Sutter Health Plan

2025 Plan Comparisons

Large Group Medical Plans (101+)

LARGE GROUP MEDICAL PLANS | **SUMMIT**

PLAN NAME	LG03 HMO	LG01 HMO	LG07 HMO	LG04 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**No**	**No**	**No**
Annual Out-of-Pocket Maximum				
Single/individual family member	**$1,000**	**$1,500**	**$1,500**	**$1,500**
Family	**$2,000**	**$3,000**	**$3,000**	**$3,000**
Deductible				
Single/individual family member	**$0**	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**	**$0**
Separate Deductible for Prescription Drugs				
Single/individual family member	**$0**	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**	**$0**
Outpatient Services				
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$10 copay per visit	$10 copay per visit	$15 copay per visit	$20 copay per visit
Specialist office visit	$10 copay per visit	$10 copay per visit	$15 copay per visit	$20 copay per visit
Sutter Walk-In Care visit	$5 copay per visit	$5 copay per visit	$5 copay per visit	$10 copay per visit
Telehealth visit	$5 copay per visit	$5 copay per visit	$5 copay per visit	$10 copay per visit
Preventive care	No charge	No charge	No charge	No charge
Outpatient rehabilitation visit	No charge	$10 copay per visit	$15 copay per visit	$20 copay per visit
Outpatient surgery facility fee	No charge	$10 copay per visit	$15 copay per visit	$100 copay per visit
Outpatient surgery physician/surgeon fee	No charge	No charge	No charge	$20 copay per visit
Non-preventive lab tests	$10 copay per visit	$10 copay per visit	No charge	$20 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure	$50 copay per procedure	$15 copay per procedure	No charge
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	No charge	$10 copay per procedure	No charge	No charge
Hospitalization Services				
Hospitalization facility fee	No charge	$250 copay per admission	No charge	$250 copay 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)	$50 copay per visit	$100 copay per visit	$35 copay per visit	$100 copay per visit
Medical transportation (including emergency and non-emergency)	$50 copay per trip	$100 copay per trip	No charge	$50 copay per trip
Urgent care	$10 copay per visit	$10 copay per visit	$15 copay per visit	$20 copay per visit
Prescription Drugs				
Tier 1 - retail pharmacy	$5 copay per prescription	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription
Tier 2 - retail pharmacy	$20 copay per prescription	$30 copay per prescription	$20 copay per prescription	$30 copay per prescription
Tier 3 - retail pharmacy	$40 copay per prescription	$60 copay per prescription	$35 copay per prescription	$60 copay per prescription
Tier 4 - specialty pharmacy	10% coinsurance up to $250 per prescription	20% coinsurance up to $250 per prescription	20% coinsurance up to $100 per prescription	20% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services				
MH/SUD outpatient office visits - individual	$10 copay per visit	$10 copay per visit	$15 copay per visit	$20 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$5 copay per visit	$5 copay per visit	$5 copay per visit	$10 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	No charge	$250 copay per admission	No charge	$250 copay per admission

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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.

LARGE GROUP MEDICAL PLANS | **SUMMIT**

PLAN NAME	LG05 HMO	LG02 HMO	LG06 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**No**	**No**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$2,000**	**$2,500**	**$3,000**
Family	**$4,000**	**$5,000**	**$6,000**
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**
Outpatient Services			
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$30 copay per visit	$25 copay per visit	$40 copay per visit
Specialist office visit	$30 copay per visit	$25 copay per visit	$40 copay per visit
Sutter Walk-In Care visit	$15 copay per visit	$10 copay per visit	$20 copay per visit
Telehealth visit	$15 copay per visit	$10 copay per visit	$20 copay per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$30 copay per visit	$25 copay per visit	$40 copay per visit
Outpatient surgery facility fee	$100 copay per visit	$10 copay per visit	$100 copay per visit
Outpatient surgery physician/surgeon fee	No charge	No charge	No charge
Non-preventive lab tests	$10 copay per visit	$25 copay per visit	$10 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure	$50 copay per procedure	$50 copay per procedure
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$10 copay per procedure	$15 copay per procedure	$10 copay per procedure
Hospitalization Services			
Hospitalization facility fee	$500 copay per admission	$500 copay per admission	$500 copay per admission
Hospitalization physician/surgeon fee	No charge	No charge	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	$150 copay per visit	$150 copay per visit	$150 copay per visit
Medical transportation (including emergency and non-emergency)	$100 copay per trip	$150 copay per trip	$150 copay per trip
Urgent care	$40 copay per visit	$25 copay per visit	$40 copay per visit
Prescription Drugs			
Tier 1 - retail pharmacy	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription
Tier 2 - retail pharmacy	$30 copay per prescription	$30 copay per prescription	$30 copay per prescription
Tier 3 - retail pharmacy	$60 copay per prescription	$60 copay per prescription	$60 copay per prescription
Tier 4 - specialty pharmacy	20% coinsurance up to $100 per prescription	20% coinsurance up to $250 per prescription	20% coinsurance up to $100 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	$30 copay per visit	$25 copay per visit	$40 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$15 copay per visit	$10 copay per visit	$20 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	$500 copay per admission	$500 copay per admission	$500 copay per admission

