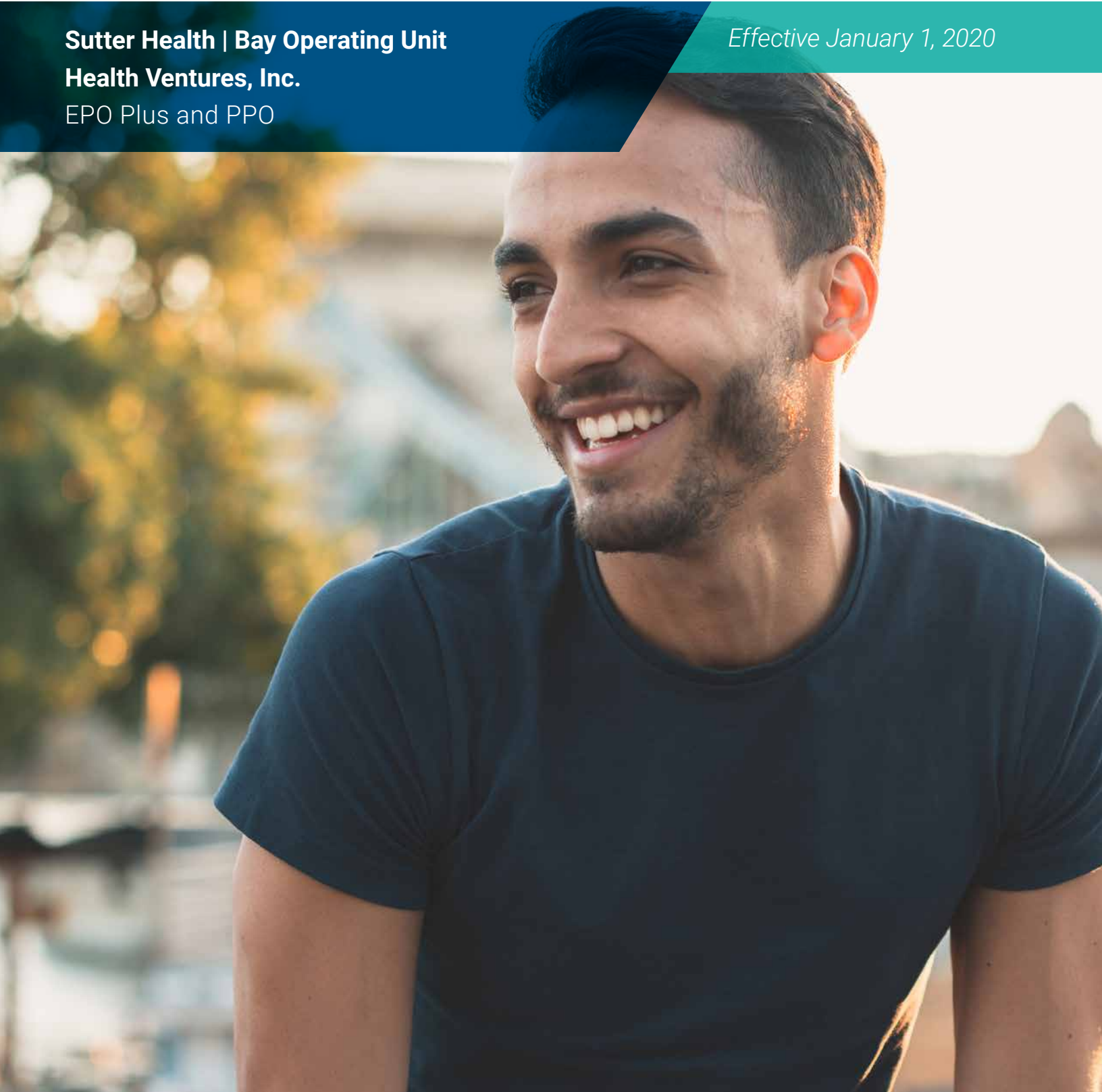


Health Plan Comparison Chart

Sutter Health | Bay Operating Unit
Health Ventures, Inc.
EPO Plus and PPO

Effective January 1, 2020



Your SutterSelect Health Plan Options

Chart Indicates Member Financial Responsibility

PLAN OPTION	EPO PLUS	PPO	
		TIER 1	TIER 2
GENERAL INFORMATION			
Network	Sutter Network and some non-Sutter providers	Sutter Network and some non-Sutter providers	HealthSmart Preferred Network (in CA) or PHCS (outside CA)
Annual Deductible	\$250 Individual \$500 Family	\$250 Individual \$500 Family	\$500 Individual \$1,000 Family
Annual Out-of-Pocket Maximum	\$750 Individual \$1,500 Family	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family
Lifetime Maximum	None	None	
EMERGENCY AND URGENT CARE			
Emergency Room (copay waived if admitted)	\$50 Copay*	Member pays 20%	Member pays 20%
Urgent Care	\$30 Copay*	\$30 Copay*	\$30 Copay*
HOSPITAL SERVICES			
Inpatient Hospitalization (Sutter)	No Copay	No Copay	Member pays 40%
Inpatient Hospitalization (non-Sutter)	\$150 day / 3-day maximum*	\$150 day / 3-day maximum*	Member pays 40%
Inpatient Physician Visits	No Copay	Member pays 20%	Member pays 40%
Outpatient Surgery	No Copay	Member pays 20%	Member pays 40%
OTHER MEDICAL SERVICES AND SUPPLIES			
Durable Medical Equipment, Corrective Appliances, Prosthetic Devices	No Copay (Inpatient) Member pays 10% (Outpatient)	Member pays 20%	Member pays 40%
Hearing Aids (once every 36 months)	Member pays 10%	Member pays 20%	Member pays 40%
Home Health Care	No Copay Unlimited duration	Member pays 20% Unlimited duration	Member pays 40% 100 visits per calendar year
Hospice	No Copay	No Copay	Member pays 40%
Skilled Nursing Facility	No Copay 100 days per calendar year maximum	Member pays 20%	Member pays 40%
		100 days per calendar year maximum	
