

2019 Plan Comparisons



Small Group

2019 Medical Plans 1-100

SMALL GROUP MEDICAL PLANS

Platinum

Plan Name	MS38 HMO	MS50 HMO	MS41 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum (embedded)			
Single/individual family member	\$3,500	\$3,350	\$4,000
Family	\$7,000	\$6,700	\$8,000
Deductible (embedded)			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Deductible for Prescription Drugs (embedded)			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Primary care office visit or other practitioner visit	\$25 per visit	\$15 per visit	\$30 per visit
Specialist office visit	\$25 per visit	\$30 per visit	\$35 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$25 per visit	\$15 per visit	\$30 per visit
Outpatient Services			
Outpatient surgery facility fee	10% coinsurance	\$100 per visit	\$100 per visit
Outpatient surgery physician/surgeon fee	10% coinsurance	\$25 per visit	\$25 per visit
Diagnostic lab tests	\$25 per visit	\$15 per visit	No charge
Imaging (CT/PET scans, MRIs)	\$150 per procedure	\$75 per procedure	\$150 per procedure
Diagnostic and therapeutic X-rays and imaging	\$25 per procedure	\$30 per procedure	No charge
Hospitalization Services			
Hospitalization facility fee	\$250 per day up to 5 days per admission	\$250 per day up to 5 days per admission	\$300 per admission
Hospitalization physician/surgeon fee	No charge	No charge	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$100 per visit	\$150 per visit	\$100 per visit
Emergency medical transportation (ambulance)	\$100 per trip	\$150 per trip	\$100 per trip
Urgent care	\$25 per visit	\$15 per visit	\$30 per visit
Prescription Drugs			
Tier 1	\$5 per prescription	\$5 per prescription	\$5 per prescription
Tier 2	\$15 per prescription	\$15 per prescription	\$15 per prescription
Tier 3	\$25 per prescription	\$25 per prescription	\$30 per prescription
Tier 4	10% coinsurance up to \$250 per prescription	10% coinsurance up to \$250 per prescription	\$50 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$25 per visit	\$15 per visit	\$30 per visit
MH/SUD inpatient facility fee	\$250 per day up to 5 days per admission	\$250 per day up to 5 days per admission	\$300 per admission
MH/SUD emergency medical transportation (ambulance)	\$100 per trip	\$150 per trip	\$100 per trip

SMALL GROUP MEDICAL PLANS

Gold

Plan Name	MS47 HMO*	MS53 HMO*	MS42 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum (embedded)			
Single/individual family member	\$2,500	\$7,200	\$6,750
Family	\$5,000	\$14,400	\$13,500
Deductible (embedded)			
Single/individual family member	\$1,500	\$0	\$1,000
Family	\$3,000	\$0	\$2,000
Deductible for Prescription Drugs (embedded)			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Primary care office visit or other practitioner visit	\$30 per visit after deductible	\$30 per visit	\$30 per visit
Specialist office visit	\$50 per visit after deductible	\$55 per visit	\$50 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$30 per visit after deductible	\$30 per visit	\$30 per visit
Outpatient Services			
Outpatient surgery facility fee	20% coinsurance after deductible	\$300 per visit	\$500 per visit after deductible
Outpatient surgery physician/surgeon fee	20% coinsurance after deductible	\$40 per visit	\$30 per visit after deductible
Diagnostic lab tests	\$30 per visit after deductible	\$35 per visit	\$30 per visit
Imaging (CT/PET scans, MRIs)	\$50 per procedure after deductible	\$275 per procedure	\$200 per procedure after deductible
Diagnostic and therapeutic X-rays and imaging	\$30 per procedure after deductible	\$55 per procedure	\$30 per procedure
Hospitalization Services			
Hospitalization facility fee	20% coinsurance after deductible	\$600 per day up to 5 days per admission	\$500 per day up to 5 days per admission after deductible
Hospitalization physician/surgeon fee	20% coinsurance after deductible	No charge	No charge after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$150 per visit after deductible	\$325 per visit	\$250 per visit after deductible
Emergency medical transportation (ambulance)	\$150 per trip after deductible	\$250 per trip	\$250 per trip after deductible
Urgent care	\$30 per visit after deductible	\$30 per visit	\$30 per visit
Prescription Drugs			
Tier 1	\$5 per prescription	\$15 per prescription	\$5 per prescription
Tier 2	\$15 per prescription	\$55 per prescription	\$25 per prescription
Tier 3	\$25 per prescription	\$75 per prescription	\$50 per prescription
Tier 4	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$30 per visit after deductible	\$30 per visit	\$30 per visit
MH/SUD inpatient facility fee	20% coinsurance after deductible	\$600 per day up to 5 days per admission	\$500 per day up to 5 days per admission after deductible
MH/SUD emergency medical transportation (ambulance)	\$150 per trip after deductible	\$250 per trip	\$250 per trip after deductible

