

Sutter Walk-In Care

Care to fit your busy life.



As a Sutter Health Plus member, you have access to video visits and in-person care at Sutter Walk-In Care.

Sutter Walk-In Care offers same-day care for common illnesses and injuries, such as seasonal allergies, and minor sprains and strains. It costs no more than a primary care visit* cost share, and may be less, depending on your plan design. You can also access health screenings, immunizations and a smoking cessation program.

Sutter Walk-In Care staff include clinicians who diagnose, treat and prescribe medications—all overseen by a physician medical director.

* Refer to the Sutter Health Plus combined Evidence of Coverage and Disclosure Form and Benefits and Coverage Matrix to determine coverage and costs.

FEATURES

- Available to adults and children ages 18 months and older
- Open daily from 11 a.m. to 7 p.m., holiday hours vary
- Schedule same-day visits online, call ahead or walk in

For a list of Sutter Walk-In Care locations visit sutterhealthplus.org/walk-in.

Book a Visit

While appointments are not necessary to visit a Sutter Walk-In Care, members can view a map of nearby Walk-In Care locations with available appointment times and easily book an appointment when it is convenient.

SERVICES

Allergies and Skin Conditions

- Seasonal Allergies
- Rashes and Skin Infections
- Acne
- Cold Sores
- Insect Bites
- Sunburn
- Poison Oak and Ivy



Illnesses

- Colds and Flu
- Upper Respiratory Infection
- Bronchitis
- Ear Infection
- Sinus Infection
- Strep Throat



Injuries

- Minor sprains
- Minor strains
- Minor Neck and Back Pain
- Tendonitis



Vaccinations

- COVID-19 (by appointment only)
- Flu (6 months and older)
- Hepatitis A and B
- Measles, Mumps and Rubella
- Pneumonia
- Whooping Cough (Tdap)



Screenings

- Blood Pressure
- Blood Sugar
- Height, Weight and Body Mass Index
- Pregnancy



Healthy Living

- Smoking Cessation Program



Urgent and Emergency Care

You can access urgent and emergency care when you need it from any facility, in or out of the Sutter Health Plus network, without a referral. In the case of an emergency, dial 911 (where available) or go to the nearest hospital.

For a list of urgent care locations, visit sutterhealthplus.org/urgent.

Nurse Advice Line | 1-855-836-3500

All members have access to the Sutter Health Plus Nurse Advice Line available 24/7 for immediate information about medical problems. Registered nurses can help you determine the right level of care for your health needs.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Sutter Health Plus: Summit ML84 HMO

Coverage Period: 01/01/2024 – 12/31/2024
Coverage for: Large Group | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, contact Sutter Health Plus at 1-855-315-5800 or visit sutterhealthplus.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment (copay), deductible, provider, or other underlined terms, see the Glossary of Health Coverage and Medical Terms. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-855-315-5800 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual / \$0 individual family member / \$0 family per calendar year.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. There is no deductible for covered services.	You don't have to meet deductibles for covered items and services. But a copayment (copay) or coinsurance may apply. This plan covers certain preventive services without cost sharing. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$1,500 individual / \$1,500 individual family member / \$3,000 family per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, health care this plan doesn't cover and cost sharing for most optional benefits if elected by your employer group.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.sutterhealthplus.org/provider-search or call 1-855-315-5800 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	<u>Primary Care Physician (PCP) Visit</u> to treat an injury or illness	PCP Office Visit: \$15 copay per visit Sutter Walk-in Care Visit: \$5 copay per visit Telehealth Visit: \$5 copay per visit	Not covered	Includes Other Health Professional visits. *See Definitions section in EOC for list of Other Health Professionals.
	<u>Specialist Visit</u>	<u>Specialist Office Visit</u> : \$15 copay per visit Telehealth Visit: \$5 copay per visit	Not covered	Prior authorization for some <u>referrals</u> to <u>specialists</u> is required. If it is not received, you may be responsible for paying all charges.
	<u>Preventive Care / Screening / Immunization</u>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic Test</u> (X-ray, blood work)	Lab: No charge X-ray: No charge	Not covered	Prior authorization for some diagnostic services is required. If it is not received, you may be responsible for paying all charges.
	Imaging (CT/PET scans, MRIs)	\$15 copay per procedure	Not covered	
If you need drugs to treat your illness or condition For information about <u>prescription drug coverage</u> ,	Tier 1 (Most generic drugs and low-cost preferred brand name drugs)	Retail: \$10 copay per prescription Mail Order: \$20 copay per prescription	Not covered	Retail: covers up to a 30-day supply through a CVS Health® National Network pharmacy and covers up to a 100-day supply of maintenance drugs, at two times the retail copay, through a CVS retail pharmacy that participates in the Retail-90 Network.

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
including the Sutter Health Plus (SHP) <u>formulary</u> , visit www.sutterhealthplus.org/p/harmacy or call CVS Caremark® at 1-844-740-0635.	Tier 2 (Preferred brand name drugs and non-preferred generic drugs)	Retail: \$20 copay per prescription Mail Order: \$40 copay per prescription	Not covered	Mail Order/home delivery service: covers up to a 100-day supply of maintenance drugs, at two times the retail copay, through the CVS Caremark® Mail Service Pharmacy. Specialty Pharmacy: covers up to a 30-day supply of <u>specialty drugs</u> through CVS Specialty®. <u>Specialty drugs</u> are not exclusive to Tier 4 and, regardless of tier placement, have the same fill requirements. *See SHP <u>formulary</u> or the Outpatient <u>Prescription Drugs, Supplies, Equipment and Supplement</u> section in EOC for any SHP policy requirements such as prior authorization and step therapy, or coverage limitations and exceptions.
	Tier 3 (Non-preferred brand name drugs)	Retail: \$35 copay per prescription Mail Order: \$70 copay per prescription	Not covered	
	Tier 4 (<u>Specialty drugs</u>)	Specialty Pharmacy: 20% <u>coinsurance</u> up to \$100 per prescription	Not covered	
If you have outpatient surgery	Facility Fee (e.g., ambulatory surgery center)	\$15 copay per visit	Not covered	Prior authorization is required. If it is not received, you may be responsible for paying all charges.
	Physician / Surgeon Fee	No charge	Not covered	
If you need immediate medical attention	<u>Emergency Room Care</u>	Facility: \$35 copay per visit Professional: No charge		If admitted to the hospital, <u>Emergency Room Care cost sharing</u> will not apply. See hospital stay information below for applicable <u>cost sharing</u> .
	<u>Emergency Medical Transportation</u>	No charge		Transportation by car, taxi, bus, gurney van, wheelchair van, and any other type of transportation (other than a licensed ambulance or psychiatric transport van) is not covered.
	<u>Urgent Care</u>	\$15 copay per visit		Refer to the Your Benefits section of the EOC for additional information.

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you have a hospital stay	Facility Fee (e.g., hospital room)	No charge	Not covered	Prior authorization is required. If it is not received, you may be responsible for paying all charges.
	Physician / Surgeon Fees	No charge	Not covered	
If you need mental health, behavioral health, or substance use disorder (MH/SUD) services For information, call U.S. Behavioral Health Plan, California (USBHPC) at 1-855-202-0984 or visit www.liveandworkwell.com (access code: "Sutter").	Outpatient Services	Individual Office Visit: \$15 copay per visit MH Group Office Visit: \$7 copay per visit SUD Group Office Visit: \$5 copay per visit Telehealth Office Visit: \$5 copay per visit Other Outpatient Services: No charge	Not covered	You may self-refer to a USBHPC <u>provider</u> for Office Visits. Prior authorization is required for Other Outpatient Services and all Inpatient Services by USBHPC. If it is not obtained when required, you may be liable for the payment of services or supplies.
	Inpatient Services	Facility: No charge Professional: No charge	Not covered	
If you are pregnant	Office Visits	Prenatal and Postnatal Care (In-person or telehealth visit): No charge	Not covered	Prenatal and Postnatal Care includes all prenatal office visits and the first postnatal office visit. Refer to the PCP Visit <u>cost sharing</u> for all subsequent postnatal office visits. Maternity care may include tests and services described elsewhere in the SBC (e.g., <u>Diagnostic Tests</u> such as ultrasounds and blood work).
	Childbirth / Delivery Professional Services	No charge	Not covered	
	Childbirth / Delivery Facility Services	No charge	Not covered	

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you need help recovering or have other special health needs	<u>Home Health Care</u>	No charge	Not covered	<p>Prior authorization is required. If it is not received, you may be responsible for paying all charges.</p> <p>Quantitative limits exist for the following services: <u>Home Health Care</u> – 100 visits per calendar year. <u>Skilled Nursing Care</u> – 100 days per benefit period. *See Skilled Nursing Facility Care section in EOC for additional information. <u>Hospice Services</u> – respite care is occasional short-term inpatient care limited to no more than five consecutive days at a time.</p>
	<u>Rehabilitation Services</u>	\$15 copay per visit	Not covered	
	<u>Habilitation Services</u>	\$15 copay per visit	Not covered	
	<u>Skilled Nursing Care</u>	No charge	Not covered	
	<u>Durable Medical Equipment</u>	No charge	Not covered	
	<u>Hospice Services</u>	No charge	Not covered	
If your child needs dental or eye care For more information, contact Vision Services Plan (VSP) at 1-800-877-7195.	Children's Eye Exam	No charge	Up to \$45 max reimbursement	<p>Quantitative limits exist for the following children's services: Eye Exam – 1 preventive exam per calendar year.</p>
	Children's Glasses	Not covered	Not covered	
	Children's Dental Check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your plan Evidence of Coverage (EOC) for more information and a list of any other excluded services.)

- Commercial weight loss programs
- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan Evidence of Coverage \(EOC\)](#).)

- Abortion
- Acupuncture provided as an optional benefit through ACN Group of California (ACN) for medically necessary services. See the ACN Schedule of Benefits for additional information. This optional benefit is in addition to acupuncture embedded in the medical [plan](#) that is typically provided only for the treatment of nausea or chronic pain where a PCP [referral](#) and prior authorization are required.
- Bariatric surgery
- Chiropractic care provided as an optional benefit through ACN Group of California (ACN) for medically necessary services; separate from medical [plan](#). See the ACN Schedule of Benefits for additional information.
- Infertility treatment offered as an optional benefit through SHP. A PCP or OB/GYN [referral](#) and prior authorization by your medical group or SHP are required for medically necessary services. See the Infertility Services Benefit Rider for [cost sharing](#) and additional information.
- Routine eye care (Adult) limited to an annual preventive eye exam through VSP; embedded in medical [plan](#).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: The Department of Managed Health Care at **1-888-466-2219** or www.dmhc.ca.gov, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through California's Health Insurance Marketplace, Covered California, at 1-800-300-1506 or www.coveredca.com. For more information about the Marketplace, visit healthcare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance (*See If You Have A Concern Or Dispute With SHP section in EOC for information about grievances) or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Sutter Health Plus at **1-855-315-5800 (TTY: 1-855-830-3500)** or California Department of Managed Health Care at **1-888-466-2219 (TTY: 1-877-688-9891)** or www.dmhc.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Please see Notice of Language Assistance addendum.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments (copays) and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

- The plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:

Office Visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services (*anesthesia*)
 Diagnostic Tests (*ultrasounds and blood work*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$10
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$60
The total Peg would pay is	\$70

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:

Primary Care Physician Office Visits (*including disease education*)
Diagnostic Tests (*blood work*)
Prescription Drugs (*including glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$20
The total Joe would pay is	\$920

Mia's Simple Fracture
(in-network emergency room visit and follow-up care)

- The plan's overall deductible \$0
- Specialist copayment \$15
- Hospital (facility) copayment \$0
- Other coinsurance N/A

This EXAMPLE event includes services like:

Emergency Room Care (*including medical supplies*)
Diagnostic Tests (*X-ray*)
Durable Medical Equipment (*crutches*)
Rehabilitation Services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$0
The total Mia would pay is	\$100

The plan would be responsible for the other costs of these EXAMPLE covered services.

Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)

重要提示：您能讀懂這份文件嗎？如果不能，Sutter Health Plus 可以找人幫助您讀它。您還可
能得到用您的語言書寫的這份文件。若需要免費幫助，請致電 Sutter Health Plus 會員服務，
電話號碼 1-855-315-5800 (TTY 1-855-830-3500)。(Chinese)

ملحوظة مهمة: هل أنت قادر على قراءة هذا؟ إذا لم تكن قادرًا فاعلم أن صتّر هيلث بلاس (Sutter Health Plus) قد يكون لديهم شخصًا يمكنه مساعدتك في قراءة هذا النص. كما يمكنك أيضًا أن تتلقاه مكتوبًا بلغتك. للحصول على مساعدة مجانية، برجاء الاتصال بخدمات أعضاء صتّر هيلث بلاس (Sutter Health Plus Member Services) على هاتف 1-855-315-5800 (هاتف النص المرئي [TTY] 1-855-830-3500). (Arabic)

ԿԱՐԵՎՈՐ ՏԵՂԵԿԱՏՎՈՒԹՅՈՒՆ. Կարո՞ղ եք կարդալ սա: Եթե ոչ, Sutter Health Plus-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել Sutter Health Plus-ի Անդամների սպասարկման բաժին՝ 1-855-315-5800 (TTY 1-855-830-3500) հեռախոսահամարով: (Armenian)

**សារ:សំខាន់៖ តើអ្នកអាចអានសេចក្តីនេះឬទេ? បើសិនមិនអាចទេ Sutter Health Plus អាចមាន
នរណាម្នាក់ជួយអានវាជូនអ្នក ។ អ្នកក៏អាចនឹងឲ្យបានសេចក្តីនេះ សរសេរជាភាសារបស់អ្នកដែរ។ សំ
រាប់ជំនួយដោយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ ផ្នែកសេវាសមាជិក Sutter Health Plus តាមលេខ
1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)**

نکته مهم: آیا می توانید این مطالب را بخوانید و بفهمید؟ اگر نمی توانید، Sutter Health Plus می تواند از فردی کمک بگیرد تا آنرا برایتان بخواند. همچنین امکان ترجمه این مطالب به زبان فارسی وجود دارد. برای دریافت خدمات و کمک رایگان، لطفاً با دفتر خدمات اعضای Sutter Health Plus با شماره تلفن 1-855-315-5800 (TTY 1-855-830-3500) تماس بگیرید. (Farsi)

महत्वपूर्ण: क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सट्टर हेल्थ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवाने में समर्थ हो सकते/सकती हैं। निःशुल्क सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सट्टर हेल्थ प्लस मेंबर सर्विसेस को कॉल करें। (Hindi)

LUS TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog koj nyeem tsis tau, Sutter Health Plus muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, peb tuaj yeem muab sau ua hom lus koj nyeem tau rau koj tib si. Yog koj xav tau kev pab pub dawb, thov hu rau Sutter Health Plus Lub Chaw Pab Cuam Tswv Cuab ntawm tus xov tooj 1-855-315-5800 (TTY 1-855-830-3500). (Hmong)

重要なお知らせ：これを読むことができますか？読めない場合は、Sutter Health Plus が読むのをお手伝いします。あなたの言語で表示できるかもしれません。無料のご相談は、Sutter Health Plus Member Services、電話：1-855-315-5800 (TTY 1-855-830-3500) まで。(Japanese)

중요: 귀하는 이것을 읽으실 수 있습니까? 만약 읽으실 수 없다면, Sutter Health Plus 에서 다른 사람에게 부탁하여 그것을 읽으실 수 있도록 도와드릴 수 있습니다. 또한 이것을 귀하의 사용 언어로 작성해 받으실 수도 있습니다. Sutter Health Plus 회원 서비스(1-855-315-5800 (TTY 1-855-830-3500))에 전화를 하시어 무상으로 도움을 받으십시오. (Korean)

