

## SMALL GROUP MEDICAL PLANS

	SILVER	
Plan Name	MS84 HMO	
Part D Creditability	Creditable	
HSA Compatible	No	
Annual Out-of-Pocket Maximum		
Single/individual family member	\$8,750	
Family	\$17,500	
Deductible		
Single/individual family member	\$2,500	
Family	\$5,000	
Separate Deductible for Prescription Drugs		
Single/individual family member	\$300	
Family	\$600	
Professional Services		
Primary care provider (PCP) or other practitioner office visit to treat an injury or illness	\$55 copay per visit	
Sutter Walk-In Care visit	\$55 copay per visit	
PCP or other practitioner telehealth visit (including telephone and video visits)	\$55 copay per visit	
Specialist office visit	\$90 copay per visit	
Specialist telehealth visit (including telephone and video visits)	\$90 copay per visit	
Preventive care	No charge	
Outpatient rehabilitation visit	\$55 copay per visit	
Outpatient Services		
Outpatient surgery facility fee	35% coinsurance after deductible	
Outpatient surgery physician/surgeon fee	30% coinsurance	
Diagnostic lab tests	\$55 copay per visit	
Radiological/nuclear imaging (CT/PET scans, MRIs)	\$300 copay per procedure after deductible	
Diagnostic and therapeutic imaging (X-rays) and testing	\$90 copay per procedure	
Hospitalization Services		
Hospitalization facility fee	40% coinsurance after deductible	
Hospitalization physician/surgeon fee	40% coinsurance	
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	30% coinsurance after deductible	
Emergency medical transportation (ambulance)	30% coinsurance after deductible	
Urgent care	\$55 copay per visit	
Prescription Drugs		
Tier 1 - retail pharmacy	\$19 copay per prescription	
Tier 2 - retail pharmacy	\$85 copay per prescription after pharmacy deductible	
Tier 3 - retail pharmacy	\$110 copay per prescription after pharmacy deductible	
Tier 4 - specialty pharmacy	30% coinsurance up to \$250 per prescription after pharmacy deductible	
Mental Health and Substance Use Disorder (MH/SUD) Treatment Services		
MH/SUD outpatient office visits - individual	\$55 copay per visit	
MH/SUD telehealth office visits - individual (including telephone and video visits)	\$55 copay per visit	
MH/SUD inpatient facility fee (includes residential treatment)	40% coinsurance after deductible	

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.

## SMALL GROUP MEDICAL PLANS

	BRONZE	
Plan Name	SD48 HDHP HMO	MS86 HMO
Part D Creditability	Creditable	Creditable
HSA Compatible	Yes	No
Annual Out-of-Pocket Maximum		
Single/individual family member	\$7,000	\$8,200
Family	\$14,000	\$16,400
Deductible		
Single/individual family member	\$7,000	\$6,300
Family	\$14,000	\$12,600
Separate Deductible for Prescription Drugs		
Single/individual family member	N/A	\$500
Family	N/A	\$1,000
Professional Services		
Primary care provider (PCP) or other practitioner office visit to treat an injury or illness	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Sutter Walk-In Care visit	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
PCP or other practitioner telehealth visit (including telephone and video visits)	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Specialist office visit	No charge after deductible	\$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Specialist telehealth visit (including telephone and video visits)	No charge after deductible	\$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Preventive care	No charge	No charge
Outpatient rehabilitation visit	No charge after deductible	\$65 copay per visit
Outpatient Services		
Outpatient surgery facility fee	No charge after deductible	40% coinsurance after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	40% coinsurance after deductible
Diagnostic lab tests	No charge after deductible	\$40 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge after deductible	40% coinsurance after deductible
Diagnostic and therapeutic imaging (X-rays) and testing	No charge after deductible	40% coinsurance after deductible
Hospitalization Services		
Hospitalization facility fee	No charge after deductible	40% coinsurance after deductible
Hospitalization physician/surgeon fee	No charge after deductible	40% coinsurance after deductible
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	No charge after deductible	40% coinsurance after deductible
Emergency medical transportation (ambulance)	No charge after deductible	40% coinsurance after deductible
Urgent care	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Prescription Drugs		
Tier 1 - retail pharmacy	No charge after deductible	\$18 copay per prescription after pharmacy deductible
Tier 2 - retail pharmacy	No charge after deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
Tier 3 - retail pharmacy	No charge after deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	No charge after deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
Mental Health and Substance Use Disorder (MH/SUD) Treatment Services		
MH/SUD outpatient office visits - individual	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
MH/SUD telehealth office visits - individual (including telephone and video visits)	No charge after deductible	\$65 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
MH/SUD inpatient facility fee (includes residential treatment)	No charge after deductible	40% coinsurance after deductible

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