*Pending regulatory approval

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SMALL GROUP MEDICAL PLANS

Silver

Plan Name	MS54 HMO*	SD27 HDHP HMO*
Part D Creditability	Creditable	Creditable
HSA Compatible	No	Yes
Annual Out-of-Pocket Maximum (embedded)		
Single/individual family member	\$7,550	\$6,000
Family	\$15,100	\$12,000
Deductible (embedded)		
Single/individual family member	\$2,000	\$2,200/2,700 (integrated)
Family	\$4,000	\$4,400 (integrated)
Deductible for Prescription Drugs (embedded)		
Single/individual family member	\$200	N/A
Family	\$400	N/A
Professional Services		
Primary care office visit or other practitioner visit	\$45 per visit	\$35 per visit after deductible
Specialist office visit	\$80 per visit	\$50 per visit after deductible
Preventive care	No charge	No charge
Outpatient rehabilitation visit	\$45 per visit	\$35 per visit after deductible
Outpatient Services		
Outpatient surgery facility fee	20% coinsurance	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	20% coinsurance	20% coinsurance after deductible
Diagnostic lab tests	\$40 per visit	\$35 per visit after deductible
Imaging (CT/PET scans, MRIs)	\$300 per procedure	\$50 per procedure after deductible
Diagnostic and therapeutic X-rays and imaging	\$75 per procedure	\$15 per procedure after deductible
Hospitalization Services		
Hospitalization facility fee	20% coinsurance after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	20% coinsurance	20% coinsurance after deductible
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	\$350 per visit	20% coinsurance after deductible
Emergency medical transportation (ambulance)	\$250 per trip after deductible	20% coinsurance after deductible
Urgent care	\$45 per visit	\$35 per visit after deductible
Prescription Drugs		
Tier 1	\$15 per prescription after pharmacy deductible	\$10 per prescription after deductible
Tier 2	\$55 per prescription after pharmacy deductible	\$20 per prescription after deductible
Tier 3	\$85 per prescription after pharmacy deductible	\$40 per prescription after deductible
Tier 4	20% coinsurance up to \$250 per prescription after pharmacy deductible	20% coinsurance up to \$250 per prescription after deductible
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)		
MH/SUD outpatient individual office visits	\$45 per visit	\$35 per visit after deductible
MH/SUD inpatient facility fee	20% coinsurance after deductible	20% coinsurance after deductible
MH/SUD emergency medical transportation (ambulance)	\$250 per trip	20% coinsurance after deductible