ໝາຍເຫດ: ທ່ານອ່ານໄດ້ຈົດໝາຍສະບັບນີ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ທາງ Sutter Health Plus ມີ ພະນັກງານຊ່ວຍອ່ານໃຫ້ທ່ານ. ນອກຈາກນັ້ນ, ພວກເຮົາຍັງສາມາດຂຽນເປັນພາສາຂອງທ່ານໃຫ້ທ່ານອີກ ດ້ວຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າບໍລິການ, ກະລຸນາຕິດຕໍ່ ໜ່ວຍບໍລິການ ຂອງ Sutter Health Plus ທີ່ໝາຍເລກໂທລະສັບ 1-855-315-5800 (TTY 1-855-830-3500). (Laotian)

ਅਹਿਮ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ, Sutter Health Plus (ਸੱਟਰ ਹੈਲਥ ਪਲਸ) ਕਿਸੇ ਤੋਂ ਇਹ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਵਾ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮੱਦਦ ਲਈ ਕਿਰਪਾ ਕਰ ਕੇ Sutter Health Plus Member Services ਨੂੰ 1-855-315-5800 (TTY 1-855-830-3500) ਉੱਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulong, mangyaring tumawag sa Sutter Health Plus Member Services sa. 1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

สำคัญ: คุณอ่านออกหรือไม่ ถ้าอ่านไม่ออก Sutter Health Plus สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาโทรหา Sutter Health Plus Member Services ที่ 1-855-315-5800 (TTY 1-855-830-3500) (Thai)

QUAN TRỌNG: Qu. vị có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vị. Qu. vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của qu. vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services
Sutter Health Plus: Summit ML79 HMO

Coverage Period: 01/01/2024 – 12/31/2024
Coverage for: Large Group | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, contact Sutter Health Plus at 1-855-315-5800 or visit sutterhealthplus.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment (copay), deductible, provider, or other underlined terms, see the Glossary of Health Coverage and Medical Terms. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-855-315-5800 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0 individual / \$0 individual family member / \$0 family per calendar year.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes. There is no deductible for covered services.	You don't have to meet deductibles for covered items and services. But a copayment (copay) or coinsurance may apply. This plan covers certain preventive services without cost sharing. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 individual / \$2,500 individual family member / \$5,000 family per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, health care this plan doesn't cover and cost sharing for most optional benefits if elected by your employer group.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.sutterhealthplus.org/provider-search or call 1-855-315-5800 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	Yes.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you visit a health care provider's office or clinic	<u>Primary Care Physician (PCP) Visit</u> to treat an injury or illness	PCP Office Visit: \$25 copay per visit Sutter Walk-in Care Visit: \$10 copay per visit Telehealth Visit: \$10 copay per visit	Not covered	Includes Other Health Professional visits. *See Definitions section in EOC for list of Other Health Professionals.
	<u>Specialist Visit</u>	<u>Specialist Office Visit</u> : \$25 copay per visit Telehealth Visit: \$10 copay per visit	Not covered	Prior authorization for some <u>referrals</u> to <u>specialists</u> is required. If it is not received, you may be responsible for paying all charges.
	<u>Preventive Care / Screening / Immunization</u>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic Test</u> (X-ray, blood work)	Lab: \$25 copay per visit X-ray: \$15 copay per procedure	Not covered	Prior authorization for some diagnostic services is required. If it is not received, you may be responsible for paying all charges.
	Imaging (CT/PET scans, MRIs)	\$50 copay per procedure	Not covered	
If you need drugs to treat your illness or condition For information about <u>prescription drug coverage</u> ,	Tier 1 (Most generic drugs and low-cost preferred brand name drugs)	Retail: \$10 copay per prescription Mail Order: \$20 copay per prescription	Not covered	Retail: covers up to a 30-day supply through a CVS Health® National Network pharmacy and covers up to a 100-day supply of maintenance drugs, at two times the retail copay, through a CVS retail pharmacy that participates in the Retail-90 Network.

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
including the Sutter Health Plus (SHP) <u>formulary</u> , visit www.sutterhealthplus.org/p/harmacy or call CVS Caremark® at 1-844-740-0635.	Tier 2 (Preferred brand name drugs and non-preferred generic drugs)	Retail: \$30 copay per prescription Mail Order: \$60 copay per prescription	Not covered	Mail Order/home delivery service: covers up to a 100-day supply of maintenance drugs, at two times the retail copay, through the CVS Caremark® Mail Service Pharmacy. Specialty Pharmacy: covers up to a 30-day supply of <u>specialty drugs</u> through CVS Specialty®. <u>Specialty drugs</u> are not exclusive to Tier 4 and, regardless of tier placement, have the same fill requirements. *See SHP <u>formulary</u> or the Outpatient <u>Prescription Drugs, Supplies, Equipment and Supplement</u> section in EOC for any SHP policy requirements such as prior authorization and step therapy, or coverage limitations and exceptions.
	Tier 3 (Non-preferred brand name drugs)	Retail: \$60 copay per prescription Mail Order: \$120 copay per prescription	Not covered	
	Tier 4 (<u>Specialty drugs</u>)	Specialty Pharmacy: 20% <u>coinsurance</u> up to \$250 per prescription	Not covered	
If you have outpatient surgery	Facility Fee (e.g., ambulatory surgery center)	\$10 copay per visit	Not covered	Prior authorization is required. If it is not received, you may be responsible for paying all charges.
	Physician / Surgeon Fee	No charge	Not covered	
If you need immediate medical attention	<u>Emergency Room Care</u>	Facility: \$150 copay per visit Professional: No charge		If admitted to the hospital, <u>Emergency Room Care cost sharing</u> will not apply. See hospital stay information below for applicable <u>cost sharing</u> .
	<u>Emergency Medical Transportation</u>	\$150 copay per trip		Transportation by car, taxi, bus, gurney van, wheelchair van, and any other type of transportation (other than a licensed ambulance or psychiatric transport van) is not covered.
	<u>Urgent Care</u>	\$25 copay per visit		Refer to the Your Benefits section of the EOC for additional information.

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you have a hospital stay	Facility Fee (e.g., hospital room)	\$500 copay per admission	Not covered	Prior authorization is required. If it is not received, you may be responsible for paying all charges.
	Physician / Surgeon Fees	No charge	Not covered	
If you need mental health, behavioral health, or substance use disorder (MH/SUD) services For information, call U.S. Behavioral Health Plan, California (USBHPC) at 1-855-202-0984 or visit www.liveandworkwell.com (access code: "Sutter").	Outpatient Services	Individual Office Visit: \$25 copay per visit Group Office Visit: \$12.50 copay per visit Telehealth Office Visit: \$10 copay per visit Other Outpatient Services: \$10 copay per visit	Not covered	You may self-refer to a USBHPC <u>provider</u> for Office Visits. Prior authorization is required for Other Outpatient Services and all Inpatient Services by USBHPC. If it is not obtained when required, you may be liable for the payment of services or supplies.
	Inpatient Services	Facility: \$500 copay per admission Professional: No charge	Not covered	
If you are pregnant	Office Visits	Prenatal and Postnatal Care (In-person or telehealth visit): No charge	Not covered	Prenatal and Postnatal Care includes all prenatal office visits and the first postnatal office visit. Refer to the PCP Visit <u>cost sharing</u> for all subsequent postnatal office visits. Maternity care may include tests and services described elsewhere in the SBC (e.g., <u>Diagnostic Tests</u> such as ultrasounds and blood work).
	Childbirth / Delivery Professional Services	No charge	Not covered	
	Childbirth / Delivery Facility Services	\$500 copay per admission	Not covered	
	<u>Home Health Care</u>	No charge	Not covered	Prior authorization is required. If it is not received, you may be responsible for paying all charges.

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		Participating Provider	Non-Participating Provider	
If you need help recovering or have other special health needs	<u>Rehabilitation Services</u>	\$25 copay per visit	Not covered	Quantitative limits exist for the following services: <u>Home Health Care</u> – 100 visits per calendar year. <u>Skilled Nursing Care</u> – 100 days per benefit period. *See Skilled Nursing Facility Care section in EOC for additional information. <u>Hospice Services</u> – respite care is occasional short-term inpatient care limited to no more than five consecutive days at a time.
	<u>Habilitation Services</u>	Not covered	Not covered	
	<u>Skilled Nursing Care</u>	\$250 copay per admission	Not covered	
	<u>Durable Medical Equipment</u>	20% <u>coinsurance</u>	Not covered	
	<u>Hospice Services</u>	No charge	Not covered	
If your child needs dental or eye care For more information, contact Vision Services Plan (VSP) at 1-800-877-7195.	Children's Eye Exam	No charge	Up to \$45 max reimbursement	Quantitative limits exist for the following children's services: Eye Exam – 1 preventive exam per calendar year.
	Children's Glasses	Not covered	Not covered	
	Children's Dental Check-up	Not covered	Not covered	

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your plan Evidence of Coverage (EOC) for more information and a list of any other excluded services.)

- | | | |
|-----------------------------------|--------------------------------|--|
| • Commercial weight loss programs | • <u>Habilitation services</u> | • Non-emergency care when traveling outside the U.S. |
| • Cosmetic surgery | • Hearing aids | • Private-duty nursing |
| • Dental care (Adult) | • Long-term care | • Routine foot care |

* For more information about limitations and exceptions, see plan Evidence of Coverage (EOC) at www.sutterhealthplus.org/about/plans-benefits or call 1-855-315-5800.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan Evidence of Coverage \(EOC\)](#).)

- Abortion
- Acupuncture provided as an optional benefit through ACN Group of California (ACN) for medically necessary services. See the ACN Schedule of Benefits for additional information. This optional benefit is in addition to acupuncture embedded in the medical [plan](#) that is typically provided only for the treatment of nausea or chronic pain where a PCP [referral](#) and prior authorization are required.
- Bariatric surgery
- Chiropractic care provided as an optional benefit through ACN Group of California (ACN) for medically necessary services; separate from medical [plan](#). See the ACN Schedule of Benefits for additional information.
- Infertility treatment offered as an optional benefit through SHP. A PCP or OB/GYN [referral](#) and prior authorization by your medical group or SHP are required for medically necessary services. See the Infertility Services Benefit Rider for [cost sharing](#) and additional information.
- Routine eye care (Adult) limited to an annual preventive eye exam through VSP; embedded in medical [plan](#).

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: The Department of Managed Health Care at **1-888-466-2219** or www.dmhc.ca.gov, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through California's Health Insurance Marketplace, Covered California, at 1-800-300-1506 or www.coveredca.com. For more information about the Marketplace, visit healthcare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance (*See If You Have A Concern Or Dispute With SHP section in EOC for information about grievances) or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Sutter Health Plus at **1-855-315-5800 (TTY: 1-855-830-3500)** or California Department of Managed Health Care at **1-888-466-2219 (TTY: 1-877-688-9891)** or www.dmhc.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

Please see Notice of Language Assistance addendum.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments (copays) and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ <u>The plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$25
■ <u>Hospital (facility) copayment</u>	\$500
■ <u>Other coinsurance</u>	20%

This EXAMPLE event includes services like:

Office Visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services (*anesthesia*)
 Diagnostic Tests (*ultrasounds and blood work*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$600
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$60
The total Peg would pay is	\$660

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ <u>The plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$25
■ <u>Hospital (facility) copayment</u>	\$500
■ <u>Other coinsurance</u>	20%

This EXAMPLE event includes services like:

Primary Care Physician Office Visits (*including disease education*)
 Diagnostic Tests (*blood work*)
 Prescription Drugs (*including glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$1,200
<u>Coinsurance</u>	\$0
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$20
The total Joe would pay is	\$1,220

Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ <u>The plan's overall deductible</u>	\$0
■ <u>Specialist copayment</u>	\$25
■ <u>Hospital (facility) copayment</u>	\$500
■ <u>Other coinsurance</u>	20%

This EXAMPLE event includes services like:

Emergency Room Care (*including medical supplies*)
 Diagnostic Tests (*X-ray*)
 Durable Medical Equipment (*crutches*)
 Rehabilitation Services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductible</u>	\$0
<u>Copayments</u>	\$500
<u>Coinsurance</u>	\$50
<u>What isn't covered</u>	
Limits or <u>excluded services</u>	\$0
The total Mia would pay is	\$550

The plan would be responsible for the other costs of these EXAMPLE covered services.

Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plus can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plus Member Services at 1-855-315-5800 (TTY 1-855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plus puede proporcionarle alguien que le ayude a leerlo. También puede obtenerlo por escrito en su idioma. Llame a Sutter Health Plus Member Services al 1-855-315-5800 (TTY 1-855-830-3500), sin costo alguno. (Spanish)

重要提示：您能讀懂這份文件嗎？如果不能，Sutter Health Plus 可以找人幫助您讀它。您還可能得到用您的語言書寫的這份文件。若需要免費幫助，請致電 Sutter Health Plus 會員服務，電話號碼 1-855-315-5800 (TTY 1-855-830-3500)。(Chinese)

ملحوظة مهمة: هل أنت قادر على قراءة هذا؟ إذا لم تكن قادرًا فاعلم أن صتّر هيلث بلاس (Sutter Health Plus) قد يكون لديهم شخصًا يمكنه مساعدتك في قراءة هذا النص. كما يمكنك أيضًا أن تتلقاه مكتوبًا بلغتك. للحصول على مساعدة مجانية، برجاء الاتصال بخدمات أعضاء صتّر هيلث بلاس (Sutter Health Plus Member Services) على هاتف 1-855-315-5800 (هاتف النص المرئي [TTY] 1-855-830-3500). (Arabic)

ԿԱՐԵՎՈՐ ՏԵՂԵԿԱՏՎՈՒԹՅՈՒՆ. Կարո՞ղ եք կարդալ սա: Եթե ոչ, Sutter Health Plus-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կարող եք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել Sutter Health Plus-ի Անդամների սպասարկման բաժին՝ 1-855-315-5800 (TTY 1-855-830-3500) հեռախոսահամարով: (Armenian)

**សារ:សំខាន់៖ តើអ្នកអាចអានសេចក្តីនេះឬទេ? បើសិនមិនអាចទេ Sutter Health Plus អាចមាន
នរណាម្នាក់ជួយអានវាជូនអ្នក ។ អ្នកក៏អាចនឹងឲ្យបានសេចក្តីនេះ សរសេរជាភាសារបស់អ្នកដែរ។ សំ
រាប់ជំនួយដោយឥតអស់ថ្លៃ សូមទូរស័ព្ទទៅ ផ្នែកសេវាសមាជិក Sutter Health Plus តាមលេខ
1-855-315-5800 (TTY 1-855-830-3500)។ (Cambodian)**

نکته مهم: آیا می توانید این مطالب را بخوانید و بفهمید؟ اگر نمی توانید، Sutter Health Plus می تواند از فردی کمک بگیرد تا آنرا برایتان بخواند. همچنین امکان ترجمه این مطالب به زبان فارسی وجود دارد. برای دریافت خدمات و کمک رایگان، لطفاً با دفتر خدمات اعضای Sutter Health Plus با شماره تلفن 1-855-315-5800 (TTY 1-855-830-3500) تماس بگیرید. (Farsi)

महत्वपूर्ण: क्या आप इसे पढ़ सकते/सकती हैं? यदि नहीं, तो सट्टर हेल्थ प्लस इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवाने में समर्थ हो सकते/सकती हैं। निःशुल्क सहायता के लिए, कृपया 1-855-315-5800 (TTY 1-855-830-3500) पर सट्टर हेल्थ प्लस मेंबर सर्विसेस को कॉल करें। (Hindi)

LUS TSEEM CEEB: Koj nyeem puas tau tsab ntawv no? Yog koj nyeem tsis tau, Sutter Health Plus muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, peb tuaj yeem muab sau ua hom lus koj nyeem tau rau koj tib si. Yog koj xav tau kev pab pub dawb, thov hu rau Sutter Health Plus Lub Chaw Pab Cuam Tswv Cuab ntawm tus xov tooj 1-855-315-5800 (TTY 1-855-830-3500). (Hmong)