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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LARGE GROUP MEDICAL PLANS | **PEAK**

PLAN NAME	LG08 HMO	LG09 HMO	LG10 HMO	LG11 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**No**	**No**	**No**
Annual Out-of-Pocket Maximum				
Single/individual family member	**$3,000**	**$3,000**	**$4,000**	**$5,000**
Family	**$6,000**	**$6,000**	**$8,000**	**$10,000**
Deductible				
Single/individual family member	**$500**	**$1,000**	**$1,500**	**$2,500**
Family	**$1,000**	**$2,000**	**$3,000**	**$5,000**
Separate Deductible for Prescription Drugs				
Single/individual family member	**$0**	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**	**$0**
Outpatient Services				
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Specialist office visit	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Sutter Walk-In Care visit	$10 copay per visit	$10 copay per visit	$10 copay per visit	$10 copay per visit
Telehealth visit	$10 copay per visit	$10 copay per visit	$10 copay per visit	$10 copay per visit
Preventive care	No charge	No charge	No charge	No charge
Outpatient rehabilitation visit	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Outpatient surgery facility fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Non-preventive lab tests	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure	$50 copay per procedure	$50 copay per procedure	$50 copay per procedure
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$10 copay per procedure	$10 copay per procedure	$10 copay per procedure	$10 copay per procedure
Hospitalization Services				
Hospitalization facility fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% 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
Medical transportation (including emergency and non-emergency)	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Urgent care	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
Prescription Drugs				
Tier 1 - retail pharmacy	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription
Tier 2 - retail pharmacy	$30 copay per prescription	$30 copay per prescription	$30 copay per prescription	$30 copay per prescription
Tier 3 - retail pharmacy	$60 copay per prescription	$60 copay per prescription	$60 copay per prescription	$60 copay per prescription
Tier 4 - specialty pharmacy	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 Health and Substance Use Disorder (MH/SUD) Services				
MH/SUD outpatient office visits - individual	$20 copay per visit	$20 copay per visit	$20 copay per visit	$20 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$10 copay per visit	$10 copay per visit	$10 copay per visit	$10 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	10% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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LARGE GROUP MEDICAL PLANS | **PEAK**

PLAN NAME	LG12 HMO	LG13 HMO	LG14 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**No**	**No**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$6,000**	**$6,500**	**$6,500**
Family	**$12,000**	**$13,000**	**$13,000**
Deductible			
Single/individual family member	**$3,000**	**$4,000**	**$5,500**
Family	**$6,000**	**$8,000**	**$11,000**
Separate Deductible for Prescription Drugs			
Single/individual family member	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**
Outpatient Services			
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$20 copay per visit	$45 copay per visit	$50 copay per visit
Specialist office visit	$20 copay per visit	$45 copay per visit	$50 copay per visit
Sutter Walk-In Care visit	$10 copay per visit	$20 copay per visit	$25 copay per visit
Telehealth visit	$10 copay per visit	$20 copay per visit	$25 copay per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$20 copay per visit	$45 copay per visit	$50 copay per visit
Outpatient surgery facility fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Outpatient surgery physician/surgeon fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Non-preventive lab tests	$20 copay per visit	$10 copay per visit	$10 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure	$75 copay per procedure after deductible	$100 copay per procedure after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$10 copay per procedure	$45 copay per procedure	$50 copay per procedure
Hospitalization Services			
Hospitalization facility fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Hospitalization physician/surgeon fee	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	30% coinsurance after deductible	$100 copay per visit after deductible	$150 copay per visit after deductible
Medical transportation (including emergency and non-emergency)	No charge after deductible	$100 copay per trip after deductible	$150 copay per trip after deductible
Urgent care	$20 copay per visit	$45 copay per visit	$50 copay per visit
Prescription Drugs			
Tier 1 - retail pharmacy	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription
Tier 2 - retail pharmacy	$30 copay per prescription	$30 copay per prescription	$30 copay per prescription
Tier 3 - retail pharmacy	$60 copay per prescription	$60 copay per prescription	$60 copay per prescription
Tier 4 - specialty pharmacy	30% coinsurance up to $100 per prescription	30% coinsurance up to $250 per prescription	30% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	$20 copay per visit	$45 copay per visit	$50 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$10 copay per visit	$20 copay per visit	$25 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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LARGE GROUP MEDICAL PLANS | **RIDGE**