MENTAL HEALTH, SUBSTANCE ABUSE & CHEMICAL DEPENDENCY			
Inpatient	No Copay (Sutter) \$150 day / 3-day maximum* (Non-Sutter)	No Copay (Sutter) \$150 day / 3-day maximum* (Non-Sutter)	
Outpatient (includes virtual visits)	\$20 Copay*	\$20 Copay*	

Copays for prescription drugs and copays marked with an asterisk () are not subject to annual deductible.

See page 5 for additional notes.

Chart Indicates Member Financial Responsibility

PLAN OPTION	EPO PLUS	PPO	
		TIER 1	TIER 2
PHYSICIAN AND PROFESSIONAL SERVICES <i>If physician/professional services are in conjunction with an office visit, the office visit copay applies.</i>			
Allergy Testing and Injections (including serum)	No Copay	Member pays 20%	Member pays 40%
Chiropractic & Acupuncture (20 visit combined maximum per calendar year)	\$20 Copay*	Member pays 20%	Member pays 40%
Dialysis	No Copay	Member pays 20%	Member pays 40%
Immunizations, Routine	No Copay	No Copay	Member pays 40%
Infertility Treatment (limited benefit)	Member pays 50% Note: Lifetime benefit max paid by Plan \$15,000	Member pays 50%	Member pays 50%
Outpatient Services for Laboratory, DME and Radiology	Member pays 10%	Member pays 20%	Member pays 40%
Physical Exam, Routine	No Copay	No Copay	Member pays 40%
Physician Office Visits Includes Walk-in Care clinics (Sutter)	\$20 Copay*	\$20 Copay* (Primary Care) \$30 Copay* (Specialist)	Member pays 40%
Prenatal and Postnatal Care	No Copay	No Copay	Member pays 40%
Rehabilitative Therapy (physical, occupational and speech)	\$20 Copay*	Member pays 20%	Member pays 40%
Telemedicine (5 consults maximum per calendar year through MDLIVE)	\$20 Copay*	\$20 Copay*	

Copays for prescription drugs and copays marked with an asterisk () are not subject to annual deductible.
See page 5 for additional notes.