重要なお知らせ：これを読むことができますか？読めない場合は、Sutter Health Plus が読むのをお手伝いします。あなたの言語で表示できるかもしれません。無料のご相談は、Sutter Health Plus Member Services、電話: 1-855-315-5800 (TTY 1-855-830-3500) まで。(Japanese)

중요: 귀하는 이것을 읽으실 수 있습니까? 만약 읽으실 수 없다면, Sutter Health Plus 에서 다른 사람에게 부탁하여 그것을 읽으실 수 있도록 도와드릴 수 있습니다. 또한 이것을 귀하의 사용 언어로 작성해 받으실 수도 있습니다. Sutter Health Plus 회원 서비스(1-855-315-5800 (TTY 1-855-830-3500))에 전화를 하시어 무상으로 도움을 받으십시오. (Korean)

ໝາຍເຫດ: ທ່ານອ່ານໄດ້ຈົດໝາຍສະບັບນີ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ທາງ Sutter Health Plus ມີ ພະນັກງານຊ່ວຍອ່ານໃຫ້ທ່ານ. ນອກຈາກນັ້ນ, ພວກເຮົາຍັງສາມາດຂຽນເປັນພາສາຂອງທ່ານໃຫ້ທ່ານອີກ ດ້ວຍ. ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໂດຍບໍ່ເສຍຄ່າບໍລິການ, ກະລຸນາຕິດຕໍ່ ໜ່ວຍບໍລິການ ຂອງ Sutter Health Plus ທີ່ໝາຍເລກໂທລະສັບ 1-855-315-5800 (TTY 1-855-830-3500). (Laotian)

ਅਹਿਮ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ, Sutter Health Plus (ਸੱਟਰ ਹੈਲਥ ਪਲਸ) ਕਿਸੇ ਤੋਂ ਇਹ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮੱਦਦ ਕਰਵਾ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮੱਦਦ ਲਈ ਕਿਰਪਾ ਕਰ ਕੇ Sutter Health Plus Member Services ਨੂੰ 1-855-315-5800 (TTY 1-855-830-3500) ਉੱਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО: Вы можете это прочитать? Если нет, Sutter Health Plus может предоставить Вам кого-то, кто сможет помочь Вам прочитать это. Вы также можете получить это в письменной форме на своем языке. Для бесплатной помощи позвоните в Службу поддержки членов Sutter Health Plus по телефону 1-855-315-5800 (TTY 1-855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plus ng taong babasa para sa iyo. Maaari mo ding hilingin na isulat ito sa iyong wika. Para sa walang-gastos na tulong, mangyaring tumawag sa Sutter Health Plus Member Services sa. 1-855-315-5800 (TTY 1-855-830-3500). (Tagalog)

สำคัญ: คุณอ่านออกหรือไม่ ถ้าอ่านไม่ออก Sutter Health Plus สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาโทรหา Sutter Health Plus Member Services ที่ 1-855-315-5800 (TTY 1-855-830-3500) (Thai)

QUAN TRỌNG: Qu. vị có thể đọc thông tin này không? Nếu không, Sutter Health Plus có thể yêu cầu ai đó đọc giúp cho qu. vị. Qu. vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của qu. vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Thành Viên của Sutter Health Plus theo số 1-855-315-5800 (TTY 1-855-830-3500). (Vietnamese)

Protecting Your Health

A Focus on Prevention



What is Preventive Care?

Preventive care helps to protect against disease and to provide early detection of certain health conditions. Talk to your provider or care team about what is right for you.

Covered Preventive Services

Sutter Health Plus covers a variety of preventive care services at no cost share*, which may include:

- ✓ Comprehensive preventive care visits and counseling, including well-woman exams
- ✓ Family planning counseling and services
- ✓ Hearing exams
- ✓ Maternity and newborn care
- ✓ Routine preventive imaging services and laboratory tests
- ✓ Screening tests
- ✓ Smoking cessation counseling and interventions
- ✓ Some drugs and supplies, including specific vitamin and mineral supplements
- ✓ Vaccines and immunizations
- ✓ Well-child preventive care exams

Preventive vs. Diagnostic Care

Recognizing the difference between preventive care and diagnostic care is important. The goal of preventive care is disease prevention and early detection. Diagnostic care involves evaluation and treatment of known or suspected conditions. When you receive diagnostic care, you may incur out-of-pocket costs based on your health plan coverage.

Here are a few examples of how a service may be either preventive or diagnostic care, depending on the situation:

PREVENTIVE CARE	DIAGNOSTIC CARE
Screening mammogram for women age 40 and over when there are no symptoms or previous breast disease diagnosis	Mammogram after suspicious results are found on a screening mammogram or when signs of possible breast disease are present
Diabetes screening using a lab test to check if a person has a high blood sugar level and possible diabetes	Diabetes monitoring done on a routine basis using lab tests to check blood sugar control
Colonoscopy when no symptoms are present and there is no personal history of colon disease	Colonoscopy when symptoms are present or there is a history of colon disease

*Check your Evidence of Coverage and Disclosure Form for details

Pharmacy Benefits

Managing Your Prescriptions

Sutter Health Plus partners with CVS Caremark® for prescription drug benefits, including retail, mail order and specialty prescriptions.



Retail Pharmacy

Pick up your prescription drugs at most independent pharmacies and chains where you may already shop—CVS Pharmacy, Raley's, Bel Air, Safeway and Walgreens, to name a few.



Mail Order Pharmacy

Sign up for mail order pharmacy service through CVS Caremark Mail Service Pharmacy and receive:

- Up to a 100-day supply, as your benefit plan allows, of your maintenance prescription drugs for the cost of two retail copays
- Free standard shipping of your prescription drugs



Specialty Pharmacy

Specialty drugs are purchased through CVS Specialty®. These drugs are mailed to your home at no cost.

CVS Caremark Guest Website

View sample pharmacy cost sharing for some of our most popular benefit plan designs through the guest website, as well as:

- Find a Pharmacy
- Sutter Health Plus Formulary
- Check Drug Costs
- Mail Order Pharmacy Information

Visit sutterhealthplus.org/pharmacy



Transferring Your Prescriptions

If you are new to Sutter Health Plus and you or your covered dependents currently pick up prescription drugs from a pharmacy outside the CVS Caremark network, follow these steps to transfer your prescriptions.

Before Your Effective Date

Check to see if you have refills left on your active prescriptions:

- If you have refills available, fill them through your current health plan before your effective date to ensure you have an adequate supply on hand until you establish care with your new Sutter Health Plus provider
- If you do not have refills available, contact your current prescribing provider as soon as possible; refill your prescription through your current pharmacy before your effective date

Request a written prescription for your new pharmacy to fill on or after your new health plan effective date.

Check the Sutter Health Plus Formulary to see if your prescription drug requires a prior authorization; if so you will need to know about the Medication Continuity of Care process described in your *Evidence of Coverage and Disclosure Form*.

After Your Effective Date

If you have refills available, take your prescription bottle to a CVS Caremark network pharmacy for up to a 30-day supply. The CVS Caremark network pharmacy will work with your current pharmacy to transfer your prescription.

If you have a written prescription from a provider, take it to a network pharmacy for up to a 30-day supply.

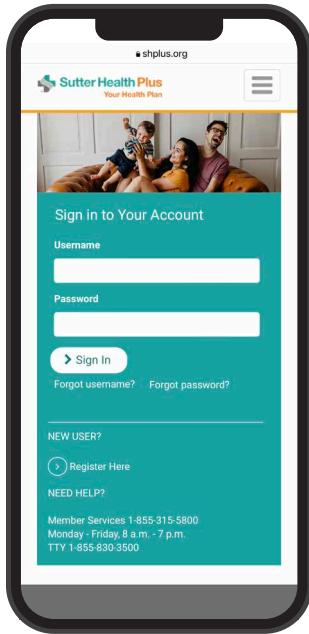
If you take a prescription on a regular basis, consider using mail order fulfillment through CVS Caremark Mail Service Pharmacy. You may obtain up to a 100-day supply, as your benefit plan allows, of your maintenance prescription drugs for the cost of a two-month retail supply.

If you take specialty medications, you must fill your prescription through CVS Specialty.

For more information about your pharmacy benefits, including retail, mail order and specialty drugs, please contact CVS Caremark Customer Service at 1-844-740-0635 or visit sutterhealthplus.org/pharmacy.

Managing Care and Coverage

Convenient Member Tools



Member Portal – shplus.org/memberportal

We offer a member portal for your convenience. After you register for the portal, you will have easy access from your smartphone, tablet or computer to:

- ✓ Change your primary care physician (PCP)
- ✓ Request or print member ID cards
- ✓ Check your eligibility, benefits, copays, and claims information
- ✓ View, save and print a summary of individual and family deductibles and out-of-pocket balances
 - You will receive monthly statements with balance details. Use the member portal to opt out of receiving these statements
- ✓ Pay your individual and family plan premium through the Sutter Health Plus Online Payment Center
- ✓ Review your *Benefits and Coverage Matrix (BCM)*, *Evidence of Coverage and Disclosure Form (EOC)*, and *Summary of Benefits and Coverage (SBC)* for your medical plan and any of your optional benefits you or your employer elected
- ✓ Navigate to the Health and Wellness site
- ✓ Read and use Sutter Health Plus forms, resources and member newsletter
- ✓ View correspondence

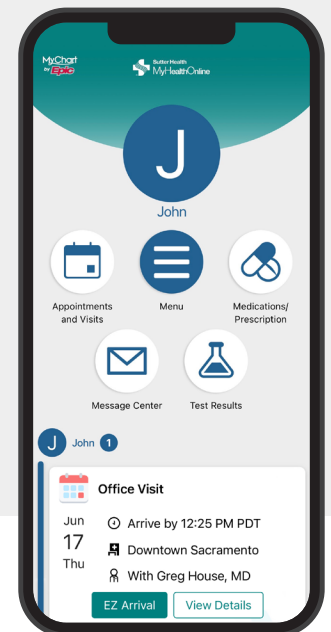
My Health Online – mho.sutterhealth.org

As a Sutter Health Plus member, you can enroll in MHO*, a convenient way to manage your health when and where you want. With MHO, it's easy to stay connected with your care team and have 24/7 access to your health information. You can:

- ✓ Book a video visit
- ✓ Message your care team
- ✓ Make an appointment
- ✓ Sign up for text reminders
- ✓ Sign up for Fast Pass
- ✓ Renew prescriptions
- ✓ View test results
- ✓ Update your health history
- ✓ Pay bills and your copays online
- ✓ Complete EZ arrival for contactless check-in
- ✓ View your hospital stay through Bedside Mobile
- ✓ Invite family or caregiver for proxy access
- ✓ Navigate to your Sutter Health Plus Member Portal

Care Companion-Healthy Pregnancy

If you are pregnant and seeing a maternity care provider who participates in MHO, you have access to a new interactive care plan called Care Companion-Healthy Pregnancy. This feature designed for low-risk pregnancies offers a personalized care plan that guides you through your pregnancy journey. For information, please visit sutterhealth.org/healthypregnancy.

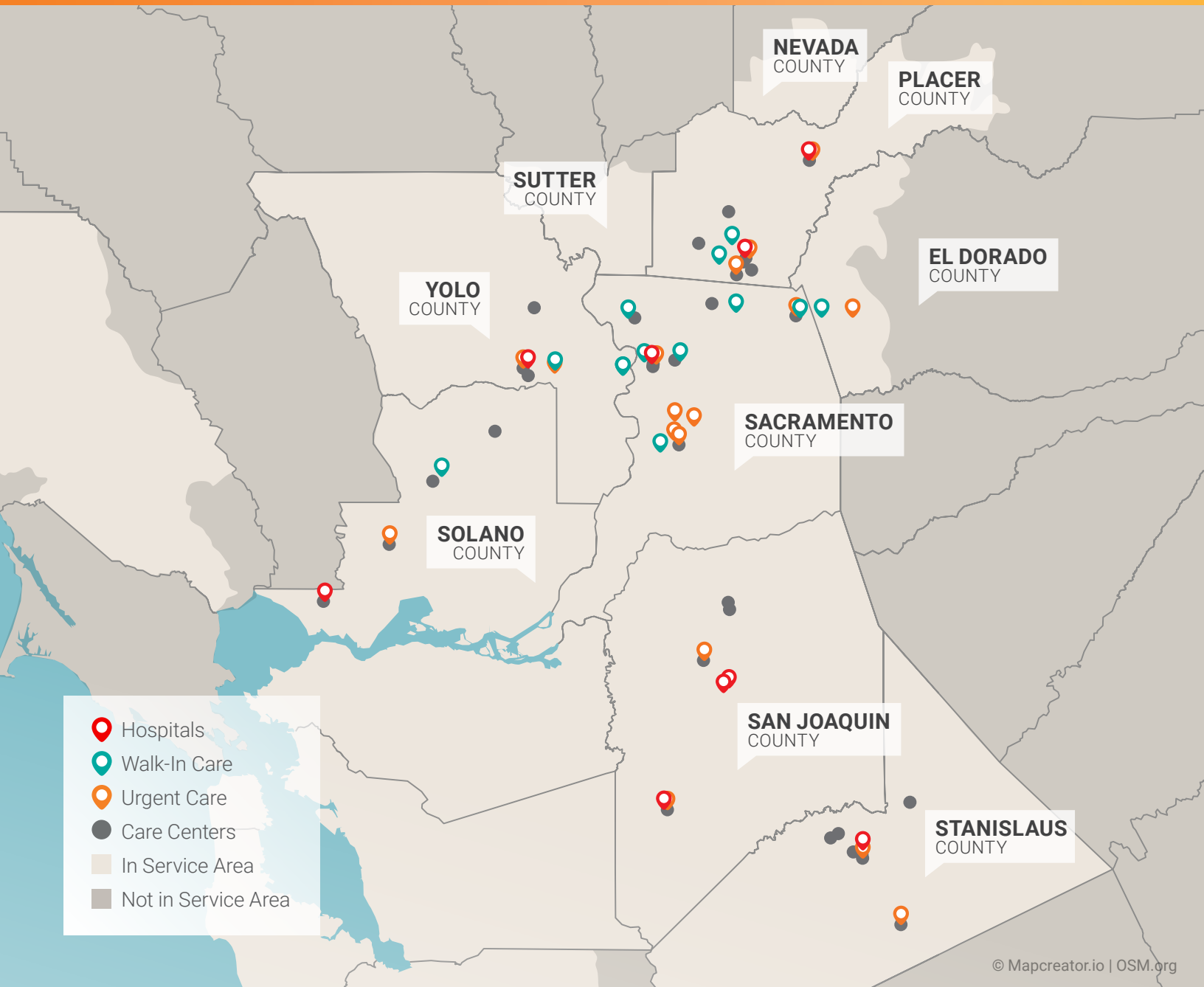


* As a member, you have access to view lab and test results from Sutter facilities, schedule Sutter Walk-In Care, urgent care or video visits, and other MHO features. If your PCP does not participate in MHO, you cannot schedule an appointment or message your PCP through MHO.

The My Health Online App is powered by MyChart® licensed from Epic Systems Corporation, ©1999–2023.

