Sutter Health Plan

2026 Plan Comparisons

Small Group Medical Plans (1-100)

SMALL GROUP MEDICAL PLANS | **PLATINUM**

PLAN NAME	MS90 HMO
Part D Creditability	**Creditable**
HSA Compatible	**No**
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	$20 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$20 copay per visit
Specialist office visit	$30 copay per visit
Specialist telehealth visit (including telephone and video visits)	$30 copay per visit
Sutter Walk-In Care visit	$20 copay per visit
Preventive care	No charge
Outpatient rehabilitation visit	$20 copay per visit
Outpatient surgery facility fee	$100 copay per visit
Outpatient surgery physician/surgeon fee	$25 copay per visit
Non-preventive lab tests	$20 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$100 copay per procedure
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$30 copay per procedure
Hospitalization Services	
Hospitalization facility fee	$250 copay per day up to a maximum of 5 days per admission
Hospitalization physician/surgeon fee	No charge
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	$20 copay per visit
Prescription Drugs	
Tier 1 - retail pharmacy	$5 copay per prescription
Tier 2 - retail pharmacy	$20 copay per prescription
Tier 3 - retail pharmacy	$30 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	$20 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$20 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	$250 copay per day up to a maximum of 5 days per admission

Sutter Health Plan offers plans with embedded Infertility benefits that mirror standard plans — please consult with your Account Executive if you have any questions.

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SMALL GROUP MEDICAL PLANS | **GOLD**

PLAN NAME	MS97 HMO	SD32 HDHP HMO	MS93 HMO
Part D Creditability	**Creditable**	**Creditable**	**Creditable**
HSA Compatible	**No**	**Yes**	**No**
Annual Out-of-Pocket Maximum			
Single/individual family member	**$5,000**	**$6,000**	**$7,800**
Family	**$10,000**	**$12,000**	**$15,600**
Deductible			
Single/individual family member	**$1,500**	**$1,700/$3,400**	**$250**
Family	**$3,000**	**$3,400**	**$500**
Separate Deductible for Prescription Drugs			
Single/individual family member	**$0**	**N/A**	**$0**
Family	**$0**	**N/A**	**$0**
Outpatient Services			
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
Specialist office visit	$50 copay per visit after deductible	20% coinsurance after deductible	$55 copay per visit
Specialist telehealth visit (including telephone and video visits)	$50 copay per visit after deductible	20% coinsurance after deductible	$55 copay per visit
Sutter Walk-In Care visit	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
Preventive care	No charge	No charge	No charge
Outpatient rehabilitation visit	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
Outpatient surgery facility fee	20% coinsurance after deductible	20% coinsurance after deductible	$300 copay per visit after deductible
Outpatient surgery physician/surgeon fee	20% coinsurance after deductible	20% coinsurance after deductible	$35 copay per visit
Non-preventive lab tests	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$175 copay per procedure after deductible	20% coinsurance after deductible	$250 copay per procedure after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$50 copay per procedure after deductible	20% coinsurance after deductible	$55 copay per procedure
Hospitalization Services			
Hospitalization facility fee	20% coinsurance after deductible	20% coinsurance after deductible	$600 copay per day up to a maximum of 5 days per admission after deductible
Hospitalization physician/surgeon fee	20% coinsurance after deductible	20% coinsurance after deductible	No charge
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	$200 copay per visit after deductible	20% coinsurance after deductible	$250 copay per visit after deductible
Medical transportation (including emergency and non-emergency)	$200 copay per trip after deductible	20% coinsurance after deductible	$250 copay per trip after deductible
Urgent care	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
Prescription Drugs			
Tier 1 - retail pharmacy	$15 copay per prescription	$15 copay per prescription after deductible	$15 copay per prescription
Tier 2 - retail pharmacy	$30 copay per prescription	$50 copay per prescription after deductible	$40 copay per prescription
Tier 3 - retail pharmacy	$60 copay per prescription	$100 copay per prescription after deductible	$70 copay per prescription
Tier 4 - specialty pharmacy	20% coinsurance up to $250 per prescription	20% coinsurance up to $250 per prescription after deductible	20% coinsurance up to $250 per prescription
Mental Health and Substance Use Disorder (MH/SUD) Services			
MH/SUD outpatient office visits - individual	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$30 copay per visit after deductible	20% coinsurance after deductible	$35 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	20% coinsurance after deductible	20% coinsurance after deductible	$600 copay per day up to a maximum of 5 days per admission after deductible

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SMALL GROUP MEDICAL PLANS | **SILVER**

