Sutter Health Plus
Your Health Plan

Individual

2018 Medical Plans

INDIVIDUAL MEDICAL PLANS

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	**MI01 HMO**	**MI02 HMO**
Part D Creditability	**Creditable**	**Creditable**
Annual Out-of-Pocket Maximum (embedded)		
Single/individual family member	**$3,350**	**$6,000**
Family	**$6,700**	**$12,000**
Deductible (embedded)		
Single/individual family member	**$0**	**$0**
Family	**$0**	**$0**
Deductible for Prescription Drugs (embedded)		
Single/individual family member	**$0**	**$0**
Family	**$0**	**$0**
Professional Services		
Primary care office visit or other non-specialist practitioner visit	$15 per visit	$25 per visit
Specialist office visit	$30 per visit	$55 per visit
Preventive care	No charge	No charge
Outpatient rehabilitation visit	$15 per visit	$25 per visit
Outpatient Services		
Outpatient surgery facility fee	10% coinsurance	20% coinsurance
Outpatient surgery physician/surgeon fee	10% coinsurance	20% coinsurance
Diagnostic lab tests	$15 per visit	$35 per visit
Imaging (CT/PET scans, MRIs)	10% coinsurance	20% coinsurance
Diagnostic and therapeutic X-rays and imaging	$30 per procedure	$55 per procedure
Hospitalization Services		
Hospitalization facility fee	10% coinsurance	20% coinsurance
Hospitalization physician/surgeon fees	10% coinsurance	20% coinsurance
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	$150 per visit	$325 per visit
Emergency medical transportation (ambulance)	$150 per trip	$250 per trip
Urgent care	$15 per visit	$25 per visit
Prescription Drugs		
Tier 1 (most generic drugs and low-cost preferred brand name drugs)	$5 per prescription	$15 per prescription
Tier 2 (preferred brand-name drugs and non-preferred generic drugs)	$15 per prescription	$55 per prescription
Tier 3 (non-preferred brand name drugs)	$25 per prescription	$75 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	20% coinsurance up to $250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)		
MH/SUD outpatient individual office visits	$15 per visit	$25 per visit
MH/SUD inpatient facility fee	10% coinsurance	20% coinsurance

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	Silver	Bronze
Plan Name	**MI03 HMO**	**MI04 HMO**
Part D Creditability	**Creditable**	**Non-Creditable**
Annual Out-of-Pocket Maximum (embedded)		
Single/individual family member	**$7,000**	**$7,000**
Family	**$14,000**	**$14,000**
Deductible (embedded)		
Single/individual family member	**$2,500**	**$6,300**
Family	**$5,000**	**$12,600**
Deductible for Prescription Drugs (embedded)		
Single/individual family member	**$130**	**$500**
Family	**$260**	**$1,000**
Professional Services		
Primary care office visit or other non-specialist practitioner visit	$35 per visit	$75 per visit after deductible, deductible waived for first 3 non-preventive visits
Specialist office visit	$75 per visit	$105 per visit after deductible, deductible waived for first 3 non-preventive visits
Preventive care	No charge	No charge
Outpatient rehabilitation visit	$35 per visit	$75 per visit
Outpatient Services		
Outpatient surgery facility fee	20% coinsurance	100% coinsurance after deductible
Outpatient surgery physician/surgeon fee	20% coinsurance	100% coinsurance after deductible
Diagnostic lab tests	$35 per visit	$40 per visit
Imaging (CT/PET scans, MRIs)	$300 per procedure	100% coinsurance after deductible
Diagnostic and therapeutic X-rays and imaging	$75 per procedure	100% coinsurance after deductible
Hospitalization Services		
Hospitalization facility fee	20% coinsurance after deductible	100% coinsurance after deductible
Hospitalization physician/surgeon fees	20% coinsurance after deductible	100% coinsurance after deductible
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	$350 per visit after deductible	100% coinsurance after deductible
Emergency medical transportation (ambulance)	$250 per trip after deductible	100% coinsurance after deductible
Urgent care	$35 per visit	$75 per visit after deductible, deductible waived for first 3 non-preventive visits
Prescription Drugs		
Tier 1 (most generic drugs and low-cost preferred brand name drugs)	$15 per prescription pharmacy deductible	100% up to $500 per prescription after pharmacy deductible
Tier 2 (preferred brand-name drugs and non-preferred generic drugs)	$55 per prescription after pharmacy deductible	100% up to $500 per prescription after pharmacy deductible
Tier 3 (non-preferred brand name drugs)	$80 per prescription after pharmacy deductible	100% up to $500 per prescription after pharmacy 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	100% up to $500 per prescription after pharmacy deductible
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)		
MH/SUD outpatient individual office visits	$35 per visit	$75 per visit after deductibe, deductible waived for first 3 non-preventive visits
MH/SUD inpatient facility fee	20% coinsurance after deductible	100% coinsurance after deductible

2018 IFP 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. 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.

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 individual and family 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.