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SMALL GROUP MEDICAL PLANS

Bronze

Plan Name	MS56 HMO*	SD18 HDHP HMO*
Part D Creditability	Non-Creditable	Non-Creditable
HSA Compatible	No	Yes
Annual Out-of-Pocket Maximum (embedded)		
Single/individual family member	\$7,550	\$6,650
Family	\$15,100	\$13,300
Deductible (embedded)		
Single/individual family member	\$6,300	\$6,000 (integrated)
Family	\$12,600	\$12,000 (integrated)
Deductible for Prescription Drugs (embedded)		
Single/individual family member	\$500	N/A
Family	\$1,000	N/A
Professional Services		
Primary care office visit or other practitioner visit	\$75 per visit after deductible, deductible waived for first 3 non-preventive visits	40% coinsurance after deductible
Specialist office visit	\$105 per visit after deductible, deductible waived for first 3 non-preventive visits	40% coinsurance after deductible
Preventive care	No charge	No charge
Outpatient rehabilitation visit	\$75 per visit	40% coinsurance after deductible
Outpatient Services		
Outpatient surgery facility fee	100% coinsurance after deductible	40% coinsurance after deductible
Outpatient surgery physician/surgeon fee	100% coinsurance after deductible	40% coinsurance after deductible
Diagnostic lab tests	\$40 per visit	40% coinsurance after deductible
Imaging (CT/PET scans, MRIs)	100% coinsurance after deductible	40% coinsurance after deductible
Diagnostic and therapeutic X-rays and imaging	100% coinsurance after deductible	40% coinsurance after deductible
Hospitalization Services		
Hospitalization facility fee	100% coinsurance after deductible	40% coinsurance after deductible
Hospitalization physician/surgeon fee	100% coinsurance after deductible	40% coinsurance after deductible
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	100% coinsurance after deductible	40% coinsurance after deductible
Emergency medical transportation (ambulance)	100% coinsurance after deductible	40% coinsurance after deductible
Urgent care	\$75 per visit after deductible, deductible waived for first 3 non-preventive visits	40% coinsurance after deductible
Prescription Drugs		
Tier 1	100% up to \$500 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after deductible
Tier 2	100% up to \$500 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after deductible
Tier 3	100% up to \$500 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after deductible
Tier 4	100% up to \$500 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after deductible
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)		
MH/SUD outpatient individual office visits	\$75 per visit after deductible, deductible waived for first 3 non-preventive visits	40% coinsurance after deductible
MH/SUD inpatient facility fee	100% coinsurance after deductible	40% coinsurance after deductible
MH/SUD emergency medical transportation (ambulance)	100% coinsurance after deductible	40% coinsurance after deductible

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2019 Small Group Endnotes

1. Family deductibles (when applicable) and out-of-pocket maximums (OOPM) are “embedded.” This means that an individual in a family plan is responsible for no more than the “individual family member” deductible and OOPM [please see exceptions below regarding high-deductible health plans (HDHPs)]. Once an individual family member has met their deductible, that family member will only be responsible for the specified copayment or coinsurance until that individual meets the individual family member OOPM or the family as a whole meets the family OOPM, whichever comes first. Deductibles and other cost sharing payments made by each individual in a family accrue to both the “family” deductible and “family” OOPM. Once the family deductible has been met, individual family members who have not yet met the individual family member OOPM amount will continue to be responsible for the specified copayment or coinsurance until they meet the individual family member OOPM or until the family as a whole meets the “family” OOPM, at which point, Sutter Health Plus pays all costs for covered services for all family members.

For HDHPs, in a family plan, an individual family member’s deductible must be the higher of the specified “single” deductible amount or the IRS minimum of \$2,700 for 2019 plans.

2. Cost sharing amounts for all essential health benefits, including those which accumulate toward an applicable deductible, accumulate toward the OOPM.

Cost sharing for non-essential health benefits such as infertility included only in Plus plans or optional benefits elected by a group does not accrue to the deductible or OOPM.

3. Other practitioner office visits include therapy visits, other office visits not provided by either primary care physicians or specialists, or office visits not specified in another benefit category.
4. For prescription drugs, cost sharing applies per prescription for up to a 30-day supply of prescribed and medically necessary generic or brand name drugs in accordance with formulary guidelines. A 100-day supply is available, at twice the 30-day retail copay price, through the mail order pharmacy. Specialty medications are only available for up to a 30-day supply through the specialty pharmacy. FDA-approved, self-administered hormonal contraceptives that are dispensed at one time for a member by a provider, pharmacist or other location licensed or authorized to dispense drugs or supplies may be covered for up to a 12-month supply. Cost sharing for a 12-month supply of contraceptives will be 12 times the retail cost or four times the mail order cost.

Prescription drug deductibles, when applicable, and cost sharing contribute toward the annual OOPM. Please consult specific plan designs for any applicable maximum amounts for prescription cost sharing (may not apply to all plan designs).

5. MH/SUD inpatient facility fee services include, but are not limited to: inpatient psychiatric hospitalization; inpatient chemical dependency hospitalization, including detoxification; mental health psychiatric observation; mental health residential treatment; substance use disorder transitional residential recovery services in a non-medical residential recovery setting; substance use disorder treatment for withdrawal; and inpatient behavioral health treatment for pervasive developmental disorder and autism. There may be separate cost sharing for inpatient professional fees.