Sutter Health Plus
Your Health Plan

Small Group

2018 Medical Plans *1-100*

SMALL GROUP MEDICAL PLANS

Sutter Health Plus offers plans with embedded Infertility and Special Footwear benefits that mirror these plans—please consult with your Account Executive if you have any questions. This is only a summary. In the event of any discrepancies in information, the Sutter Health Plus *Evidence of Coverage and Disclosure Form (EOC)* and incorporated Benefits and Coverage Matrix (BCM) determine coverage and costs.

	Platinum			Gold		
Plan Name	**MS38 HMO**	**MS50 HMO**	**MS41 HMO**	**MS37 HMO**	**MS43 HMO**	**MS42 HMO**
Part D Creditability	**Creditable**	**Creditable**	**Creditable**	**Creditable**	**Creditable**	**Creditable**
Annual Out-of-Pocket Maximum (embedded)						
Single/individual family member	**$3,500**	**$3,350**	**$4,000**	**$2,500**	**$6,000**	**$6,750**
Family	**$7,000**	**$6,700**	**$8,000**	**$5,000**	**$12,000**	**$13,500**
Deductible (embedded)						
Single/individual family member	**$0**	**$0**	**$0**	**$1,500**	**$0**	**$1,000**
Family	**$0**	**$0**	**$0**	**$3,000**	**$0**	**$2,000**
Deductible for Prescription Drugs (embedded)						
Single/individual family member	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Professional Services						
Primary care office visit or other non-specialist practitioner visit	$25 per visit	$15 per visit	$30 per visit	$30 per visit after deductible	$25 per visit	$30 per visit
Specialist office visit	$25 per visit	$30 per visit	$35 per visit	$30 per visit after deductible	$55 per visit	$50 per visit
Preventive care	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient rehabilitation visit	$25 per visit	$15 per visit	$30 per visit	$30 per visit after deductible	$25 per visit	$30 per visit
Outpatient Services						
Outpatient surgery facility fee	10% coinsurance	$100 per visit	$100 per visit	20% coinsurance after deductible	$300 per visit	$500 per visit after deductible
Outpatient surgery physician/surgeon fee	10% coinsurance	$25 per visit	$25 per visit	20% coinsurance after deductible	$40 per visit	$30 per visit after deductible
Diagnostic lab tests	$25 per visit	$15 per visit	No charge	$30 copay per visit after deductible	$35 per visit	$30 per visit
Imaging (CT/PET scans, MRIs)	$150 per procedure	$75 per procedure	$150 per procedure	$50 per procedure after deductible	$275 per procedure	$200 per procedure after deductible
Diagnostic and therapeutic X-rays and imaging	$25 per procedure	$30 per procedure	No charge	$30 per procedure after deductible	$55 per procedure	$30 per procedure
Hospitalization Services						
Hospitalization facility fee	$250 per day up to 5 days	$250 per day up to 5 days	$300 per admission	20% coinsurance after deductible	$600 per day up to 5 days	$500 per day up to 5 days after deductible
Hospitalization physician/surgeon fees	No charge	No charge	No charge	20% coinsurance after deductible	No charge	No charge after deductible
Emergency and Urgent Care Services						
Emergency room services (waived if admitted)	$100 per visit	$150 per visit	$100 per visit	$150 per visit after deductible	$325 per visit	$250 per visit after deductible
Emergency medical transportation (ambulance)	$100 per trip	$150 per trip	$100 per trip	$150 per trip after deductible	$250 per trip	$250 copay per trip after deductible
Urgent care	$25 per visit	$15 per visit	$30 per visit	$30 per visit after deductible	$25 per visit	$30 per visit
Prescription Drugs						
Tier 1 (most generic drugs and low-cost preferred brand name drugs)	$5 per prescription	$5 per prescription	$5 per prescription	$5 per prescription	$15 per prescription	$5 per prescription
Tier 2 (preferred brand-name drugs and non-preferred generic drugs)	$15 per prescription	$15 per prescription	$15 per prescription	$15 per prescription	$55 per prescription	$25 per prescription
Tier 3 (non-preferred brand name drugs)	$25 per prescription	$25 per prescription	$30 per prescription	$25 per prescription	$75 per prescription	$50 per prescription
Tier 4 (specialty drugs, self-administered drugs that require training or clinical monitoring, and bioengineered drugs)	10% coinsurance up to $250 per prescription	10% coinsurance up to $250 per prescription	$50 per prescription	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	$25 per visit	$15 per visit	$30 per visit	$30 per visit after deductible	$25 per visit	$30 per visit
MH/SUD inpatient facility fee	$250 per day up to 5 days	$250 per day up to 5 days	$300 per admission	20% coinsurance after deductible	$600 per day up to 5 days	$500 per day up to 5 days after deductible

