Sutter Health Plan

2025 Plan Comparisons

Individual and Family Medical Plans

INDIVIDUAL AND FAMILY MEDICAL PLANS | **PLATINUM**

PLAN NAME	**(2025) MI01 HMO**
Part D Creditability	**Creditable**
Annual Out-of-Pocket Maximum	
Single/individual family member	**$4,500**
Family	**$9,000**
Deductible	
Single/individual family member	**$0**
Family	**$0**
Separate Deductible for Prescription Drugs	
Single/individual family member	**$0**
Family	**$0**
Outpatient Services	
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$15 copay per visit
Sutter Walk-In Care visit	$15 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$15 copay per visit
Specialist office visit	$30 copay per visit
Specialist telehealth visit (including telephone and video visits)	$30 copay per visit
Preventive care	No charge
Outpatient rehabilitation visit	$15 copay per visit
Outpatient surgery facility fee	10% coinsurance
Outpatient surgery physician/surgeon fee	10% coinsurance
Non-preventive lab tests	$15 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	10% coinsurance
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$30 copay per procedure
Hospitalization Services	
Hospitalization facility fee	10% coinsurance
Hospitalization physician/surgeon fee	10% coinsurance
Emergency and Urgent Care Services	
Emergency room services (waived if admitted)	$150 copay per visit
Medical transportation (including emergency and non-emergency)	$150 copay per trip
Urgent care	$15 copay per visit
Prescription Drugs	
Tier 1 - retail pharmacy	$7 copay per prescription
Tier 2 - retail pharmacy	$16 copay per prescription
Tier 3 - retail pharmacy	$25 copay per prescription
Tier 4 - specialty pharmacy	10% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services	
MH/SUD outpatient office visits - individual	$15 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$15 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	10% coinsurance

INDIVIDUAL AND FAMILY MEDICAL PLANS | **GOLD**

PLAN NAME	(2025) MI02 HMO*
Part D Creditability	**Creditable**
Annual Out-of-Pocket Maximum	
Single/individual family member	**$8,700**
Family	**$17,400**
Deductible	
Single/individual family member	**$0**
Family	**$0**
Separate Deductible for Prescription Drugs	
Single/individual family member	**$0**
Family	**$0**
Outpatient Services	
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$35 copay per visit
Sutter Walk-In Care visit	$35 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$35 copay per visit
Specialist office visit	$65 copay per visit
Specialist telehealth visit (including telephone and video visits)	$65 copay per visit
Preventive care	No charge
Outpatient rehabilitation visit	$35 copay per visit
Outpatient surgery facility fee	30% coinsurance
Outpatient surgery physician/surgeon fee	30% coinsurance
Non-preventive lab tests	$40 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	25% coinsurance
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$75 copay per procedure
Hospitalization Services	
Hospitalization facility fee	30% coinsurance
Hospitalization physician/surgeon fee	30% coinsurance
Emergency and Urgent Care Services	
Emergency room services (waived if admitted)	$330 copay per visit
Medical transportation (including emergency and non-emergency)	$250 copay per trip
Urgent care	$35 copay per visit
Prescription Drugs	
Tier 1 - retail pharmacy	$15 copay per prescription
Tier 2 - retail pharmacy	$60 copay per prescription
Tier 3 - retail pharmacy	$85 copay per prescription
Tier 4 - specialty pharmacy	20% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services	
MH/SUD outpatient office visits - individual	$35 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$35 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	30% coinsurance

* Pending regulatory approval

This is only a summary. In the event of any discrepancies in information, the Sutter Health Plan Evidence of Coverage and Disclosure Form (EOC) and incorporated Benefits and Coverage Matrix (BCM) determine coverage and costs.