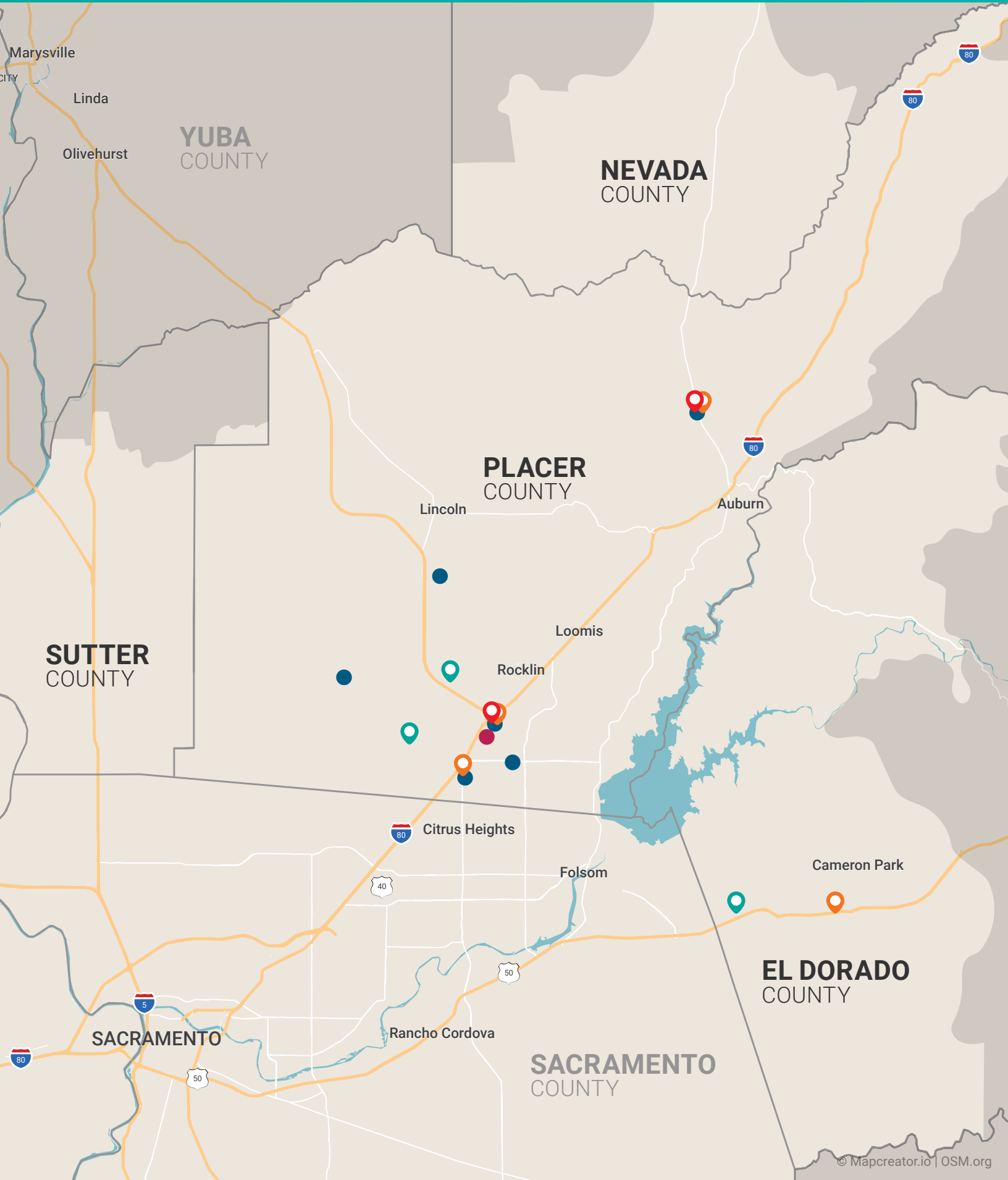
In Your Community

Convenient Access to Care in the Valley Area








The complete Sutter Health Plus provider network in the greater Sacramento, Central Valley and Bay Area communities includes hospitals, providers, urgent care locations, Sutter Walk-In Care, and more.

El Dorado, Nevada, Placer and Sutter Counties*



Legend

-  Hospitals
-  Walk-In Care
-  Urgent Care
-  Sutter Independent Physicians Care Centers
-  Sutter Medical Group Care Centers

Affiliated Medical Groups

Sutter Independent Physicians

Sutter Medical Group

When you choose a primary care physician (PCP), you are also choosing the PCP's affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Independent Physicians

Sunrise Avenue Care Center
729 Sunrise Ave.
Roseville, CA 95661

Sutter Medical Plaza Lincoln
685 Twelve Bridges Dr.
Lincoln, CA 95648

Sutter Medical Plaza North Sunrise
568 North Sunrise Ave.
Roseville, CA 95661

Sutter Medical Group

2 Medical Plaza Care Center
2 Medical Plaza Dr.
Roseville, CA 95661

Sutter Medical Plaza Roseville
3100 Douglas Blvd.
Roseville, CA 95661

Auburn Sierra Medical Office
11795 Education St.
Auburn, CA 95602

West Roseville Care Center
2050 Blue Oaks Blvd.
Roseville, CA 95747

Hospitals

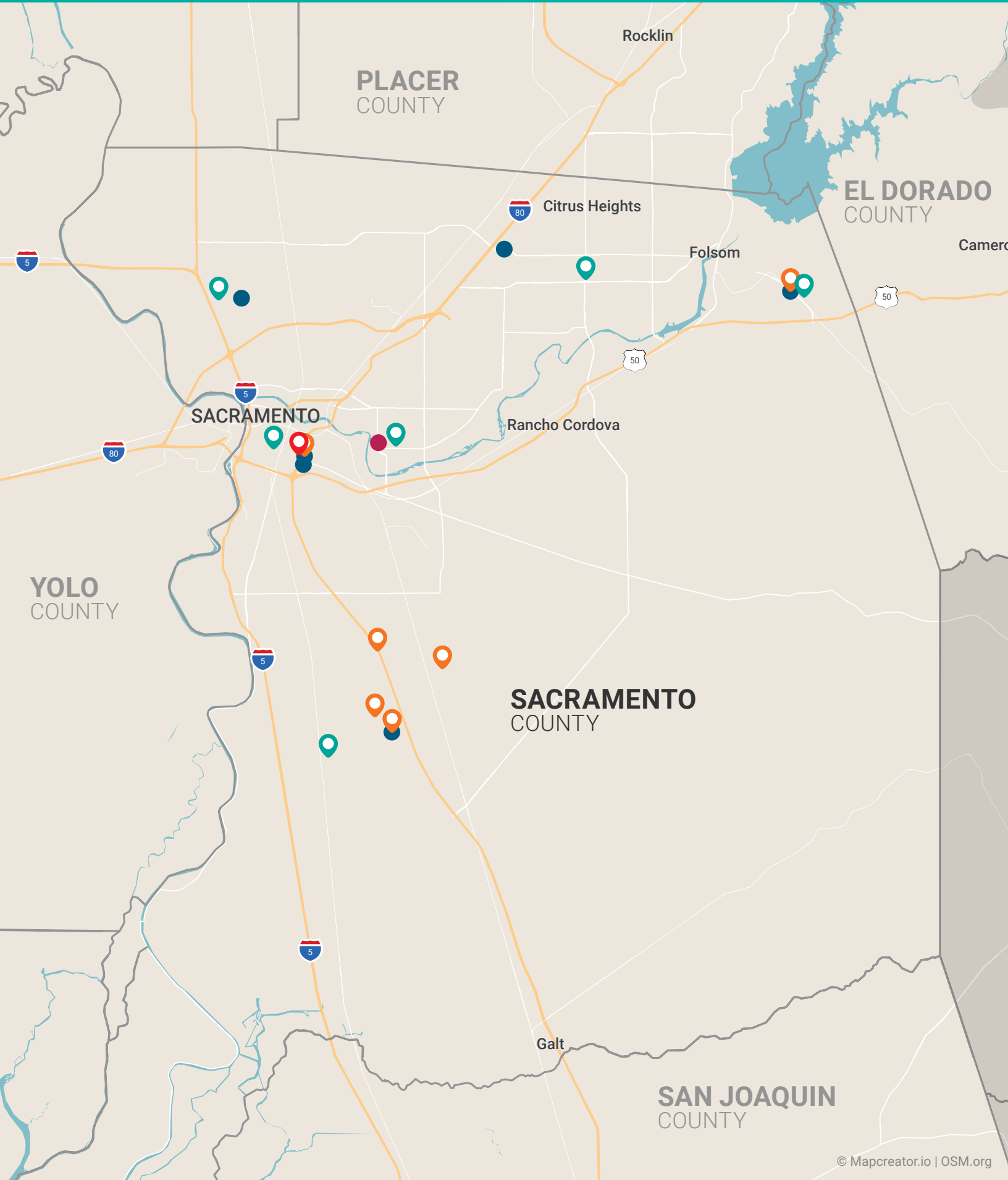
Sutter Auburn Faith Hospital

11815 Education St.
Auburn, CA 95602






Sutter Roseville Medical Center

One Medical Plaza Dr.
Roseville, CA 95661

Sacramento County



Legend

-  Hospitals
-  Walk-In Care
-  Urgent Care
-  Sutter Independent Physicians Care Centers
-  Sutter Medical Group Care Centers

Affiliated Medical Groups

Sutter Independent Physicians

Sutter Medical Group

When you choose a primary care physician (PCP), you are also choosing the PCP's affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Independent Physicians

Pediatric Medical Associates of Sacramento
650 Howe Ave.
Sacramento, CA 95825

Sutter Medical Plaza Elk Grove
8170 Laguna Blvd.
Elk Grove, CA 95758

Sutter Medical Plaza Folsom
2575 East Bidwell St.
Folsom, CA 95630

Sutter Medical Group

Alhambra Medical Office
1201 Alhambra Blvd.
Sacramento, CA 95816

Sutter Medical Plaza Natomas
2210 Del Paso Rd.
Sacramento, CA 95835

Greenback Oaks Professional Business Park
5765 Greenback Ln.
Sacramento, CA 95841

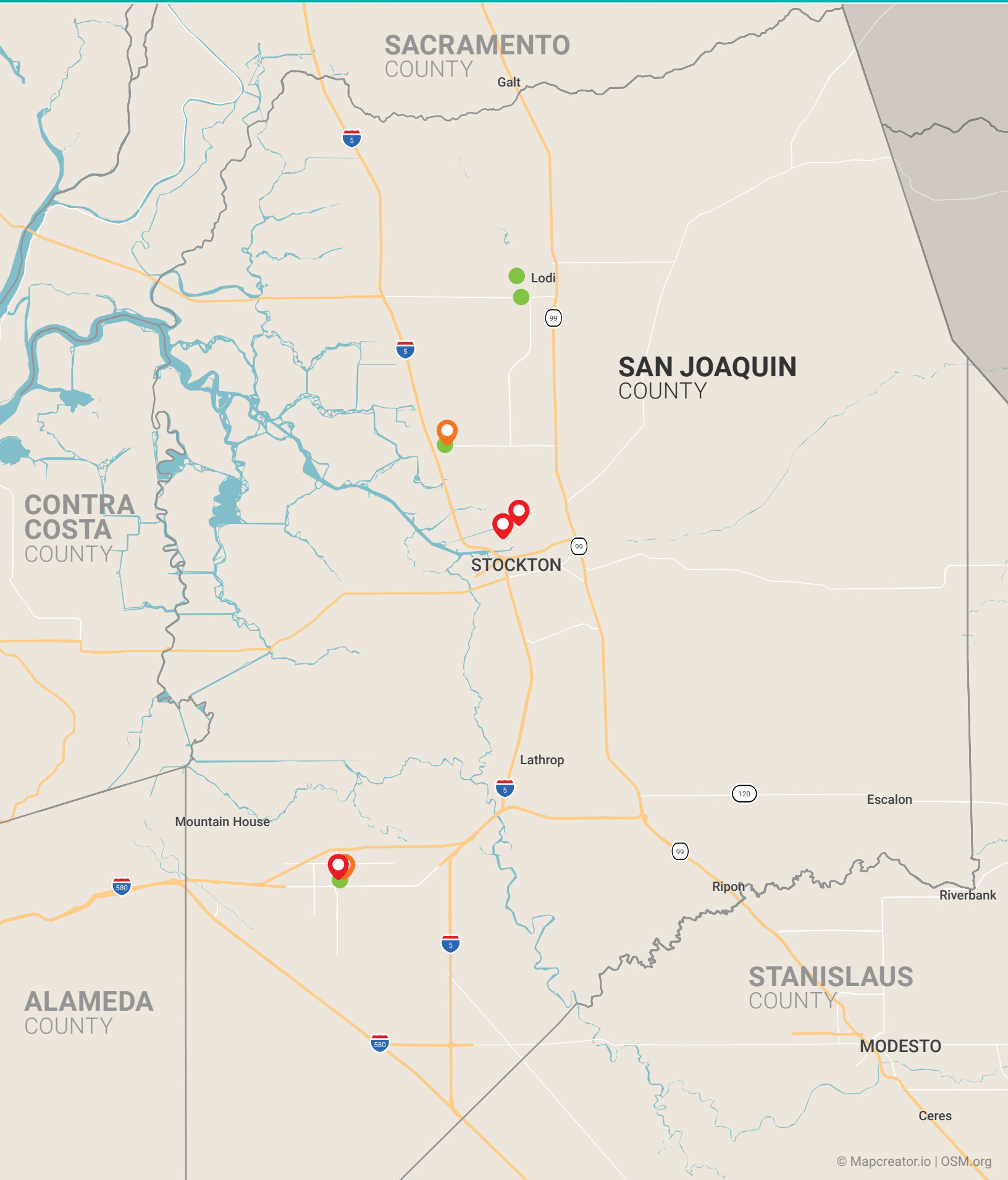
Sutter Medical Plaza Sacramento
1625 Stockton Blvd.
Sacramento, CA 95816

Hospitals




Sutter Medical Center, Sacramento

2825 Capitol Ave.
Sacramento, CA 95816

San Joaquin County



Legend

-  Hospitals
-  Urgent Care
-  Sutter Gould Medical Foundation Care Centers

Affiliated Medical Groups

Sutter Gould Medical Foundation

When you choose a primary care physician (PCP), you are also choosing the PCP's affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Gould Medical Foundation

Kettleman Care Center
335 S Fairmont Ave.
Lodi, CA 95240

Lodi Avenue Care Center
1300 W Lodi Ave., Ste. P
Lodi, CA 95242

Milvia Care Center
2505 W Hammer Ln.
Stockton, CA 95209

Tracy Care Center
445 W Eaton Ave.
Tracy, CA 95376

Hospitals

Dameron Hospital
525 W Acacia St.
Stockton, CA 95203






St. Joseph's Medical Center
1800 N California St.
Stockton, CA 95204

Sutter Tracy Community Hospital
1420 N Tracy Blvd.
Tracy, CA 95376

Solano County



Legend

-  Hospitals
-  Walk-In Care
-  Urgent Care
-  Sutter Medical Group Care Centers
-  Sutter Medical Group - Solano Care Centers

Affiliated Medical Groups

Sutter Medical Group

Sutter Medical Group - Solano

When you choose a primary care physician (PCP), you are also choosing the PCP's affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Medical Group

