

2020 Plan Comparisons



Small Group
Medical Plans 1-100

SMALL GROUP MEDICAL PLANS

Platinum

Plan Name	MS38 HMO	MS41 HMO	MS60 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum			
Single/individual family member	\$3,500	\$4,000	\$4,500
Family	\$7,000	\$8,000	\$9,000
Deductible			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Separate Deductible for Prescription Drugs			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)	\$25 per visit	\$30 per visit	\$15 per visit
Specialist office visit	\$25 per visit	\$35 per visit	\$30 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$25 per visit	\$30 per visit	\$15 per visit
Outpatient Services			
Outpatient surgery facility fee	10% coinsurance	\$100 per visit	\$100 per visit
Outpatient surgery physician/surgeon fee	10% coinsurance	\$25 per visit	\$25 per visit
Diagnostic lab tests	\$25 per visit	No charge	\$15 per visit
Imaging (CT/PET scans, MRIs)	\$150 per procedure	\$150 per procedure	\$75 per procedure
Diagnostic and therapeutic X-rays and imaging	\$25 per procedure	No charge	\$30 per procedure
Hospitalization Services			
Hospitalization facility fee	\$250 per day up to 5 days per admission	\$300 per admission	\$250 per day up to 5 days per admission
Hospitalization physician/surgeon fee	No charge	No charge	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$100 per visit	\$100 per visit	\$150 per visit
Emergency medical transportation (ambulance)	\$100 per trip	\$100 per trip	\$150 per trip
Urgent care	\$25 per visit	\$30 per visit	\$15 per visit
Prescription Drugs			
Tier 1 - retail pharmacy	\$5 per prescription	\$5 per prescription	\$5 per prescription
Tier 2 - retail pharmacy	\$15 per prescription	\$15 per prescription	\$15 per prescription
Tier 3 - retail pharmacy	\$25 per prescription	\$30 per prescription	\$25 per prescription
Tier 4 - specialty pharmacy	10% coinsurance up to \$250 per prescription	\$50 per prescription	10% coinsurance up to \$250 per prescription
Mental/Behavioral Health and Substance Use Disorder Treatment Services (MH/SUD)			
MH/SUD outpatient individual office visits	\$25 per visit	\$30 per visit	\$15 per visit
MH/SUD inpatient facility fee	\$250 per day up to 5 days per admission	\$300 per admission	\$250 per day up to 5 days per admission

SMALL GROUP MEDICAL PLANS

Gold

Plan Name	MS57 HMO	MS42 HMO	MS63 HMO
Part D Creditability	Creditable	Creditable	Creditable
HSA Compatible	No	No	No
Annual Out-of-Pocket Maximum			
Single/individual family member	\$3,000	\$6,750	\$7,800
Family	\$6,000	\$13,500	\$15,600
Deductible			
Single/individual family member	\$1,500	\$1,000	\$250
Family	\$3,000	\$2,000	\$500
Separate Deductible for Prescription Drugs			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)	\$30 per visit after deductible	\$30 per visit	\$25 per visit
Specialist office visit	\$50 per visit after deductible	\$50 per visit	\$50 per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	\$30 per visit after deductible	\$30 per visit	\$25 per visit
Outpatient Services			
Outpatient surgery facility fee	20% coinsurance after deductible	\$500 per visit after deductible	\$300 per visit
Outpatient surgery physician/surgeon fee	20% coinsurance after deductible	\$30 per visit after deductible	\$40 per visit
Diagnostic lab tests	\$30 per visit after deductible	\$30 per visit	\$25 per visit
Imaging (CT/PET scans, MRIs)	\$50 per procedure after deductible	\$200 per procedure after deductible	\$275 per procedure
Diagnostic and therapeutic X-rays and imaging	\$30 per procedure after deductible	\$30 per procedure	\$65 per procedure
Hospitalization Services			
Hospitalization facility fee	20% coinsurance after deductible	\$500 per day up to 5 days per admission after deductible	\$600 per day up to 5 days per admission after deductible
Hospitalization physician/surgeon fee	20% coinsurance after deductible	No charge after deductible	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$150 per visit after deductible	\$250 per visit after deductible	\$250 per visit after deductible
Emergency medical transportation (ambulance)	\$150 per trip after deductible	\$250 per trip after deductible	\$250 per trip after deductible
Urgent care	\$30 per visit after deductible	\$30 per visit	\$25 per visit
Prescription Drugs			
Tier 1 - retail pharmacy	\$5 per prescription	\$5 per prescription	\$15 per prescription
Tier 2 - retail pharmacy	\$15 per prescription	\$25 per prescription	\$50 per prescription
Tier 3 - retail pharmacy	\$25 per prescription	\$50 per prescription	\$80 per prescription
Tier 4 - specialty pharmacy	20% coinsurance up to \$250 per prescription	20% 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	\$30 per visit after deductible	\$30 per visit	\$25 per visit
MH/SUD inpatient facility fee	20% coinsurance after deductible	\$500 per day up to 5 days per admission after deductible	\$600 per day up to 5 days per admission after deductible

