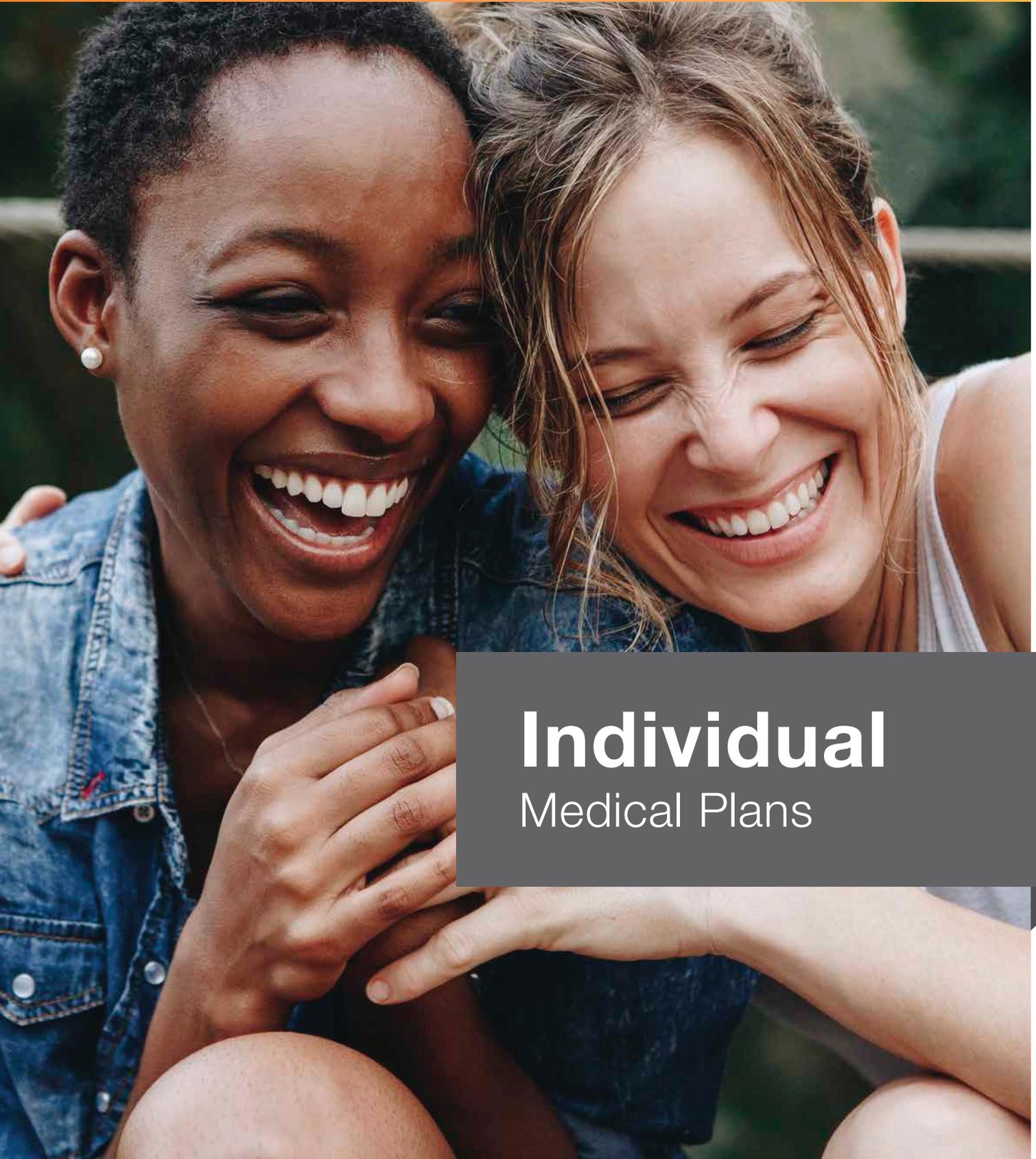


## 2020 Plan Comparisons



# Individual

## Medical Plans

## INDIVIDUAL AND FAMILY MEDICAL PLANS

	Platinum	Gold
Plan Name	(2020) MI01 HMO*	(2020) MI02 HMO*
<b>Part D Creditability</b>	<b>Creditable</b>	<b>Creditable</b>
<b>Annual Out-of-Pocket Maximum</b>		
<b>Single/individual family member</b>	<b>\$4,500</b>	<b>\$7,800</b>
<b>Family</b>	<b>\$9,000</b>	<b>\$15,600</b>
<b>Deductible</b>		
<b>Single/individual family member</b>	<b>\$0</b>	<b>\$0</b>
<b>Family</b>	<b>\$0</b>	<b>\$0</b>
<b>Separate Deductible for Prescription Drugs</b>		
<b>Single/individual family member</b>	<b>\$0</b>	<b>\$0</b>
<b>Family</b>	<b>\$0</b>	<b>\$0</b>
<b>Professional Services</b>		
<b>Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)</b>	\$15 per visit	\$30 per visit
<b>Specialist office visit</b>	\$30 per visit	\$65 per visit
<b>Preventive care</b>	No charge	No charge
<b>Outpatient rehabilitation visit</b>	\$15 per visit	\$30 per visit
<b>Outpatient Services</b>		
<b>Outpatient surgery facility fee</b>	10% coinsurance	20% coinsurance
<b>Outpatient surgery physician/surgeon fee</b>	10% coinsurance	20% coinsurance
<b>Diagnostic lab tests</b>	\$15 per visit	\$40 per visit
<b>Imaging (CT/PET scans, MRIs)</b>	10% coinsurance	20% coinsurance
<b>Diagnostic and therapeutic X-rays and imaging</b>	\$30 per procedure	\$75 per procedure
<b>Hospitalization Services</b>		
<b>Hospitalization facility fee</b>	10% coinsurance	20% coinsurance
<b>Hospitalization physician/surgeon fee</b>	10% coinsurance	20% coinsurance
<b>Emergency and Urgent Care Services</b>		
<b>Emergency room services (waived if admitted)</b>	\$150 per visit	\$350 per visit
<b>Emergency medical transportation (ambulance)</b>	\$150 per trip	\$250 per trip
<b>Urgent care</b>	\$15 per visit	\$30 per visit
<b>Prescription Drugs</b>		
<b>Tier 1 - retail pharmacy</b>	\$5 per prescription	\$15 per prescription
<b>Tier 2 - retail pharmacy</b>	\$15 per prescription	\$55 per prescription
<b>Tier 3 - retail pharmacy</b>	\$25 per prescription	\$80 per prescription
<b>Tier 4 - specialty pharmacy</b>	10% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription
<b>Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)</b>		
<b>MH/SUD outpatient individual office visits</b>	\$15 per visit	\$30 per visit
<b>MH/SUD inpatient facility fee</b>	10% coinsurance	20% coinsurance

\*Pending regulatory approval

## INDIVIDUAL AND FAMILY MEDICAL PLANS

	Silver	Bronze
Plan Name	(2020) MI03 HMO*	(2020) MI04 HMO*
<b>Part D Creditability</b>	<b>Creditable</b>	<b>Non-Creditable</b>
<b>Annual Out-of-Pocket Maximum</b>		
<b>Single/individual family member</b>	<b>\$7,800</b>	<b>\$7,800</b>
<b>Family</b>	<b>\$15,600</b>	<b>\$15,600</b>
<b>Deductible</b>		
<b>Single/individual family member</b>	<b>\$4,000</b>	<b>\$6,300</b>
<b>Family</b>	<b>\$8,000</b>	<b>\$12,600</b>