Sutter Medical Plaza Dixon
125 N Lincoln St., Ste. G
Dixon, CA 95620

Sutter Medical Group - Solano

Sutter Fairfield Medical Campus
2720 Low Ct.
Fairfield, CA 94534

Sutter Medical Plaza Vacaville
770 Mason St.
Vacaville, CA 95688

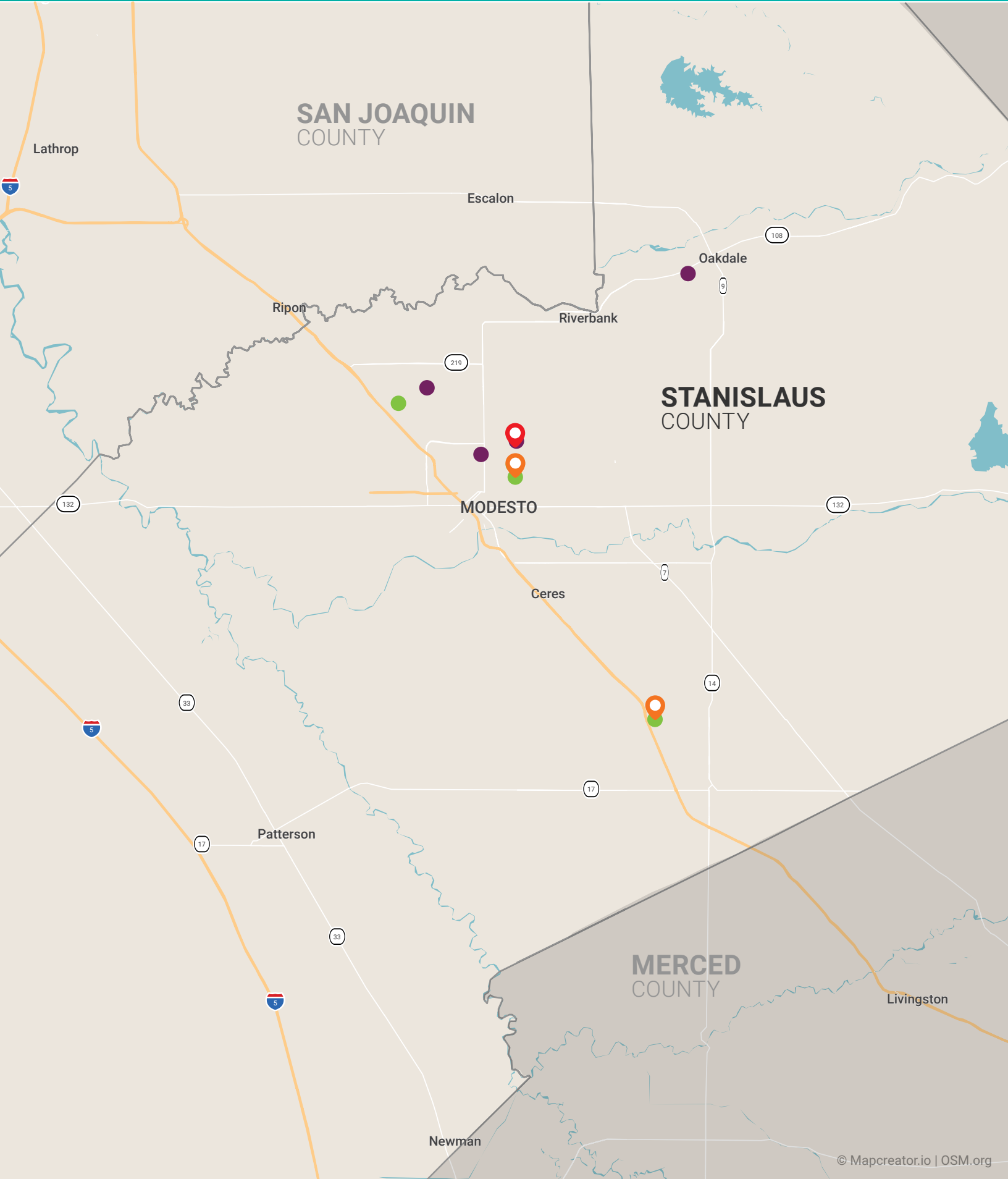
Sutter Medical Plaza Vallejo
100 Hospital Dr., Ste. 200
Vallejo, CA 94589

Hospitals





Sutter Solano Medical Center

300 Hospital Dr.
Vallejo, CA 94589

Stanislaus County



Legend

-  Hospitals
-  Urgent Care
-  Sutter Gould Medical Foundation Care Centers
-  Sutter Gould Medical Foundation Aligned* Care Centers

Affiliated Medical Groups

Sutter Gould Medical Foundation

When you choose a primary care physician (PCP), you are also choosing the PCP's affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Gould Medical Foundation

Pediatric and Adolescent Care Center
1144 Coffee Rd.
Modesto, CA 95355

Dale Road Care Center
3612 Dale Rd.
Modesto, CA 95356

Coffee Road Care Center
600 Coffee Rd.
Modesto, CA 95355

Turlock Care Center
3100 W Christoffersen Pkwy.
Turlock, CA 95382

Sutter Gould Medical Foundation Aligned*

Cornerstone Family Medical Group
1444 Florida Ave., Ste. 202
Modesto, CA 95350

Family Health Care Medical Group of Modesto
1320 Celeste Dr.
Modesto, CA 95355

Oakdale Family Doctors
1425 W H St., Ste. 200
Oakdale, CA 95361

Valley Oak Pediatric Associates
4120 Prescott Rd.
Modesto, CA 95356

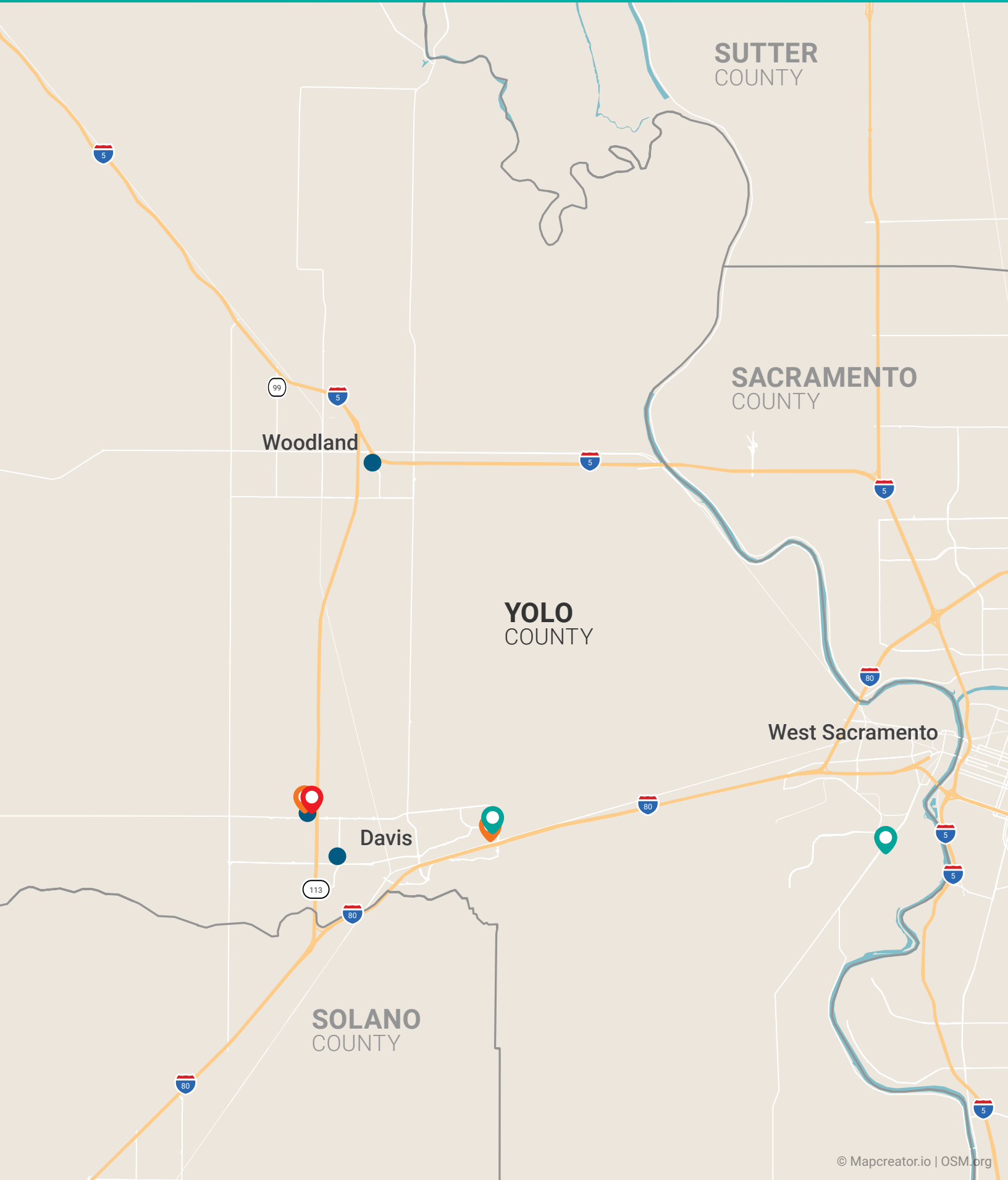
Hospitals

Memorial Medical Center





1700 Coffee Rd.
Modesto, CA 95355

* Aligned providers have a contractual relationship with Sutter Gould Medical Foundation to offer care to Sutter Health Plus members.

Yolo County



Legend

-  Hospitals
-  Walk-In Care
-  Urgent Care
-  Sutter Medical Group
Care Centers

Affiliated Medical Groups

Sutter Medical Group

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Care Centers

The Sutter Health Plus network includes conveniently located care centers that provide a wide variety of services. These may include primary care, specialty care, lab, and X-ray—all under one roof.

Sutter Medical Group

Anderson Road Care Center
635 Anderson Rd.
Davis, CA 95616

Sutter Medical Plaza Woodland
475 Pioneer Ave., Ste. 400
Woodland, CA 95776

Sutter Place Care Center
2020 Sutter Place
2030 Sutter Place
Davis, CA 95616

Hospitals

Sutter Davis Hospital

2000 Sutter Place
Davis, CA 95616

Same-Day Access to Care



Video Visits

Members have access to video visits through their My Health Online account.

With a Primary Care Physician (PCP)

- Video visits with a PCP* are available to members ages three-months and older. Check with your PCP on availability and hours.

With a Sutter Provider

- All members ages 18 months and older have access to video visits daily with a provider at Sutter

For more information visit, sutterhealth.org/video-visits.



Sutter Walk-In Care

In select areas, members have access to Sutter Walk-In Care, with same-day visits for simple, everyday health needs:

- Colds, flu and strep throat
- Allergies, ear and sinus infections
- Sprains and strains
- Flu shots and other immunizations

For a list of Sutter Walk-In Care locations near you, visit sutterhealthplus.org/walk-in.



Urgent Care

Members have convenient access to urgent care services**, offering timely care for unforeseen illnesses or injuries requiring immediate attention, including:

- Mild to moderate asthma attacks
- Moderate injuries such as burns or breaks
- Moderate illnesses such as vomiting, fever and diarrhea

For a list of urgent care centers near you, visit sutterhealthplus.org/urgent.

* Log in to your MHO account to see if your PCP offers video visits. If your provider doesn't participate in MHO or you're a new patient, please contact your PCP's office for video visit options.

**Coverage includes worldwide out-of-area urgent and emergency care.



**Great Coverage
Starts Here**

MISSION

We enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in healthcare services.

VISION

We deliver a seamless member experience connecting quality care and coverage with a local commitment to service excellence.

CONTACT INFORMATION



Member Services

855-315-5800
(TTY 855-830-3500)
Monday through Friday,
8 a.m. to 7 p.m.



Mailing Address

P.O. Box 160307
Sacramento, CA 95816



Online

sutterhealthplus.org



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About Sutter Health Plus

Sutter Health Plus, a local not-for-profit HMO, offers health plans that give you access to a network of high-quality healthcare providers, including many of Sutter Health's hospitals, doctors and healthcare services. Here, Sutter doctors and clinicians work together to offer you easily accessible and personalized care.

We offer traditional and deductible plan designs, including high-deductible health plans that are compatible with health savings accounts.

Our affordably priced health plans give you and your family access to:

- A network of high-quality local doctors, clinicians and hospitals
- Comprehensive medical benefits
- A 24/7 nurse advice line
- Sutter Health Care Management Program, including health coaching and complex case management
- Preventive care services at no out-of-pocket cost
- Coverage for urgent and emergency care
- A secure member portal to access eligibility, benefits, copays, claims, member identification (ID) cards, and more
- A Health and Wellness site
- My Health Online (MHO) to book a video visit, make an appointment, view test results, and more*

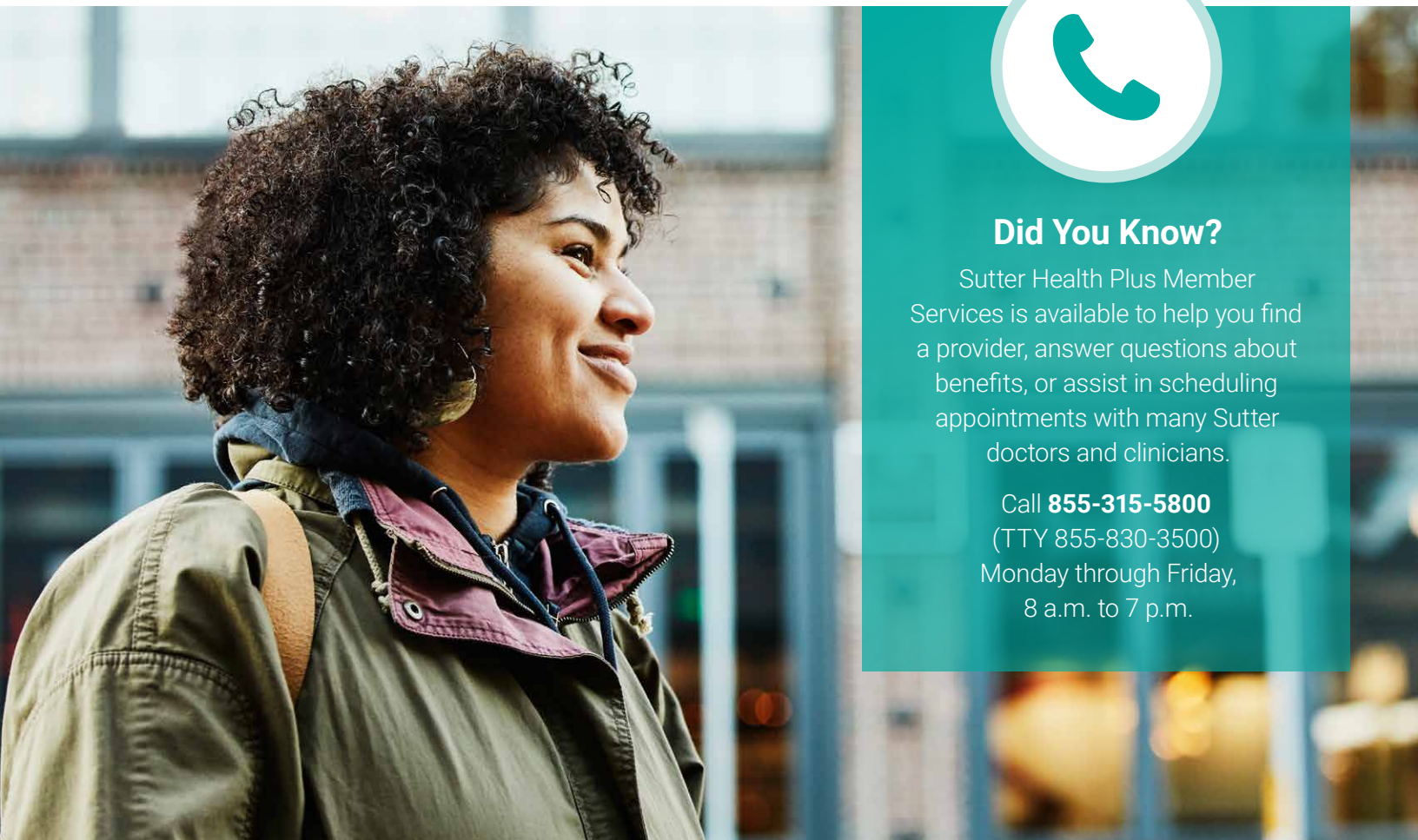
** You have access to view lab and test results from Sutter facilities, schedule Sutter Walk-In Care, urgent care or video visits, and other MHO features. If your PCP does not participate in MHO, you cannot schedule an appointment or message your PCP through MHO. Refer to page 11 for a list of medical groups with providers that participate in MHO.*



Did You Know?

Sutter Health Plus Member Services is available to help you find a provider, answer questions about benefits, or assist in scheduling appointments with many Sutter doctors and clinicians.

Call **855-315-5800**
(TTY 855-830-3500)
Monday through Friday,
8 a.m. to 7 p.m.