INDIVIDUAL AND FAMILY MEDICAL PLANS | **SILVER**

PLAN NAME	**(2025) MI03 HMO***
Part D Creditability	**Creditable**
Annual Out-of-Pocket Maximum	
Single/individual family member	**$8,700**
Family	**$17,400**
Deductible	
Single/individual family member	**$5,400**
Family	**$10,800**
Separate Deductible for Prescription Drugs	
Single/individual family member	**$50**
Family	**$100**
Outpatient Services	
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$50 copay per visit
Sutter Walk-In Care visit	$50 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$50 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	$50 copay per visit
Outpatient surgery facility fee	30% coinsurance
Outpatient surgery physician/surgeon fee	30% coinsurance
Non-preventive lab tests	$50 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$325 copay per procedure
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$95 copay per procedure
Hospitalization Services	
Hospitalization facility fee	30% coinsurance after deductible
Hospitalization physician/surgeon fee	30% coinsurance
Emergency and Urgent Care Services	
Emergency room services (waived if admitted)	$400 copay per visit
Medical transportation (including emergency and non-emergency)	$250 copay per trip
Urgent care	$50 copay per visit
Prescription Drugs	
Tier 1 - retail pharmacy	$18 copay per prescription
Tier 2 - retail pharmacy	$60 copay per prescription after pharmacy deductible
Tier 3 - retail pharmacy	$90 copay per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	20% coinsurance up to $250 per prescription after pharmacy deductible
Mental Health and Substance Use Disorder (MH/SUD) Services	
MH/SUD outpatient office visits - individual	$50 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$50 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	30% coinsurance after deductible

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INDIVIDUAL AND FAMILY MEDICAL PLANS | **BRONZE**

PLAN NAME	(2025) MI04 HMO*
Part D Creditability	**Creditable**
Annual Out-of-Pocket Maximum	
Single/individual family member	**$8,850**
Family	**$17,700**
Deductible	
Single/individual family member	**$5,800**
Family	**$11,600**
Separate Deductible for Prescription Drugs	
Single/individual family member	**$450**
Family	**$900**
Outpatient Services	
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$60 copay per visit
Sutter Walk-In Care visit	$60 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$60 copay per visit
Specialist office visit	$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Specialist telehealth visit (including telephone and video visits)	$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Preventive care	No charge
Outpatient rehabilitation visit	$60 copay per visit
Outpatient surgery physician/surgeon fee	40% coinsurance after deductible
Non-preventive lab tests	$40 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	40% coinsurance after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	40% coinsurance after deductible
Hospitalization Services	
Hospitalization facility fee	40% coinsurance after deductible
Hospitalization physician/surgeon fee	40% coinsurance after deductible
Emergency and Urgent Care Services	
Emergency room services (waived if admitted)	40% coinsurance after deductible
Medical transportation (including emergency and non-emergency)	40% coinsurance after deductible
Urgent care	$60 copay per visit
Prescription Drugs	
Tier 1 - retail pharmacy	$19 copay per prescription
Tier 2 - retail pharmacy	40% coinsurance up to $500 per prescription after pharmacy deductible
Tier 3 - retail pharmacy	40% coinsurance up to $500 per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	40% coinsurance up to $500 per prescription after pharmacy deductible
Mental Health and Substance Use Disorder (MH/SUD) Services	
MH/SUD outpatient office visits - individual	$60 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$60 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	40% coinsurance after deductible

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Sutter Health Plan

2025 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 Plan 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. Maintenance drugs are available for up to a 100-day supply at twice the 30-day retail copay price, through the CVS Health Retail-90 Network or the CVS Caremark Mail Service Pharmacy. Specialty drugs are only available for up to a 30-day supply through CVS Specialty®. 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 up to four times the retail cost share.

   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, including inpatient psychiatric observation; inpatient Behavioral Health Treatment for autism spectrum disorder; treatment in a Residential Treatment Center; inpatient chemical dependency hospitalization, including medical detoxification and treatment for withdrawal symptoms; and prescription drugs prescribed in an inpatient setting, excluding a Residential Treatment Center. Refer to the Outpatient Prescription Drug benefit for coverage details for prescription drugs prescribed in a Residential Treatment Center. There may be separate cost sharing for inpatient professional fees.