PLAN NAME	LG16 HMO	LG17 HMO	LG15 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**No**	**No**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$4,000**	**$5,000**	**$5,000**
Family	**$8,000**	**$10,000**	**$10,000**
Deductible			
Single/individual family member	**$1,000**	**$2,500**	**$2,500**
Family	**$2,000**	**$5,000**	**$5,000**
Separate Deductible for Prescription Drugs			
Single/individual family member	**$0**	**$0**	**$0**
Family	**$0**	**$0**	**$0**
Outpatient Services			
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$40 copay per visit	$20 copay per visit	$40 copay per visit
Specialist office visit	$40 copay per visit	$20 copay per visit	$40 copay per visit
Sutter Walk-In Care visit	$20 copay per visit	$10 copay per visit	$20 copay per visit
Telehealth visit	$20 copay per visit	$10 copay per visit	$20 copay per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$40 copay per visit	$20 copay per visit	$40 copay per visit
Outpatient surgery facility fee	$250 copay per visit after deductible	$250 copay per visit after deductible	$250 copay per visit after deductible
Outpatient surgery physician/surgeon fee	$40 copay per visit after deductible	$20 copay per visit after deductible	$40 copay per visit after deductible
Non-preventive lab tests	$40 copay per visit	$20 copay per visit	$40 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge	No charge	No charge
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	No charge	No charge	No charge
Hospitalization Services			
Hospitalization facility fee	$500 copay per admission after deductible	$500 copay per admission after deductible	$500 copay per admission after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	$100 copay per visit after deductible	$100 copay per visit after deductible	$150 copay per visit after deductible
Medical transportation (including emergency and non-emergency)	No charge	No charge	$150 copay per trip after deductible
Urgent care	$40 copay per visit	$20 copay per visit	$40 copay per visit
Prescription Drugs			
Tier 1 - retail pharmacy	$10 copay per prescription	$10 copay per prescription	$10 copay per prescription
Tier 2 - retail pharmacy	$30 copay per prescription	$30 copay per prescription	$30 copay per prescription
Tier 3 - retail pharmacy	$60 copay per prescription	$60 copay per prescription	$60 copay per prescription
Tier 4 - specialty pharmacy	30% coinsurance up to $250 per prescription	20% coinsurance up to $250 per prescription	30% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	$40 copay per visit	$20 copay per visit	$40 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$20 copay per visit	$10 copay per visit	$20 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	$500 copay per admission after deductible	$500 copay per admission after deductible	$500 copay per admission after deductible

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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LARGE GROUP MEDICAL PLANS | **VISTA**

PLAN NAME	HD47 HDHP HMO	HD41 HDHP HMO	HD46 HDHP HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**Yes**	**Yes**	**Yes**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$3,300**	**$3,300**	**$4,000**
Family	**$6,600**	**$6,600**	**$8,000**
Deductible			
Single/individual family member	**$1,650/$3,300**	**$1,650/$3,300**	**$2,500/$3,300**
Family	**$3,300**	**$3,300**	**$5,000**
Separate Deductible for Prescription Drugs			
Single/individual family member	**N/A**	**N/A**	**N/A**
Family	**N/A**	**N/A**	**N/A**
Outpatient Services			
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Specialist office visit	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Sutter Walk-In Care visit	No charge after deductible	$10 copay per visit after deductible	20% coinsurance after deductible
Telehealth visit	No charge after deductible	$10 copay per visit after deductible	20% coinsurance after deductible
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Outpatient surgery facility fee	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	No charge after deductible	20% coinsurance after deductible
Non-preventive lab tests	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge after deductible	$50 copay per procedure after deductible	20% coinsurance after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	No charge after deductible	$10 copay per procedure after deductible	20% coinsurance after deductible
Hospitalization Services			
Hospitalization facility fee	$50 copay per admission after deductible	$250 copay per day up to a maximum of 5 days per admission after deductible	20% coinsurance after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	20% coinsurance after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	No charge after deductible	$100 copay per visit after deductible	20% coinsurance after deductible
Medical transportation (including emergency and non-emergency)	No charge after deductible	$100 copay per trip after deductible	No charge after deductible
Urgent care	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
Prescription Drugs			
Tier 1 - retail pharmacy	No charge after deductible	$10 copay per prescription after deductible	$10 copay per prescription after deductible
Tier 2 - retail pharmacy	No charge after deductible	$30 copay per prescription after deductible	$30 copay per prescription after deductible
Tier 3 - retail pharmacy	No charge after deductible	$60 copay per prescription after deductible	$60 copay per prescription after deductible
Tier 4 - specialty pharmacy	No charge after deductible	20% coinsurance up to $100 per prescription after deductible	20% coinsurance up to $100 per prescription after deductible
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	No charge after deductible	$20 copay per visit after deductible	20% coinsurance after deductible
MH/SUD telehealth office visits - individual (including telephone and video visits)	No charge after deductible	$10 copay per visit after deductible	20% coinsurance after deductible
MH/SUD inpatient facility fee (includes residential treatment)	$50 copay per admission after deductible	$250 copay per day up to a maximum of 5 days per admission after deductible	20% coinsurance after deductible