Three Simple Steps to Enroll


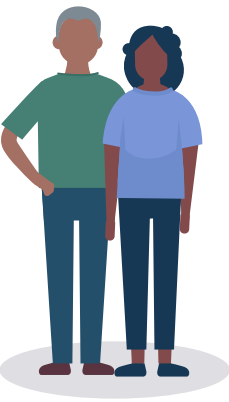

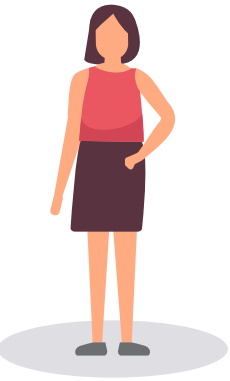
1. Understand Your Benefits Options

Before you start comparing plan options, it's important to have a basic understanding of common health plan benefit terms.* Then, you can choose the option that best suits you and your family.

2. Select Your Primary Care Physician

When you enroll with Sutter Health Plus, you and each of your covered family members select a primary care physician (PCP). Your PCP is your healthcare advocate — providing and coordinating most of your care. Members can choose from four different types of PCPs. Once you select a PCP, list the Sutter Health Plus Provider ID number and the provider's name on your enrollment form.

TYPES OF PCPs

			
Family Medicine	Internal Medicine	Pediatrics	OB/GYN
Provides primary care for newborns to geriatrics, and treats a wide variety of conditions.	Provides primary care for adults aged 18 and older and specializes in diagnosing, treating, and preventing disease in adults.	Provides primary care for children up to age 18 and specializes in a wide range of childhood medical conditions.	Provides gynecological and obstetric healthcare services; some may provide primary care.

Already a Sutter patient?

If your current Sutter PCP also participates in the Sutter Health Plus network, you don't need to change PCPs — even if the practice is closed to new patients. Simply include the Sutter Health Plus Provider ID number (available on the Provider Locator and provider directory) and check that you're a current patient on your enrollment form.

3. Enroll

You are now ready to enroll and are one step closer to making an important investment in your family's health. If you have any questions, please call Member Services at 855-315-5800 or visit sutterhealthplus.org.

* See our Glossary on page 16.

The Sutter Health Plus network is available to our members for all plans and products offered by Sutter Health Plus.

Physician
 Other Medical Professional
 Facility

Location:

Distance:

Primary Care Specialties: (Control click for multiselect)

- All Specialties
- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics

All Specialties:

Medical Group Affiliation:

Hospital Affiliation:

Languages Spoken: (In addition to English)

Practitioner Gender:

Last Name:

Accepting new patients

SEARCH DOCTORS

Need Help Finding a Doctor?

Our Provider Locator is an easy-to-use tool that helps you search for doctors, specialists, hospitals, Sutter Walk-In Care, urgent care centers, and more.

- Go to sutterhealthplus.org/providersearch
- Enter the ZIP code of the area you would like to search and the mile radius
- Within the primary care specialties category, select the type of PCP you want
- Check the box “Accepting new patients”
- Narrow search results by specialty, medical group or other criteria
- Or, search for a specific doctor by last name

Accessing Care

When you choose your PCP, you're also choosing their affiliated medical group and care team. Your PCP will refer you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services — including visits to a specialist — require a referral and prior authorization from your medical group. Your PCP will refer you in-network for most services. If in-network services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

Examples of services your PCP may refer you to include:

- ✓ Diagnostic imaging
- ✓ Lab
- ✓ Rehabilitation
- ✓ Specialty care

Examples of services you may self-refer to include:

- ✓ Health coaching
- ✓ OB/GYN*
- ✓ In-network provider office or virtual visits for mental health or substance use disorders through U.S. Behavioral Health Plan, California
- ✓ Sutter Walk-In Care

* Members can self-refer within their medical group for routine or annual exams.

Pharmacy Benefits

Sutter Health Plus partners with CVS Caremark® for pharmacy benefits, including retail, mail order and specialty prescription drugs.

Retail

Pick up your prescription drugs at most independent pharmacies and chains where you may already shop – CVS Pharmacy, Raley’s, Safeway, Walgreens and Wal-Mart, to name a few. Many network pharmacies also offer free one to two-day delivery of eligible prescriptions.

CVS Caremark also offers the Retail-90® program. With the Retail-90 program, you can get up to a 100-day supply, as your benefit plan allows, of your maintenance prescription drugs for the cost of two retail copays at a participating CVS retail pharmacy. To find a CVS near you, search Find a Pharmacy on the CVS Caremark website.

Mail Order

Sign up for mail order pharmacy service through CVS Caremark Mail Service Pharmacy and receive:

- Up to a 100-day supply, as your benefit plan allows, of your maintenance prescription drugs for two times your 30-day retail cost share, after any applicable deductible
- Free standard shipping of your prescription drugs

Specialty

Specialty drugs are purchased through CVS Specialty. These drugs are mailed to your home at no cost.

CVS Caremark Guest Website

View sample pharmacy cost sharing for some of our most popular benefit plan designs through the guest website, as well as:

- Find a pharmacy
- Check drug costs
- View sample plan options
- Sutter Health Plus Formulary

Visit sutterhealthplus.org/pharmacy.





Plan Partners

Sutter Health Plus contracts for certain healthcare benefits that are not provided through medical groups, as described below.

U.S. Behavioral Health Plan, California (USBHPC)

liveandworkwell.com | Access code: Sutter

All members have access to mental health and substance use disorder (MH/SUD) services through USBHPC. Members may self-refer for in-network office or virtual visits for MH/SUD and can search for providers directly through USBHPC. Members can also ask their current provider if they are part of the USBHPC network. Refer to the Sutter Health Plus Evidence of Coverage and Disclosure Form (EOC) for additional information regarding USBHPC and MH/SUD benefits.

You also have access to Self Care from AbleTo – a mobile app offering self-care techniques, coping tools, meditations, and more – anytime, anywhere. Completely confidential, the Self Care app is available at no extra cost as part of the behavioral health benefits through USBHPC, a subsidiary of Optum.

Sutter Health Plus offers optional benefits to small and large group employers through our plan partners below. Pediatric dental and vision essential health benefits are included in all small group plans. This does not apply to large group plans.

ACN Group of California, Inc. dba OptumHealth Physical Health of California (ACN)

myoptumhealthphysicalhealthofca.com

ACN provides optional chiropractic and acupuncture services when elected by an employer group. You will receive separate ACN benefit documents, and ACN will be listed on your member ID card if your employer elects optional acupuncture or chiropractic (or both) benefits. Members do not need a referral and can search for providers directly through OptumHealth Physical Health.

Delta Dental

deltadentalins.com

Members enrolled in a small group plan or individual and family plan (IFP) have pediatric dental benefits through the end of the month in which they turn age 19. Refer to the Sutter Health Plus EOC for information regarding pediatric dental benefits provided by Delta Dental, through DeltaCare USA Network.

Delta Dental also provides optional comprehensive dental coverage for adult members of small group plans when the employer group has elected optional comprehensive dental benefits. Members do not need a referral and can search for providers directly through DeltaCare USA.

Vision Service Plan (VSP)

vsp.com

Members enrolled in a small group plan or IFP have pediatric vision benefits through the end of the month in which they turn age 19.

Members enrolled in a large group plan have coverage for an annual refractive eye exam. Large group plan designs do not include the pediatric vision essential health benefit. Refer to the Sutter Health Plus EOC for information regarding pediatric vision benefits and the annual refractive eye exam, if applicable.

VSP also provides optional comprehensive vision coverage for adult members of small group plans and for all members of large group plans when the employer group has elected optional, comprehensive vision benefits. Members do not need a referral and can search for providers directly through VSP.



Wellness

You have access to a variety of programs designed to help you and your family maintain healthy lifestyles.

Health and Wellness Site

Our Health and Wellness site is designed with your physical and mental health in mind. The site provides health-related tools and resources to help you achieve your personal health and wellness goals.

Start your wellness journey with a comprehensive personal health assessment. You complete the confidential, easy-to-use questionnaire about your health history and lifestyle behaviors. The system then analyzes your answers to develop your customized risk report of your current health status. You can also generate a provider version of your results to print and bring to your doctor appointments if you want to discuss any concerns.

You can use any of the 13 available Action Plan modules, such as Healthy Eating, Stress Management, and Heart Disease Prevention, to take small steps toward your health and wellness goals. The site also offers access to a Health Library featuring Learning Centers, a Video Library, a Symptom Checker, and more.

You can easily access the Health and Wellness site through your secure Sutter Health Plus Member Portal account at shplus.org/memberportal. Select the Health and Wellness link in the Quick Access toolbar on the homepage. You will be automatically redirected and signed into the Health and Wellness site.

Sutter Health Care Management Program

Health Coaching Program

You have access to the Health Coaching Program to help with healthy weight, tobacco cessation and stress management — all at no cost to you. This program combines personal life coaching with personal accountability as a way of engaging you in effectively managing your health condition or achieving wellness goals. You will work one-on-one with a coach to uncover barriers to self-management, link behaviors to personal values, and set goals to make healthier lifestyle choices.

Participation is easy. Coaching appointments are by telephone and the first call lasts no more than 20 minutes. You and your coach decide how to work together to address your needs, concerns and preferences.

Complex Care Management

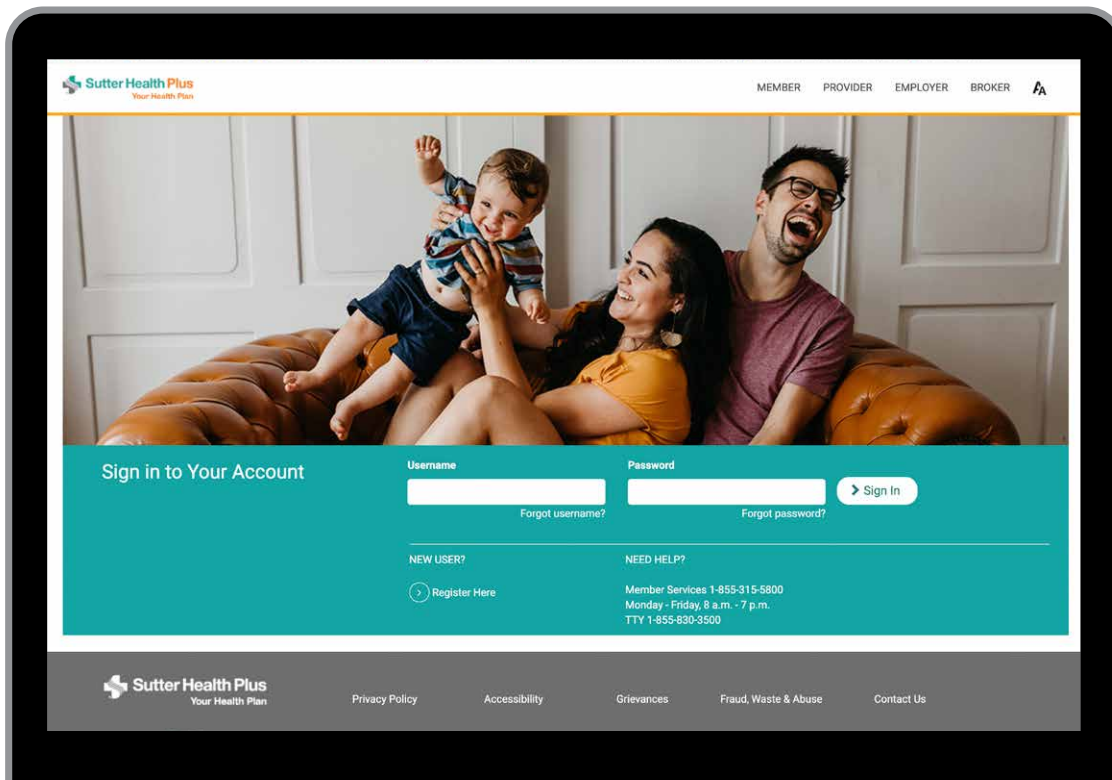
You are eligible for the Complex Case Management (CCM) program if you have chronic conditions or multiple health problems. The CCM team of registered nurse case managers, social workers, clinical pharmacists, and healthcare coordinators can assist you with coordinating care with your providers and understanding your prescription drugs.

To enroll or find out more, call the Sutter Health Care Management program at 844-987-6095 or your assigned medical group (as shown on your member ID card).



Online Health and Wellness Resources

The Sutter Health Plus website offers health and wellness resources, including access to live and recorded webinars, tip sheets, health maintenance guidelines, Partnering for Your Best Health, and more. Resources are available at sutterhealthplus.org/wellness.



Member Portal

We offer a member portal for your convenience. After you register for the portal, you will have easy access from your smartphone, tablet or computer to:

- ✓ Change your PCP
- ✓ Request or print member ID cards
- ✓ Check your eligibility, benefits, cost sharing, and claims information
- ✓ View, save and print a summary of individual and family deductibles, and out-of-pocket balances
 - Receive monthly statements with balance details; you can also use the member portal to opt out of receiving these statements
- ✓ View correspondence
- ✓ Review your Benefits and Coverage Matrix (BCM), Evidence of Coverage and Disclosure Form (EOC) and Summary of Benefits and Coverage (SBC) for your medical plan and any of your optional benefits elected
- ✓ Navigate to the Health and Wellness site
- ✓ Read and use Sutter Health Plus forms, resources and member newsletters

To register for an account, visit shplus.org/memberportal.

My Health Online

As a Sutter Health Plus member, you can enroll in My Health Online* (MHO), a convenient way to manage your health when and where you want. With MHO, it's easy to stay connected with your care team and have 24/7 access to your health information. You can:

- ✓ Book a video visit
- ✓ Message your care team
- ✓ Make an appointment
- ✓ Sign up for text reminders
- ✓ Sign up for Fast Pass
- ✓ View your hospital stay through Bedside Mobile
- ✓ Invite family or caregivers for proxy access
- ✓ Navigate to your Sutter Health Plus Member Portal
- ✓ Renew prescriptions
- ✓ View test results
- ✓ Update your health history
- ✓ Pay bills and copays online
- ✓ Complete eZ arrival for contactless check-in

** You have access to view lab and test results from Sutter facilities, schedule Sutter Walk-In Care, urgent care or video visits, and other MHO features. If your PCP does not participate in MHO, you cannot schedule an appointment or message your PCP through MHO.*

Text Reminders, Fast Pass and Contactless Check-in

You can set a communication preference to receive automated appointment reminders. This service allows you to either confirm your appointment or acknowledge in advance if you need to reschedule. Additionally, with Fast Pass, you may receive earlier appointment opportunities by SMS text message. With contactless check-in, you may be able to skip the front desk with participating Sutter clinicians by completing the eZ arrival in the MHO app.

Care Companions

Healthy Pregnancy

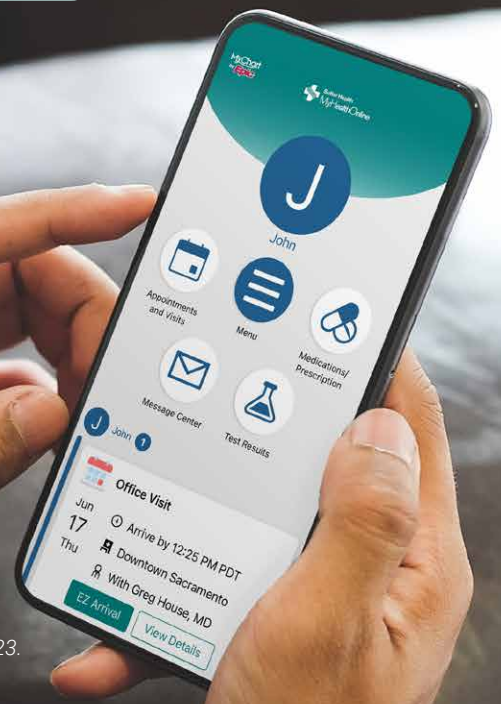
If you are pregnant and seeing a maternity care provider who participates in MHO, you have access to an interactive care plan called Care Companion-Healthy Pregnancy. This feature, which is designed for low-risk pregnancies, offers a personalized care plan that guides you through your pregnancy journey.

New Babies

Helps parents navigate life with a newborn, including timely tips on breastfeeding, immunizations, and more. Your baby is automatically enrolled when discharged from a Sutter hospital or after their first Sutter appointment is scheduled.