PLAN NAME	SD31 HDHP HMO	MS94 HMO
Part D Creditability	**Creditable**	**Creditable**
HSA Compatible	**Yes**	**No**
Annual Out-of-Pocket Maximum		
Single/individual family member	**$8,000**	**$8,750**
Family	**$16,000**	**$17,500**
Deductible		
Single/individual family member	**$2,800/$3,400**	**$2,500**
Family	**$5,600**	**$5,000**
Separate Deductible for Prescription Drugs		
Single/individual family member	**N/A**	**$300**
Family	**N/A**	**$600**
Outpatient Services		
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	$35 copay per visit after deductible	$55 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	$35 copay per visit after deductible	$55 copay per visit
Specialist office visit	$50 copay per visit after deductible	$90 copay per visit
Specialist telehealth visit (including telephone and video visits)	$50 copay per visit after deductible	$90 copay per visit
Sutter Walk-In Care visit	$35 copay per visit after deductible	$55 copay per visit
Preventive care	No charge	No charge
Outpatient rehabilitation visit	$35 copay per visit after deductible	$55 copay per visit
Outpatient surgery facility fee	25% coinsurance after deductible	35% coinsurance after deductible
Outpatient surgery physician/surgeon fee	25% coinsurance after deductible	35% coinsurance
Non-preventive lab tests	$35 copay per visit after deductible	$55 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	$50 copay per procedure after deductible	$300 copay per procedure after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	$15 copay per procedure after deductible	$90 copay per procedure
Hospitalization Services		
Hospitalization facility fee	25% coinsurance after deductible	35% coinsurance after deductible
Hospitalization physician/surgeon fee	25% coinsurance after deductible	35% coinsurance
Emergency and Urgent Care Services		
Emergency room services (waived if admitted)	25% coinsurance after deductible	35% coinsurance after deductible
Medical transportation (including emergency and non-emergency)	25% coinsurance after deductible	35% coinsurance after deductible
Urgent care	$35 copay per visit after deductible	$55 copay per visit
Prescription Drugs		
Tier 1 - retail pharmacy	$20 copay per prescription after deductible	$19 copay per prescription
Tier 2 - retail pharmacy	$40 copay per prescription after deductible	$85 copay per prescription after pharmacy deductible
Tier 3 - retail pharmacy	$80 copay per prescription after deductible	$110 copay per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	25% coinsurance up to $250 per prescription after deductible	30% coinsurance up to $250 per prescription after pharmacy deductible
Mental Health and Substance Use Disorder (MH/SUD) Services		
MH/SUD outpatient office visits - individual	$35 copay per visit after deductible	$55 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	$35 copay per visit after deductible	$55 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	25% coinsurance after deductible	35% coinsurance after deductible

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SMALL GROUP MEDICAL PLANS | **BRONZE**

PLAN NAME	SD23 HDHP HMO	MS49 HMO
Part D Creditability	**Creditable**	**Creditable**
HSA Compatible	**Yes**	**No**
Annual Out-of-Pocket Maximum		
Single/individual family member	**$7,200**	**$9,800**
Family	**$14,400**	**$19,600**
Deductible		
Single/individual family member	**$7,200/$7,200**	**$5,800**
Family	**$14,400**	**$11,600**
Separate Deductible for Prescription Drugs		
Single/individual family member	**N/A**	**$450**
Family	**N/A**	**$900**
Outpatient Services		
Primary care physician (PCP) or other practitioner office visit to treat an injury or illness	No charge after deductible	$60 copay per visit
PCP or other practitioner telehealth visit (including telephone and video visits)	No charge after deductible	$60 copay per visit
Specialist office visit	No charge after deductible	$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Specialist telehealth visit (including telephone and video visits)	No charge after deductible	$95 copay per visit after deductible, deductible waived for 1st 3 non-preventive visits
Sutter Walk-In Care visit	No charge after deductible	$60 copay per visit
Preventive care	No charge	No charge
Outpatient rehabilitation visit	No charge after deductible	$60 copay per visit
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
Non-preventive lab tests	No charge after deductible	$50 copay per visit
Radiological/nuclear imaging (CT/PET scans, MRIs)	No charge after deductible	40% coinsurance after deductible
Diagnostic and therapeutic imaging and testing (X-ray, ultrasound, EKG)	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
Medical transportation (including emergency and non-emergency)	No charge after deductible	40% coinsurance after deductible
Urgent care	No charge after deductible	$60 copay per visit
Prescription Drugs		
Tier 1 - retail pharmacy	No charge after deductible	$20 copay per prescription
Tier 2 - retail pharmacy	No charge after deductible	40% coinsurance up to $500 per prescription after pharmacy deductible
Tier 3 - retail pharmacy	No charge after deductible	40% coinsurance up to $500 per prescription after pharmacy deductible
Tier 4 - specialty pharmacy	No charge after deductible	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	No charge after deductible	$60 copay per visit
MH/SUD telehealth office visits - individual (including telephone and video visits)	No charge after deductible	$60 copay per visit
MH/SUD inpatient facility fee (includes residential treatment)	No charge after deductible	40% coinsurance after deductible

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Sutter Health Plan

2026 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 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 $3,400 for 2026 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.

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.