<b>Separate Deductible for Prescription Drugs</b>		
<b>Single/individual family member</b>	<b>\$300</b>	<b>\$500</b>
<b>Family</b>	<b>\$600</b>	<b>\$1,000</b>
<b>Professional Services</b>		
<b>Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)</b>	\$40 per visit	\$65 per visit after deductible, deductible waived for first 3 non-preventive visits
<b>Specialist office visit</b>	\$80 per visit	\$95 per visit after deductible, deductible waived for first 3 non-preventive visits
<b>Preventive care</b>	No charge	No charge
<b>Outpatient rehabilitation visit</b>	\$40 per visit	\$65 per visit
<b>Outpatient Services</b>		
<b>Outpatient surgery facility fee</b>	20% coinsurance	40% coinsurance after deductible
<b>Outpatient surgery physician/surgeon fee</b>	20% coinsurance	40% coinsurance after deductible
<b>Diagnostic lab tests</b>	\$40 per visit	\$40 per visit
<b>Imaging (CT/PET scans, MRIs)</b>	\$325 per procedure	40% coinsurance after deductible
<b>Diagnostic and therapeutic X-rays and imaging</b>	\$85 per procedure	40% coinsurance after deductible
<b>Hospitalization Services</b>		
<b>Hospitalization facility fee</b>	20% coinsurance after deductible	40% coinsurance after deductible
<b>Hospitalization physician/surgeon fee</b>	20% coinsurance	40% coinsurance after deductible
<b>Emergency and Urgent Care Services</b>		
<b>Emergency room services (waived if admitted)</b>	\$400 per visit	40% coinsurance after deductible
<b>Emergency medical transportation (ambulance)</b>	\$250 per trip	40% coinsurance after deductible
<b>Urgent care</b>	\$40 per visit	\$65 per visit after deductible, deductible waived for first 3 non-preventive visits
<b>Prescription Drugs</b>		
<b>Tier 1 - retail pharmacy</b>	\$16 per prescription after pharmacy deductible	\$18 per prescription after pharmacy deductible
<b>Tier 2 - retail pharmacy</b>	\$60 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
<b>Tier 3 - retail pharmacy</b>	\$90 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
<b>Tier 4 - specialty pharmacy</b>	20% coinsurance up to \$250 per prescription after pharmacy deductible	40% coinsurance up to \$500 per prescription after pharmacy deductible
<b>Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)</b>		
<b>MH/SUD outpatient individual office visits</b>	\$40 per visit	\$65 per visit after deductible, deductible waived for first 3 non-preventive visits
<b>MH/SUD inpatient facility fee</b>	20% coinsurance after deductible	40% coinsurance after deductible

\*Pending regulatory approval

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.

## 2020 Individual and Family Plan 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. 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 drugs 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.

All medically necessary prescription drug cost sharing contributes 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.