For more information, please visit sutterhealth.org/care-companion.

For more information, visit mho.sutterhealth.org.



The My Health Online App is powered by MyChart® licensed from Epic Systems Corporation, ©1999–2023.

The Sutter Health Plus Network

With the Sutter Health Plus network, you can take advantage of conveniently located neighborhood offices, care centers and facilities in your community. This includes access to high-quality primary care doctors, specialists, labs and diagnostic imaging centers, Sutter Walk-In Care, urgent care, hospitals and other healthcare services. For the most up-to-date information about all providers and facilities in the service area, please visit sutterhealthplus.org/providersearch.



Hospitals

BAY AREA

ALAMEDA COUNTY

Alta Bates Summit Medical Center – Alta Bates Campus
Berkeley

Alta Bates Summit Medical Center – Summit Campus
Oakland

Children’s Hospital Oakland

Eden Medical Center
Castro Valley

Stanford Health Care Tri-Valley
Pleasanton

CONTRA COSTA COUNTY

Sutter Delta Medical Center
Antioch

San Ramon Regional Medical Center

SAN FRANCISCO COUNTY

California Pacific Medical Center – Davies Campus
San Francisco

California Pacific Medical Center – Mission Bernal Campus
San Francisco

California Pacific Medical Center – Van Ness Campus
San Francisco

SAN MATEO COUNTY

Mills-Peninsula Medical Center
Burlingame

Sequoia Hospital
Redwood City

SANTA CLARA COUNTY

El Camino Hospital Los Gatos

El Camino Hospital Mountain View

Lucile Packard Children’s Hospital
Palo Alto

SANTA CRUZ COUNTY

Dominican Hospital
Santa Cruz

Sutter Maternity & Surgery Center
Santa Cruz

Watsonville Community Hospital

SONOMA COUNTY

Novato Community Hospital
Serving southern Sonoma County

Sutter Santa Rosa Regional Hospital

VALLEY AREA

PLACER COUNTY

Sutter Auburn Faith Hospital

Sutter Roseville Medical Center

SACRAMENTO COUNTY

Sutter Medical Center, Sacramento

SAN JOAQUIN COUNTY

Dameron Hospital
Stockton

St. Joseph’s Medical Center
Stockton

Sutter Tracy Hospital

SOLANO COUNTY

Sutter Solano Medical Center
Vallejo

STANISLAUS COUNTY

Memorial Medical Center
Modesto

YOLO COUNTY

Sutter Davis Hospital

Affiliated Medical Groups

BAY AREA

Affinity Medical Group

Alameda, San Mateo, Santa Clara and Santa Cruz Counties

Brown & Toland Physicians**

San Francisco County

Mills-Peninsula Physicians Network*

Alameda, San Mateo, Santa Clara and Santa Cruz Counties

Palo Alto Medical Foundation**

Alameda, San Mateo, Santa Clara and Santa Cruz Counties

Sutter East Bay Medical Foundation**

Alameda and Contra Costa Counties

Sutter Medical Group of the Redwoods**

Sonoma County

Sutter Pacific Medical Foundation – West Bay**

San Francisco County

VALLEY AREA

Sutter Gould Medical Foundation**

San Joaquin and Stanislaus Counties

Sutter Independent Physicians*

El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo Counties

Sutter Medical Group**

El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo Counties

Sutter Medical Group – Solano**

El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo Counties

* Select providers may offer MHO.

** Sutter and select community providers offer MHO.

† Specialist physician services only. These physicians may be available by referral from your PCP and authorization from your medical group.



Care Centers

In many communities, you may have access to multispecialty outpatient care centers that provide a wide variety of services — all under one roof. Services available may include:

- Primary care
- Lab
- Specialty care
- X-ray

SAME-DAY CARE



Video Visits

You have access to video visits through your MHO¹ account.

- **With a Primary Care Physician (PCP)**
Video visits with a PCP¹ are available to members ages three months and older. Check with your PCP on availability and hours.
- **With a Sutter Clinician**
All members ages 18 months and older have access to video visits from 11 a.m. to 7 p.m. daily with a Sutter clinician.

For more information, visit sutterhealth.org/video-visits.



Sutter Walk-In Care

In select areas, you have access to Sutter Walk-In Care for simple, everyday health needs:

- Colds, flu and strep throat
- Allergies, ear and sinus infections
- Sprains and strains
- Flu shots and other immunizations

For a list of Sutter Walk-In Care locations near you, visit sutterhealthplus.org/walk-in.



Urgent Care

You have convenient access to urgent care services², offering timely care for unforeseen illnesses or injuries requiring immediate attention, including:

- Mild to moderate asthma attacks
- Moderate injuries such as burns or breaks
- Moderate illnesses such as vomiting, fever and diarrhea

For a list of urgent care centers near you, visit sutterhealthplus.org/urgent.



Hospital Care

You have access to a comprehensive network of hospitals providing 24/7 emergency care³ and a variety of outpatient and acute care services⁴, including:

- Cancer
- Cardiology
- Neonatal
- Neurosurgery
- Orthopedic
- Rehabilitation
- Surgical
- Trauma
- Women's and children's

For a list of hospitals near you, visit sutterhealthplus.org/providersearch.

¹ Log in to your MHO account to see if your PCP offers video visits. If your provider doesn't participate in MHO or you're a new patient, please contact your PCP's office for video visit options.

² Coverage includes urgent care services at in-network facilities while in the Sutter Health Plus service area. Coverage also includes urgent care services at any facility when outside of the Sutter Health Plus service area.

³ Coverage includes worldwide emergency care.

⁴ For non-emergency care, you can access hospital services with a referral or prior authorization through your PCP or specialist.

Alternate Geographic Access Standards

The Sutter Health Plus service area includes 16 counties.

Many providers are concentrated in the more populous areas of the counties. Members residing in the following ZIP codes may need to travel to access a participating PCP and non-emergency hospital services.

PCPs and Hospitals

Within 15–30 miles

Contra Costa County:

- 94518 – Concord (Hospital) 16 Miles
- 94523 – Pleasant Hill (Hospital) 19 Miles
- 94597 – Walnut Creek (Hospital) 16 Miles

El Dorado County:

- 95762 – El Dorado Hills (Hospital) 24 Miles

Sacramento County:

- 95615 – Courtland (Hospital) 28 Miles
- 95624 – Elk Grove (Hospital) 19 Miles
- 95638 – Herald (PCP) 25 Miles
- 95639 – Hood (Hospital) 18 Miles
- 95641 – Isleton (Hospital) 28 Miles
- 95680 – Ryde (Hospital) 27 Miles
- 95683 – Sloughhouse (Hospital) 28 Miles
- 95693 – Wilton (Hospital) 29 Miles
- 95757 – Elk Grove (Hospital) 20 Miles
- 95759 – Elk Grove (Hospital) 18 Miles
- 95829 – Sacramento (Hospital) 19 Miles

San Joaquin County:

- 95215 – Stockton (Hospital) 18 Miles
- 95219 – Stockton (Hospital) 19 Miles
- 95220 – Acampo (Hospital) 26 Miles
- 95227 – Clements (Hospital) 27 Miles
- 95236 – Linden (Hospital) 28 Miles
- 95237 – Lockford (Hospital) 24 Miles
- 95240 – Lodi (Hospital) 22 Miles
- 95242 – Lodi (Hospital) 22 Miles
- 95253 – Victor (Hospital) 18 Miles
- 95336 – Manteca (Hospital) 20 Miles
- 95337 – Manteca (Hospital) 19 Miles
- 95366 – Ripon (Hospital) 19 Miles
- 95690 – Walnut Grove (Hospital) 26 Miles
- 95868 – Thornton (Hospital) 25 Miles

San Mateo County:

- 94021 – Loma Mar (Hospital) 25 Miles
- 94060 – Pescadero (Hospital) 29 Miles
- 94060 – Pescadero (PCP) 29 Miles

Santa Clara County:

- 95035 – Milpitas (Hospital) 19 Miles
- 95127 – Los Gatos (Hospital) 19 Miles
- 95132 – Mountain View (Hospital) 20 Miles
- 95135 – San Jose (Hospital) 21 Miles
- 95140 – Mountain View (Hospital) 29 Miles
- 95148 – Los Gatos (Hospital) 18 Miles

Santa Cruz County:

- 94060 – Pescadero (Hospital) 21 Miles
- 95005 – Ben Lomond (Hospital) 18 Miles
- 95060 – Santa Cruz (PCP) 17 Miles
- 95060 – Santa Cruz (Hospital) 22 Miles
- 96006 – Boulder Creek (PCP) 23 Miles

Solano County:

- 94533 – Fairfield (Hospital) 27 Miles
- 94534 – Fairfield (Hospital) 23 Miles
- 94535 – Travis AFB (Hospital) 27 Miles
- 94571 – Rio Vista (Hospital) 22 Miles
- 94585 – Suisun City (Hospital) 25 Miles
- 95625 – Elmira (Hospital) 23 Miles
- 95687 – Vacaville (Hospital) 28 Miles
- 95688 – Vacaville (Hospital) 28 Miles
- 95690 – Walnut Grove (Hospital) 28 Miles
- 95694 – Winters (Hospital) 21 Miles
- 95696 – Vacaville (Hospital) 27 Miles

Sonoma County:

- 94931 – Cotati (Hospital) 17 Miles
- 94952 – Petaluma (Hospital) 23 Miles
- 94954 – Petaluma (Hospital) 19 Miles
- 94972 – Valley Ford (Hospital) 24 Miles
- 94975 – Petaluma (Hospital) 19 Miles
- 94999 – Petaluma (Hospital) 18 Miles
- 95404 – Santa Rosa (Hospital) 18 Miles
- 95442 – Glen Ellen (Hospital) 25 Miles
- 95448 – Healdsburg (Hospital) 26 Miles

Stanislaus County:

- 95313 – Crows Landing (Hospital) 26 Miles
- 95316 – Denair (Hospital) 26 Miles
- 95323 – Hickman (Hospital) 28 Miles
- 95329 – La Grange (Hospital) 30 Miles
- 95360 – Newman (Hospital) 30 Miles
- 95361 – Oakdale (Hospital) 26 Miles
- 95380 – Turlock (Hospital) 25 Miles
- 95381 – Turlock (Hospital) 20 Miles
- 95382 – Turlock (Hospital) 21 Miles
- 95386 – Waterford (Hospital) 24 Miles
- 95387 – Westley (Hospital) 22 Miles

Sutter County:

- 95659 – Nicolaus (Hospital) 27 Miles

Yolo County:

- 95612 – Clarksburg (Hospital) 25 Miles
- 95627 – Esparto (Hospital) 29 Miles
- 95645 – Knights Landing (Hospital) 29 Miles
- 95653 – Madison (Hospital) 24 Miles

Greater than 30 miles

El Dorado County:

- 95682 – Shingle Springs (Hospital) 34 Miles

Sacramento County:

- 95632 – Galt (Hospital) 31 Miles
- 95638 – Herald (Hospital) 36 Miles
- 95690 – Walnut Grove (Hospital) 32 Miles

San Joaquin County:

- 95632 – Galt (Hospital) 32 Miles

Sonoma County:

- 95421 – Cazadero (Hospital) 38 Miles
- 95425 – Cloverdale (Hospital) 40 Miles
- 95441 – Geyserville (Hospital) 39 Miles
- 95450 – Jenner (PCP) 33 Miles
- 95450 – Jenner (Hospital) 44 Miles

Stanislaus County:

- 95230 – Farmington (Hospital) 31 Miles
- 95322 – Gustine (Hospital) 34 Miles
- 95327 – Jamestown (PCP) 40 Miles
- 95327 – Jamestown (Hospital) 51 Miles
- 95363 – Patterson (Hospital) 32 Miles

Sutter County:

- 95645 – Knights Landing (Hospital) 33 Miles

Yolo County:

- 95606 – Brooks (PCP) 41 Miles
- 95606 – Brooks (Hospital) 49 Miles
- 95607 – Capay (Hospital) 33 Miles
- 95637 – Guinda (PCP) 34 Miles
- 95637 – Guinda (Hospital) 42 Miles
- 95679 – Rumsey (PCP) 42 Miles
- 95679 – Rumsey (Hospital) 49 Miles
- 95698 – Zamora (Hospital) 31 Miles
- 95937 – Dunnigan (PCP) 36 Miles
- 95937 – Dunnigan (Hospital) 44 Miles

Frequently Asked Member Questions

When will I receive a Sutter Health Plus member identification (ID) card and what information does the card contain? Will dependents receive their own ID cards?

Sutter Health Plus mails member ID cards for each covered member a few days after the member is enrolled in Sutter Health Plus. Your PCP and medical group are identified on the ID card. The card also includes important contact information for you and your providers. You should always present your ID card when seeking medical care or filling prescriptions. If you're new to Sutter Health Plus, we will also send you a Welcome Book containing information and resources to help you navigate your healthcare.

Where can I find more information about Sutter Health Plus?

Visit sutterhealthplus.org or visit the following webpages for helpful information:

- Network doctors, hospitals, urgent care, walk-in care and other services: sutterhealthplus.org/providersearch
- Pharmacy benefits information: sutterhealthplus.org/pharmacy
- Health Coaching Program, tip sheets, and more: sutterhealthplus.org/wellness
- BCM, EOC, SBC: sutterhealthplus.org/forms
- Grievance Form and instructions: sutterhealthplus.org/forms

Do I need to choose a PCP?

Yes. As a new Sutter Health Plus member, you must select a PCP or we will assign one to you. When you choose a PCP, you're also selecting their medical group. A PCP provides most of your primary healthcare and coordinates care from other providers. A PCP refers you as needed to providers for specialty care, X-ray, laboratory or other medical services.

How do I find a PCP?

You can find a PCP by visiting the Provider Locator tool on the Sutter Health Plus website at sutterhealthplus.org/providersearch.

What if I want to change my PCP later?

You can change your PCP at any time by calling Sutter Health Plus Member Services at 855-315-5800 or through the Sutter Health Plus Member Portal at shplus.org/memberportal.

How can I find out if my current Sutter provider is included in the Sutter Health Plus network?

Visit sutterhealthplus.org/providersearch to see if your current or preferred doctor (PCP or specialist) is included in the Sutter Health Plus provider network.

I'm new to Sutter Health Plus. Can I keep my current PCP?

You can keep your current PCP if they are a Sutter Health Plus participating provider. You must actively select the provider as your PCP by entering the provider's name and Sutter Health Plus provider identification number on the enrollment form and check the box that indicates that you're a current patient.

I'm new to Sutter Health Plus. Can I keep my current specialist?

You can keep your specialist if they are a Sutter Health Plus participating provider and within the same medical group as your PCP. If you know that you need specialty care and have a specific Sutter Health Plus network specialist in mind, you need to select a PCP that is in the same medical group as the specialist.

First, check the Provider Locator tool at sutterhealthplus.org/providersearch to see which medical group the specialist is in. Second, choose a PCP within that same medical group. You need to ask your new PCP for a referral to the specialist. In certain situations, a specialist in the Sutter Health Plus network that is outside your medical group may also be available by referral.

Are all Sutter providers included in the Sutter Health Plus network?

No. Sutter Health Plus has a service area in which it offers healthcare coverage. Not all Sutter hospitals, physician organizations and other healthcare services are in the Sutter Health Plus service area or network. Visit sutterhealthplus.org/providersearch for a list of participating providers and locations.

Can I go to a non-participating provider?

Sutter Health Plus does not cover care provided by non-participating providers unless your medical group provides a referral and prior authorization. Sutter Health Plus covers out-of-area urgent and emergency care.

What if I need to see a specialist?

Many covered services, including visits to a specialist, require a referral from your PCP and prior authorization from your medical group. Your PCP will make referrals to specialists within the same medical group. If you need specialty care and have a specific specialist in mind, make sure you first select a PCP that is in the same medical group as the specialist you want to see. You can check which medical group they are in by using the Provider Locator tool.

