

2019 Plan Comparisons



Large Group
2019 Medical Plans 101+

LARGE GROUP MEDICAL PLANS

Summit

| Plan Name | ML32 HMO | ML54 HMO | ML30 HMO | ML34 HMO |
|--|--|--|--|--|
| Part D Creditability | Creditable | Creditable | Creditable | Creditable |
| HSA Compatible | No | No | No | No |
| Annual Out-of-Pocket Maximum (embedded) | | | | |
| Single/individual family member | \$750 | \$1,500 | \$1,500 | \$1,500 |
| Family | \$1,500 | \$3,000 | \$3,000 | \$3,000 |
| Deductible (embedded) | | | | |
| Single/individual family member | \$0 | \$0 | \$0 | \$0 |
| Family | \$0 | \$0 | \$0 | \$0 |
| Deductible for Prescription Drugs (embedded) | | | | |
| Single/individual family member | \$0 | \$0 | \$0 | \$0 |
| Family | \$0 | \$0 | \$0 | \$0 |
| Professional Services | | | | |
| Primary care office visit or other practitioner visit | \$10 per visit | \$15 per visit | \$10 per visit | \$20 per visit |
| Specialist office visit | \$10 per visit | \$15 per visit | \$10 per visit | \$20 per visit |
| Preventive care | No charge | No charge | No charge | No charge |
| Outpatient rehabilitation visit | No charge | \$15 per visit | \$10 per visit | No charge |
| Outpatient Services | | | | |
| Outpatient surgery facility fee | No charge | \$15 per visit | \$10 per visit | \$100 per visit |
| Outpatient surgery physician/surgeon fee | No charge | No charge | No charge | \$20 per visit |
| Diagnostic lab tests | \$10 per visit | No charge | \$10 per visit | \$20 per visit |
| Imaging (CT/PET scans, MRIs) | \$50 per procedure | \$15 per procedure | \$50 per procedure | No charge |
| Diagnostic and therapeutic X-rays and imaging | No charge | No charge | \$10 per procedure | No charge |
| Hospitalization Services | | | | |
| Hospitalization facility fee | No charge | No charge | \$250 per day up to 5 days per admission | \$250 per day up to 3 days per admission |
| Hospitalization physician/surgeon fee | No charge | No charge | No charge | No charge |
| Emergency and Urgent Care Services | | | | |
| Emergency room services (waived if admitted) | \$30 per visit | \$35 per visit | \$100 per visit | \$100 per visit |
| Emergency medical transportation (ambulance) | \$30 per trip | No charge | \$100 per trip | \$50 per trip |
| Urgent care | \$15 per visit | \$15 per visit | \$10 per visit | \$20 per visit |
| Prescription Drugs | | | | |
| Tier 1 | \$5 per prescription | \$10 per prescription | \$10 per prescription | \$10 per prescription |
| Tier 2 | \$20 per prescription | \$20 per prescription | \$30 per prescription | \$30 per prescription |
| Tier 3 | \$40 per prescription | \$35 per prescription | \$60 per prescription | \$60 per prescription |
| Tier 4 | 10% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription |
| Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD) | | | | |
| MH/SUD outpatient individual office visits | \$10 per visit | MH: \$7 per visit / SUD: \$5 per visit | \$10 per visit | \$20 per visit |
| MH/SUD inpatient facility fee | No charge | No charge | \$250 per day up to 5 days per admission | \$250 per day up to 3 days per admission |

LARGE GROUP MEDICAL PLANS

Summit

| Plan Name | ML50 HMO | ML31 HMO | ML51 HMO |
|--|--|--|--|
| Part D Creditability | Creditable | Creditable | Creditable |
| HSA Compatible | No | No | No |
| Annual Out-of-Pocket Maximum (embedded) | | | |
| Single/individual family member | \$2,000 | \$2,500 | \$3,000 |
| Family | \$4,000 | \$5,000 | \$6,000 |
| 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 | \$30 per visit | \$25 per visit | \$40 per visit |
| Specialist office visit | \$30 per visit | \$25 per visit | \$40 per visit |
| Preventive care | No charge | No charge | No charge |
| Outpatient rehabilitation visit | \$30 per visit | \$25 per visit | \$40 per visit |
| Outpatient Services | | | |
| Outpatient surgery facility fee | \$100 per visit | \$10 per visit | \$100 per visit |
| Outpatient surgery physician/surgeon fee | No charge | No charge | No charge |
| Diagnostic lab tests | \$10 per visit | \$25 per visit | \$10 per visit |
| Imaging (CT/PET scans, MRIs) | \$50 per procedure | \$50 per procedure | \$50 per procedure |
| Diagnostic and therapeutic X-rays and imaging | \$10 per procedure | \$15 per procedure | \$10 per procedure |
| Hospitalization Services | | | |
| Hospitalization facility fee | \$500 per admission | \$500 per day up to 5 days per admission | \$500 per admission |
| Hospitalization physician/surgeon fee | No charge | No charge | No charge |
| Emergency and Urgent Care Services | | | |
| Emergency room services (waived if admitted) | \$150 per visit | \$150 per visit | \$150 per visit |
| Emergency medical transportation (ambulance) | \$100 per trip | \$150 per trip | \$150 per trip |
| Urgent care | \$40 per visit | \$25 per visit | \$40 per visit |
| Prescription Drugs | | | |
| Tier 1 | \$10 per prescription | \$10 per prescription | \$10 per prescription |
| Tier 2 | \$30 per prescription | \$30 per prescription | \$30 per prescription |
| Tier 3 | \$60 per prescription | \$60 per prescription | \$60 per prescription |
| Tier 4 | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription |
| Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD) | | | |
| MH/SUD outpatient individual office visits | \$30 per visit | \$25 per visit | \$40 per visit |
| MH/SUD inpatient facility fee | \$500 per admission | \$500 per day up to 5 days per admission | \$500 per admission |