Chart Indicates Member Financial Responsibility

PLAN OPTION	EPO PLUS	PPO	
		TIER 1	TIER 2
PRESCRIPTION DRUGS			
Peralta or Alta Bates Summit Outpatient Pharmacies (30-day supply / 90-day supply**)			
Tier 1: Low cost share level – mostly generic drugs and some low cost preferred brands	\$2.50 / \$7.50 Copay	\$2.50 / \$7.50 Copay	
Tier 2: Moderate cost share level – mostly preferred brands and some high cost generics	\$10 / \$30 Copay	\$10 / \$30 Copay	
Tier 3: High cost share level – mostly non-preferred brands and high cost generic drugs	\$25 / \$75 Copay	\$25 / \$75 Copay	
Retail (30-day / 90-day supply**)			
Tier 1: Low cost share level – mostly generic drugs and some low cost preferred brands	\$5 / \$15 Copay	\$10 / \$30 Copay	
Tier 2: Moderate cost share level – mostly preferred brands and some high cost generic drugs	\$20 / \$60 Copay	\$30 / \$90 Copay	
Tier 3: High cost share level – mostly non-preferred brands and high cost generic drugs	\$40 / \$120 Copay	\$50 / \$150 Copay	
Mail Order (90-day supply**)			
Tier 1: Low cost share level – mostly generic drugs and some low cost preferred brands	\$10 Copay	\$20 Copay	
Tier 2: Moderate cost share level – mostly preferred brands and some high cost generic drugs	\$40 Copay	\$60 Copay	
Tier 3: High cost share level – mostly non-preferred brands and high cost generic drugs	\$80 Copay	\$120 Copay	
Specialty Drugs: Prescription filled through Specialty Pharmacy vendor	\$50 Copay per prescription product for up to a 30-day supply. Maximum of \$150 per month.		

Copays for prescription drugs and copays marked with an asterisk () are not subject to annual deductible.

**Copays for filling a 90-day supply at retail are your three month in-house or retail copays. By using mail order you can receive a 90-day supply at a reduced copay amount.

See page 5 for additional notes.

Pharmacy

Express Scripts® is the pharmacy benefit manager for SutterSelect. For assistance, contact Express Scripts at 877-787-8660 or find information online at express-scripts.com/SutterSelect.

Per the Affordable Care Act (ACA), certain preventive care medications are covered with a \$0 copayment. Examples include generic drugs for contraception, smoking cessation, breast cancer prevention, and cardiovascular health. Refer to the SutterSelect preferred drug list (formulary) at express-scripts.com/SutterSelect for a list of covered drugs.

Generic program: If you use a brand drug instead of its generic equivalent, you will pay your applicable brand copay, plus the difference in cost between the brand and generic drugs. Your out-of-pocket cost for the brand may be up to the entire cost of the drug. If the brand is medically necessary, your physician may submit a prior authorization form to Express Scripts for clinical review. Out-of-pocket cost for the brand will not apply to your annual out-of-pocket maximum (OOPM).

For select drugs used to treat high blood pressure, high cholesterol, and diabetes, copays will be waived for generic drugs. Tier 1 copays will apply for preferred brand drugs. Tier 3 drugs will be subject to the regular copays. This applies to drugs for these three high-risk chronic conditions only.

Specialty drugs are used to treat complex or life threatening diseases. They require special handling, administration and require a significant degree of patient education, monitoring and management. Refer to the SutterSelect preferred drug list (formulary) at express-scripts.com/SutterSelect for details on specific drugs. Contact Express Scripts at 877-787-8660 for specialty pharmacy information.

Maintenance medications used for chronic conditions (e.g. heart disease, asthma, depression, etc.) are available for up to a 90-day supply with reduced copays through mail order.

Beginning Jan. 1, 2020, you can also pick up a 90-day supply of your maintenance medications in person with your three-month standard copays at certain retail pharmacies. To find out if your local pharmacy participates in the **90-Day at Retail** program, visit express-scripts.com/SutterSelect.

Plan Notes

The OOPM is the most you will pay for eligible medical expenses in a single calendar year before the plan pays 100 percent of the eligible charges for the rest of the calendar year.

All copays for office visits, prescription drugs, approved medical services and diabetic supplies dispensed through a participating pharmacy count toward the OOPM, except: services or supplies received that are not covered by the plan and any amount incurred as a penalty for receiving non-certified services or expenses.

Coinsurance applies after deductible has been met.

This information provides highlights of the health plan. Complete details are contained in the official plan documents. If there are differences between the information contained herein and the official plan documents, the plan documents will govern.

The SutterSelect administered health plans sponsored by Sutter Health and its Affiliates comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 916-924-2175.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 916-924-2175.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：916-924-2175。