SMALL GROUP MEDICAL PLANS

Silver

Plan Name	SD37 HDHP HMO	MS64 HMO
Part D Creditability	Creditable	Creditable
HSA Compatible	Yes	No
Annual Out-of-Pocket Maximum		
Single/individual family member	\$6,000	\$7,800
Family	\$12,000	\$15,600
Deductible		
Single/individual family member	\$2,500/2,800 (integrated)	\$2,250
Family	\$5,000 (integrated)	\$4,500
Separate Deductible for Prescription Drugs		
Single/individual family member	N/A	\$300
Family	N/A	\$600
Professional Services		
Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)	\$35 per visit after deductible	\$50 per visit
Specialist office visit	\$50 per visit after deductible	\$85 per visit
Preventive care	No charge	No charge
Outpatient rehabilitation visit	\$35 per visit after deductible	\$50 per visit
Outpatient Services		
Outpatient surgery facility fee	20% coinsurance after deductible	20% coinsurance
Outpatient surgery physician/surgeon fee	20% coinsurance after deductible	20% coinsurance
Diagnostic lab tests	\$35 per visit after deductible	\$40 per visit
Imaging (CT/PET scans, MRIs)	\$50 per procedure after deductible	\$300 per procedure
Diagnostic and therapeutic X-rays and imaging	\$15 per procedure after deductible	\$85 per procedure
Hospitalization Services		
Hospitalization facility fee	20% coinsurance after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	20% coinsurance after deductible	20% coinsurance
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	20% coinsurance after deductible	\$400 per visit after deductible
Emergency medical transportation (ambulance)	20% coinsurance after deductible	\$250 per trip after deductible
Urgent care	\$35 per visit after deductible	\$50 per visit
Prescription Drugs		
Tier 1 - retail pharmacy	\$10 per prescription after deductible	\$17 per prescription after pharmacy deductible
Tier 2 - retail pharmacy	\$20 per prescription after deductible	\$65 per prescription after pharmacy deductible
Tier 3 - retail pharmacy	\$40 per prescription after deductible	\$90 per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	20% coinsurance up to \$250 per prescription after deductible	20% coinsurance up to \$250 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 after deductible	\$50 per visit
MH/SUD inpatient facility fee	20% coinsurance after deductible	20% coinsurance after deductible

SMALL GROUP MEDICAL PLANS

Bronze

Plan Name	SD28 HDHP HMO	MS66 HMO
Part D Creditability	Non-Creditable	Non-Creditable
HSA Compatible	Yes	No
Annual Out-of-Pocket Maximum		
Single/individual family member	\$6,900	\$7,800
Family	\$13,800	\$15,600
Deductible		
Single/individual family member	\$6,900 (integrated)	\$6,300
Family	\$13,800 (integrated)	\$12,600
Separate Deductible for Prescription Drugs		
Single/individual family member	N/A	\$500
Family	N/A	\$1,000
Professional Services		
Primary care office visit or other practitioner visit (including Sutter Walk-In Care visits)	No charge after deductible	\$65 per visit after deductible, deductible waived for first 3 non-preventive visits
Specialist office visit	No charge after deductible	\$95 per visit after deductible, deductible waived for first 3 non-preventive visits
Preventive care	No charge	No charge
Outpatient rehabilitation visit	No charge after deductible	\$65 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 per visit
Imaging (CT/PET scans, MRIs)	No charge after deductible	40% coinsurance after deductible
Diagnostic and therapeutic X-rays and imaging	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 per visit after deductible, deductible waived for first 3 non-preventive visits
Prescription Drugs		
Tier 1 - retail pharmacy	No charge after deductible	\$18 per prescription after pharmacy deductible
Tier 2 - retail pharmacy	No charge after deductible	40% up to \$500 per prescription after pharmacy deductible
Tier 3 - retail pharmacy	No charge after deductible	40% up to \$500 per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	No charge after deductible	40% 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	No charge after deductible	\$65 per visit after deductible, deductible waived for first 3 non-preventive visits
MH/SUD inpatient facility fee	No charge after deductible	40% coinsurance after deductible

2020 Small 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 \$2,800 for 2020 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 non-essential health benefits such as infertility included only in Plus plans or 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.

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).

4. 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.