LARGE GROUP MEDICAL PLANS

Peak

| Plan Name | ML20 HMO | ML21 HMO | ML22 HMO | ML24 HMO | ML25 HMO |
|--|--|--|--|--|--|
| Part D Creditability | Creditable | Creditable | Creditable | Creditable | Creditable |
| HSA Compatible | No | No | No | No | No |
| Annual Out-of-Pocket Maximum (embedded) | | | | | |
| Single/individual family member | \$3,000 | \$3,000 | \$4,000 | \$5,000 | \$6,000 |
| Family | \$6,000 | \$6,000 | \$8,000 | \$10,000 | \$12,000 |
| Deductible (embedded) | | | | | |
| Single/individual family member | \$500 | \$1,000 | \$1,500 | \$2,500 | \$3,000 |
| Family | \$1,000 | \$2,000 | \$3,000 | \$5,000 | \$6,000 |
| Deductible for Prescription Drugs (embedded) | | | | | |
| Single/individual family member | \$0 | \$0 | \$0 | \$0 | \$0 |
| Family | \$0 | \$0 | \$0 | \$0 | \$0 |
| Professional Services | | | | | |
| Primary care office visit or other practitioner visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| Specialist office visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| Preventive care | No charge | No charge | No charge | No charge | No charge |
| Outpatient rehabilitation visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| Outpatient Services | | | | | |
| Outpatient surgery facility fee | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Outpatient surgery physician/surgeon fee | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Diagnostic lab tests | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| Imaging (CT/PET scans, MRIs) | \$50 per procedure | \$50 per procedure | \$50 per procedure | \$50 per procedure | \$50 per procedure |
| Diagnostic and therapeutic X-rays and imaging | \$10 per procedure | \$10 per procedure | \$10 per procedure | \$10 per procedure | \$10 per procedure |
| Hospitalization Services | | | | | |
| Hospitalization facility fee | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Hospitalization physician/surgeon fee | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Emergency and Urgent Care Services | | | | | |
| Emergency room services (waived if admitted) | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |
| Emergency medical transportation (ambulance) | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible | No charge after deductible |
| Urgent care | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| Prescription Drugs | | | | | |
| Tier 1 | \$10 per prescription | \$10 per prescription | \$10 per prescription | \$10 per prescription | \$10 per prescription |
| Tier 2 | \$30 per prescription | \$30 per prescription | \$30 per prescription | \$30 per prescription | \$30 per prescription |
| Tier 3 | \$60 per prescription | \$60 per prescription | \$60 per prescription | \$60 per prescription | \$60 per prescription |
| Tier 4 | 10% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 30% coinsurance up to \$100 per prescription |
| Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD) | | | | | |
| MH/SUD outpatient individual office visits | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit | \$20 per visit |
| MH/SUD inpatient facility fee | 10% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 20% coinsurance after deductible | 30% coinsurance after deductible |

LARGE GROUP MEDICAL PLANS

Ridge

| Plan Name | ML36 HMO | ML37 HMO | ML35 HMO |
|--|--|--|--|
| Part D Creditability | Creditable | Creditable | Creditable |
| HSA Compatible | No | No | No |
| Annual Out-of-Pocket Maximum (embedded) | | | |
| Single/individual family member | \$4,000 | \$5,000 | \$5,000 |
| Family | \$8,000 | \$10,000 | \$10,000 |
| Deductible (embedded) | | | |
| Single/individual family member | \$1,000 | \$2,500 | \$2,500 |
| Family | \$2,000 | \$5,000 | \$5,000 |
| 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 | \$40 per visit | \$20 per visit | \$40 per visit |
| Specialist office visit | \$40 per visit | \$20 per visit | \$40 per visit |
| Preventive care | No charge | No charge | No charge |
| Outpatient rehabilitation visit | \$40 per visit | \$20 per visit | \$40 per visit |
| Outpatient Services | | | |
| Outpatient surgery facility fee | \$250 per visit after deductible | \$250 per visit after deductible | \$250 per visit after deductible |
| Outpatient surgery physician/surgeon fee | \$40 per visit | \$20 per visit | \$40 per visit after deductible |
| Diagnostic lab tests | \$40 per visit | \$20 per visit | \$40 per visit |
| Imaging (CT/PET scans, MRIs) | No charge | No charge | No charge |
| Diagnostic and therapeutic X-rays and imaging | No charge | No charge | No charge |
| Hospitalization Services | | | |
| Hospitalization facility fee | \$500 per day after deductible | \$500 per day after deductible | \$500 per day after deductible |
| Hospitalization physician/surgeon fee | No charge | No charge | No charge |
| Emergency and Urgent Care Services | | | |
| Emergency room services (waived if admitted) | \$100 per visit after deductible | \$100 per visit after deductible | \$150 per visit after deductible |
| Emergency medical transportation (ambulance) | No charge | No charge | \$150 per trip after deductible |
| Urgent care | \$40 per visit | \$20 per visit | \$40 per visit |
| Prescription Drugs | | | |
| Tier 1 | \$10 per prescription | \$10 per prescription | \$10 per prescription |
| Tier 2 | \$30 per prescription | \$30 per prescription | \$30 per prescription |
| Tier 3 | \$60 per prescription | \$60 per prescription | \$60 per prescription |
| Tier 4 | 30% coinsurance up to \$100 per prescription | 20% coinsurance up to \$100 per prescription | 30% coinsurance up to \$100 per prescription |
| Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD) | | | |
| MH/SUD outpatient individual office visits | \$40 per visit | \$20 per visit | \$40 per visit |
| MH/SUD inpatient facility fee | \$500 per day after deductible | \$500 per day after deductible | \$500 per day after deductible |