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Silver

Plan Name	MS44 HMO	MS35 HMO	SD17 HDHP HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
Annual Out-of-Pocket Maximum (embedded)			
Single/individual family member	**$7,000**	**$6,800**	**$5,650**
Family	**$14,000**	**$13,600**	**$11,300**
Deductible (embedded)			
Single/individual family member	**$2,000**	**$3,000**	**$2,000/2,700 (integrated)**
Family	**$4,000**	**$6,000**	**$4,000 (integrated)**
Deductible for Prescription Drugs (embedded)			
Single/individual family member	**$125**	**$250**	**N/A**
Family	**$250**	**$500**	**N/A**
Professional Services			
Primary care office visit or other non-specialist practitioner visit	$45 per visit	$50 per visit	$35 per visit after deductible
Specialist office visit	$75 per visit	$80 per visit	$35 per visit after deductible
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$45 per visit	$50 per visit	$35 per visit after deductible
Outpatient Services			
Outpatient surgery facility fee	20% coinsurance	30% coinsurance	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	20% coinsurance	30% coinsurance	20% coinsurance after deductible
Diagnostic lab tests	$40 per visit	$45 per visit	$35 per visit after deductible
Imaging (CT/PET scans, MRIs)	$300 per procedure	$300 per procedure	$50 per procedure after deductible
Diagnostic and therapeutic X-rays and imaging	$70 per procedure	$80 per procedure	$15 per procedure after deductible
Hospitalization Services			
Hospitalization facility fee	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fees	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	$350 per visit	30% coinsurance after deductible	20% coinsurance after deductible
Emergency medical transportation (ambulance)	$250 per trip after deductible	30% coinsurance after deductible	20% coinsurance after deductible
Urgent care	$45 per visit	$50 per visit	$35 per visit after deductible
Prescription Drugs			
Tier 1 (most generic drugs and low-cost preferred brand name drugs)	$15 per prescription after pharmacy deductible	$15 per prescription	$10 per prescription after deductible
Tier 2 (preferred brand-name drugs and non-preferred generic drugs)	$55 per prescription after pharmacy deductible	$55 per prescription after pharmacy deductible	$20 per prescription after deductible
Tier 3 (non-preferred brand name drugs)	$85 per prescription after pharmacy deductible	$85 per prescription after pharmacy deductible	$40 per prescription after deductible
Tier 4 (specialty drugs, self-administered drugs that require training or clinical monitoring, and bioengineered drugs)	20% coinsurance up to $250 per prescription after pharmacy deductible	30% 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	$50 per visit	$35 per visit after deductible
MH/SUD inpatient facility fee	20% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible

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Bronze

Plan Name	MS46 HMO	SD08 HDHP HMO
Part D Creditability	**Not Creditable**	**Not Creditable**
Annual Out-of-Pocket Maximum (embedded)		
Single/individual family member	**$7,000**	**$6,550**
Family	**$14,000**	**$13,100**
Deductible (embedded)		
Single/individual family member	**$6,300**	**$4,800 (integrated)**
Family	**$12,600**	**$9,600 (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 non-specialist 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 fees	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 (most generic drugs and low-cost preferred brand name drugs)	100% up to $500 per prescription after pharmacy deductible	40% coinsurance up to $500 per perscription after deductible*
Tier 2 (preferred brand-name drugs and non-preferred generic drugs)	100% up to $500 per prescription after pharmacy deductible	40% coinsurance up to $500 per perscription after deductible*
Tier 3 (non-preferred brand name drugs)	100% up to $500 per prescription after pharmacy deductible	40% coinsurance up to $500 per perscription after deductible*
Tier 4 (specialty drugs, self-administered drugs that require training or clinical monitoring, and bioengineered drugs)	100% up to $500 per prescription after pharmacy deductible	40% coinsurance up to $500 per perscription 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

2018 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 2018 plans.

   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.

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

3. Non-specialist 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.

   Member cost sharing for oral anti-cancer drugs shall not exceed $200 per prescription for up to a 30-day supply. For HDHPs, this applies after the deductible has been met. 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. Drugs prescribed for sexual dysfunction have a 50 percent share of cost. For plans with a deductible that applies to prescription drugs, the share of cost is applied after the deductible has been met. Some drugs prescribed for sexual dysfunction are limited to eight doses per 30-day supply.

6. 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.

7. Pediatric vision services are essential health benefits for all small group plans and include an eye exam, dilation and a complete pair of glasses (lenses and frame) or contact lenses in lieu of glasses. Available annually for individuals through the end of the month in which the enrollee turns 19 years of age.