

SUTTER HEALTH PLUS PLAN COMPARISON

Denair Unified School District | sutterhealthplus.org



If you have any questions regarding Sutter Health Plus benefit options, please contact Member Services at **1-855-315-5800**, Monday through Friday, 8 a.m. to 7 p.m.

Plan Name	Summit ML32 HMO	Peak ML22 HMO	Peak ML25 HMO
Part D Creditability	Creditable	Creditable	Creditable
Annual Out-of-Pocket Maximum (embedded)			
Single/individual family member	\$750	\$4,000	\$6,000
Family	\$1,500	\$8,000	\$12,000
Deductible (embedded)			
Single/individual family member	\$0	\$1,500	\$3,000
Family	\$0	\$3,000	\$6,000
Deductible for Prescription Drugs (embedded)			
Single/individual family member	\$0	\$0	\$0
Family	\$0	\$0	\$0
Professional Services			
Primary care/specialty office visit	\$10 per visit	\$20 per visit	\$20 per visit
Preventive care	No charge	No charge	No charge
Outpatient Services			
Outpatient surgery facility fee	No charge	20% coinsurance*	30% coinsurance*
Outpatient surgery physician/surgeon fee	No charge	20% coinsurance*	30% coinsurance*
Diagnostic lab tests	\$10 per visit	\$20 per visit	\$20 per visit
Imaging (CT/PET scans, MRIs)	\$50 per procedure	\$50 per procedure	\$50 per procedure
Diagnostic and therapeutic X-rays and imaging	No charge	\$10 per procedure	\$10 per procedure
Hospitalization Services			
Hospitalization facility fee	No charge	20% coinsurance*	30% coinsurance*
Hospitalization physician/surgeon fees	No charge	20% coinsurance*	30% coinsurance*
Emergency and Urgent Care Services			
Emergency room services (waived if admitted)	\$30 per visit	20% coinsurance*	30% coinsurance*
Emergency medical transportation (ambulance)	\$30 per trip	No charge*	No charge*
Urgent care	\$15 per visit	\$20 per visit	\$20 per visit
Prescription Drugs			
Tier 1	\$5 per prescription	\$10 per prescription	\$10 per prescription
Tier 2	\$20 per prescription	\$30 per prescription	\$30 per prescription
Tier 3	\$40 per prescription	\$60 per prescription	\$60 per prescription
Tier 4	10% 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	\$10 per visit	\$20 per visit	\$20 per visit
MH/SUD inpatient facility fee	No charge	20% coinsurance*	30% coinsurance*

*After deductible has been met.

**Copayments do not apply to the annual out-of-pocket maximum.

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

