permanente HSA

https://info.kaiserpermanente.org/html/deductibleplans/manage_ourhsa.html?#top



CSEBO Uniform Glossary

www.csebo.net/Resources/Uniform-Glossary