LARGE GROUP MEDICAL PLANS

Vista

| Plan Name | HD16 HDHP HMO | HD11 HDHP HMO | HD14 HDHP HMO | HD12 HDHP HMO |
|--|-------------------------------------|---|---|---|
| Part D Creditability | Creditable | Creditable | Creditable | Creditable |
| HSA Compatible | Yes | Yes | Yes | Yes |
| Annual Out-of-Pocket Maximum (embedded) | | | | |
| Single/individual family member | \$3,000 | \$3,000 | \$4,000 | \$4,000 |
| Family | \$6,000 | \$6,000 | \$8,000 | \$8,000 |
| Deductible (embedded) | | | | |
| Single/individual family member | \$1,500/\$2,700 (integrated) | \$1,500/\$2,700 (integrated) | \$2,500/\$2,700 (integrated) | \$2,500/\$2,700 (integrated) |
| Family | \$3,000 (integrated) | \$3,000 (integrated) | \$5,000 (integrated) | \$5,000 (integrated) |
| Deductible for Prescription Drugs (embedded) | | | | |
| Single/individual family member | N/A | N/A | N/A | N/A |
| Family | N/A | N/A | N/A | N/A |
| Professional Services | | | | |
| Primary care office visit or other practitioner visit | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Specialist office visit | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Preventive care | No charge | No charge | No charge | No charge |
| Outpatient rehabilitation visit | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Outpatient Services | | | | |
| Outpatient surgery facility fee | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Outpatient surgery physician/surgeon fee | No charge after deductible | No charge after deductible | 20% coinsurance after deductible | No charge after deductible |
| Diagnostic lab tests | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Imaging (CT/PET scans, MRIs) | No charge after deductible | \$50 per procedure after deductible | 20% coinsurance after deductible | \$50 per procedure after deductible |
| Diagnostic and therapeutic X-rays and imaging | No charge after deductible | \$10 per procedure after deductible | 20% coinsurance after deductible | \$15 per procedure after deductible |
| Hospitalization Services | | | | |
| Hospitalization facility fee | \$50 per admission after deductible | \$250 per day up to 5 days per admission after deductible | 20% coinsurance after deductible | \$500 per day up to 5 days per admission after deductible |
| Hospitalization physician/surgeon fee | No charge after deductible | No charge after deductible | 20% coinsurance after deductible | No charge after deductible |
| Emergency and Urgent Care Services | | | | |
| Emergency room services (waived if admitted) | No charge after deductible | \$100 per visit after deductible | 20% coinsurance after deductible | \$100 per visit after deductible |
| Emergency medical transportation (ambulance) | No charge after deductible | \$100 per trip after deductible | No charge after deductible | \$100 per trip after deductible |
| Urgent care | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| Prescription Drugs | | | | |
| Tier 1 | No charge after deductible | \$10 per prescription after deductible | \$10 per prescription after deductible | \$10 per prescription after deductible |
| Tier 2 | No charge after deductible | \$30 per prescription after deductible | \$30 per prescription after deductible | \$30 per prescription after deductible |
| Tier 3 | No charge after deductible | \$60 per prescription after deductible | \$60 per prescription after deductible | \$60 per prescription after deductible |
| Tier 4 | No charge after deductible | 20% coinsurance up to \$100 per prescription after deductible | 20% coinsurance up to \$100 per prescription after deductible | 20% coinsurance up to \$100 per prescription after deductible |
| Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD) | | | | |
| MH/SUD outpatient individual office visits | No charge after deductible | \$20 per visit after deductible | 20% coinsurance after deductible | \$40 per visit after deductible |
| MH/SUD inpatient facility fee | \$50 per admission after deductible | \$250 per day up to 5 days per admission after deductible | 20% coinsurance after deductible | \$500 per day up to 5 days per admission after deductible |

2019 Large 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 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.