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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.

LARGE GROUP MEDICAL PLANS | **VISTA**

PLAN NAME	HD42 HDHP HMO	HD44 HDHP HMO	HD45 HDHP HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**Yes**	**Yes**	**Yes**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$4,000**	**$6,500**	**$5,000**
Family	**$8,000**	**$13,000**	**$10,000**
Deductible			
Single/individual family member	**$2,500/$3,300**	**$4,000/$4,000**	**$2,500/$3,300**
Family	**$5,000**	**$8,000**	**$5,000**
Separate Deductible for Prescription Drugs			
Single/individual family member	**N/A**	**N/A**	**N/A**
Family	**N/A**	**N/A**	**N/A**
Outpatient Services			
Infertility services	Standard cost sharing*	Standard cost sharing*	Standard cost sharing*
Primary care physician (PCP) or other practitioner office visit	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Specialist office visit	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Sutter Walk-In Care visit	$20 copay per visit after deductible	$20 copay per visit after deductible	No charge after deductible
Telehealth visit	$20 copay per visit after deductible	$20 copay per visit after deductible	No charge after deductible
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Outpatient surgery facility fee	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Outpatient surgery physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Non-preventive lab tests	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure after deductible	$50 copay per procedure after deductible	No charge after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$15 copay per procedure after deductible	$15 copay per procedure after deductible	No charge after deductible
Hospitalization Services			
Hospitalization facility fee	$500 copay per day up to a maximum of 5 days per admission after deductible	$500 copay per admission after deductible	$50 copay per admission after deductible
Hospitalization physician/surgeon fee	No charge after deductible	No charge after deductible	No charge after deductible
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	$100 copay per visit after deductible	$150 copay per visit after deductible	No charge after deductible
Medical transportation (including emergency and non-emergency)	$100 copay per trip after deductible	$150 copay per trip after deductible	No charge after deductible
Urgent care	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
Prescription Drugs			
Tier 1 - retail pharmacy	$10 copay per prescription after deductible	$10 copay per prescription after deductible	No charge after deductible
Tier 2 - retail pharmacy	$30 copay per prescription after deductible	$30 copay per prescription after deductible	No charge after deductible
Tier 3 - retail pharmacy	$60 copay per prescription after deductible	$60 copay per prescription after deductible	$60 copay per prescription after deductible
Tier 4 - specialty pharmacy	20% coinsurance up to $100 per prescription after deductible	20% coinsurance up to $250 per prescription after deductible	No charge after deductible
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	$40 copay per visit after deductible	$40 copay per visit after deductible	No charge after deductible
MH/SUD telehealth office visits - individual (including telephone and video visits)	$20 copay per visit after deductible	$20 copay per visit after deductible	No charge after deductible
MH/SUD inpatient facility fee (includes residential treatment)	$500 copay per day up to a maximum of 5 days per admission after deductible	$500 copay per admission after deductible	$50 copay per admission after deductible

* For covered services, the standard cost share applies to the type of service (e.g., office visit, outpatient lab, etc.).
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.

Sutter Health Plan

2025 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 Plan 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 $3,300 for 2025 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 does not accrue to the deductible or annual OOPM, except for the Special Footwear and Orthotics Rider when sold with an HDHP.

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.