How can I check to see if my current prescription drugs are covered?

Check the Sutter Health Plus Formulary at sutterhealthplus.org/pharmacy to see if the prescription drugs are listed.

Where can I get my annual flu shot?

Sutter Health Plus members can get flu shots at their doctor's office, Sutter Walk-In Care or a network pharmacy (where available). The flu shot is covered at no cost, but an office visit copay may still apply.

What is Sutter Health Plus' service area?

Sutter Health Plus has a service area in which it offers healthcare coverage. You can view the full service area on page eight, or visit sutterhealthplus.org/network.

If I live outside of the service area can I still enroll in Sutter Health Plus?

If you are enrolling in an individual and family plan, you must live or reside in the Sutter Health Plus service area to be eligible for membership. If you are enrolling through your employer, you must live, reside or physically work in the Sutter Health Plus service area to qualify for membership.

My dependent lives outside of the service area. How can they get medical services?

Your dependent must select a PCP within the Sutter Health Plus service area who will provide primary care or coordinate care from other providers. While Sutter Health Plus covers out-of-area urgent and emergency care, your dependent must receive all routine and follow-up care from the assigned medical group within the service area.

How will Sutter Health Plus network providers obtain my previous medical records?

If your former medical group is Kaiser Permanente, UC Davis Medical Group, UC San Francisco Health or Stanford Health Care, your new Sutter Health Plus provider may have electronic access to some or all of your medical records; if you request records from your former physician for personal use, you may be charged a fee.

If your former PCP is with Sutter Independent Physicians, Brown & Toland Physicians, or another medical group, you may need to send a Medical Records Request Form to your former physician to release your records. Talk to your new Sutter Health Plus provider about the process of requesting medical records.

Glossary

Annual Out-of-Pocket Maximum (OOPM): The annual OOPM is the maximum amount you could be responsible for in one year (some exceptions may apply, please refer to the EOC). Each family member has an annual OOPM; you will see this listed in your SBC. If you are a member in a family of two or more members, you reach the annual OOPM either when you meet the maximum for any one member, or when your family reaches the family maximum.

Coinsurance: The percent of the cost of a covered service you must pay. If your plan includes coinsurance, you will see the percent you are responsible for listed in your SBC.

Copayment (copay): The specific dollar amount you pay each time you see a participating provider or receive certain covered services. Copayments may vary depending on the covered service.

Deductible: The amount you must pay each year to providers before Sutter Health Plus starts to pay part of the costs for certain covered services. If you are a member in a family of two or more members, you are only responsible for the individual family member deductible. Once the family deductible is satisfied by any combination of individual member payments, family members continue to pay copayments or coinsurance until the family OOPM is reached. If enrolled in a self-only plan, you are responsible for the self-only deductible.

Evidence of Coverage and Disclosure Form (EOC): The document that describes how, when and where a member can access covered healthcare services. In addition, it describes the limitations and exclusions provided for under the plan, how a member can file a complaint or grievance with the plan as well as other important features about the plan.

Formulary: The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plus Pharmacy and Therapeutics Committee for use and eligible for coverage under the Sutter Health Plus health plan. A formulary is also known as a prescription drug list.

Health Maintenance Organization (HMO): With an HMO your PCP provides most of your healthcare and coordinates care you need from other providers. HMO plans typically have lower monthly premiums and copays or coinsurance than Preferred Provider Organizations (PPOs).

Health Plan Benefits and Coverage Matrix (BCM): The disclosure form that provides details regarding copayments, coinsurance, deductible and out-of-pocket maximum amounts that apply to many covered services. The BCM also includes information related to additional provisions of the benefits offered by Sutter Health Plus.

High-Deductible Health Plan (HDHP): A medical plan with a lower premium and a higher deductible than a traditional HMO plan. Until a member meets the deductible, they will pay 100 percent of the out-of-pocket cost for the covered services (except preventive care) they receive. Once deductibles are met, all covered services are covered at the applicable cost share amount until the OOPM is met. The payments for covered services accumulate toward the annual OOPM. All non-preventive covered services in an HDHP accrue toward the deductible until it's been met. Please note, if your plan includes any optional benefits, the cost-sharing does not apply toward your deductible or annual OOPM.

Medical Group: A group of physicians and other providers who do business together and who provide or arrange for covered services.

Premium: The dollar amount due to Sutter Health Plus each month for healthcare coverage. In most cases, your employer pays part of the premium and you pay the rest, usually in the form of payroll deduction.

Summary of Benefits and Coverage (SBC): A summary that lists clear comparisons of costs and coverage between health plans. People can compare options based on price, benefits, and other features that may be important to them. Members get the SBC when they shop for coverage on their own or through their employer, renew or change coverage, or request an SBC from the health plan.

To see our full glossary, visit sutterhealthplus.org/glossary.

sutterhealthplus.org

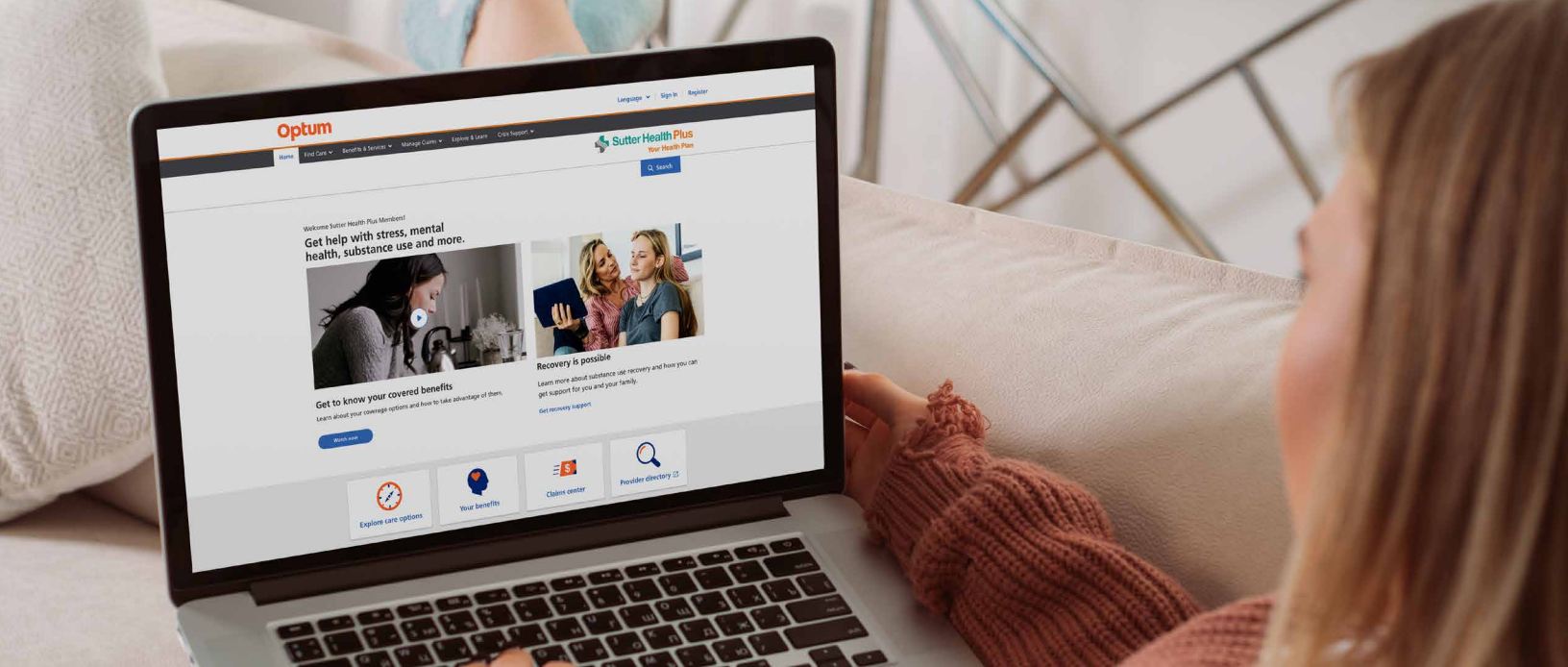
Have questions? Call us at 855-315-5800.



Your Mental Health and Substance Use Disorder Benefits

At **Sutter Health Plus**, we believe caring for your mental health is as important as your physical health. As a member, your coverage includes benefits for mental health and substance use disorder services through U.S. Behavioral Health Plan, California (USBHPC). You may self-refer for in-network office or virtual visits for mental health or substance use disorder services and can search for providers directly through USBHPC. USBHPC providers can offer support, information and resources to help address issues affecting your personal life, work and well-being, including assistance with:

- Stress or anxiety
- Feeling down or depressed
- Substance use concerns
- Prescription drug questions, and more



Online Resources

USBHPC's Live and Work Well website at liveandworkwell.com offers quick, confidential, 24/7 access to the resources available, including:

- **Explore & Learn**
 - **Personal Life:** for caregiving, parenting, relationships, military and veterans
 - **Mind & Body:** for mental and physical health, recovery and resiliency, and substance use disorder and addiction
- **Crisis Support:** for abuse, addiction, disasters, finance, hospitalization, housing, suicide prevention, and helping a loved one with a mental health crisis
- **Find Care:** locate USBHPC providers and facilities for in-person and virtual appointments
- **Benefits & Claims:** view claim status and learn about your behavioral health coverage and benefits

Virtual Care

With virtual visits, you can schedule a private and confidential appointment with a USBHPC provider who can evaluate and treat mental health conditions. Treatment is provided by psychiatrists and therapists who are part of USBHPC's behavioral health network. As with in-person office visits, members may self-refer to a participating USBHPC provider for virtual office visits.

To find a participating behavioral health provider, call USBHPC at 855-202-0984 or access USBHPC's Live and Work Well website at liveandworkwell.com.

In an Emergency

You can call 9-8-8, the U.S. national suicide prevention and mental health crisis hotline, to assist anyone experiencing a behavioral health crisis. If you or a family member are experiencing an emergency and are in immediate, life-threatening danger, call 9-1-1 for help.

All services are confidential. Your providers will not share your personal information with anyone else without your written permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.

Please note: USBHPC dba OptumHealth Behavioral Solutions of California is a subsidiary of United Behavioral Health dba Optum Behavioral Health.

Self Care Mobile App

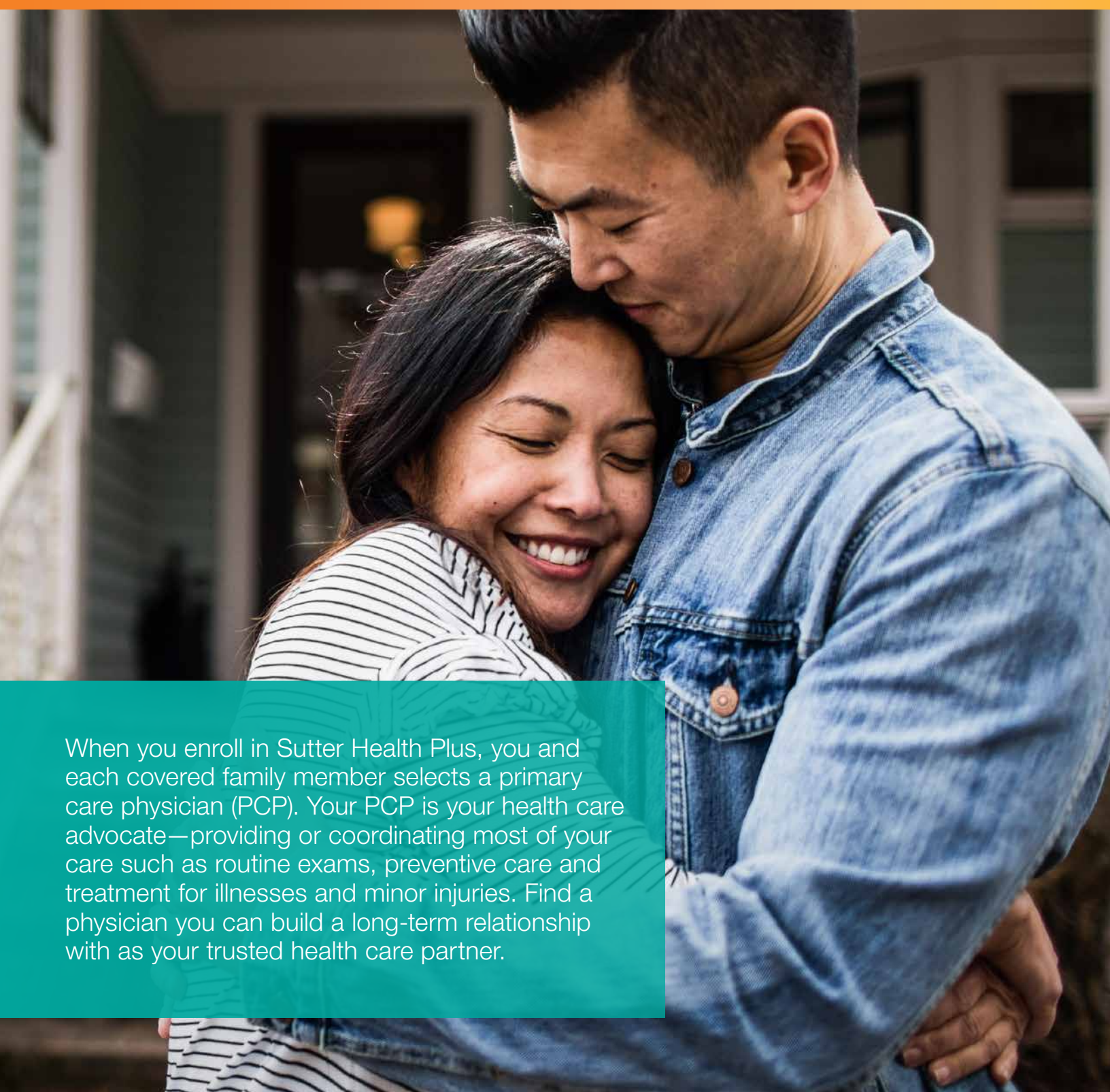
You also have access to Self Care from AbleTo — an app offering self-care techniques, coping tools, meditations, and more — anytime, anywhere. Completely confidential, the Self Care app is available at no extra cost as part of the behavioral health benefits through USBHPC, a subsidiary of Optum.

Download from your preferred app store:



Choosing a Primary Care Physician

Sutter Health Plus

A photograph of a man and a woman embracing warmly outdoors. The man is on the right, wearing a blue denim jacket, and the woman is on the left, wearing a striped shirt. They are both smiling and looking at each other. The background is slightly blurred, showing what appears to be a building entrance.

When you enroll in Sutter Health Plus, you and each covered family member selects a primary care physician (PCP). Your PCP is your health care advocate—providing or coordinating most of your care such as routine exams, preventive care and treatment for illnesses and minor injuries. Find a physician you can build a long-term relationship with as your trusted health care partner.

TYPES OF PCPs



Family Medicine



Internal Medicine



Pediatrics



OB/GYN*

Learn more about our network of providers and search for your PCP:

- Go to sutterhealthplus.org/providersearch**
- Enter the ZIP code of the area you would like to search and the mile radius
- Within the primary care specialties category, select the type of PCP you want
- Check the box “Show practitioners who are accepting new patients”
- Narrow search results by specialty, medical group, or other criteria—even last name if you’re looking for a specific doctor
- Once you have selected a PCP, enter the Sutter Health Plus provider ID number and the provider’s name on your enrollment form

Already a Sutter Health patient?

If your current Sutter-affiliated PCP also participates in the Sutter Health Plus network, you don't need to change physicians—even if the practice is closed to new patients.

Understand your medical group

When you choose a PCP, you also select your physician's medical group. Your PCP refers you as needed to providers within your medical group for specialty care, X-ray, laboratory and other medical services. Many covered services, including visits to specialists, require referrals or prior authorizations from your medical group. If you know you need specialty care and have a specific specialist in mind, check the provider directory to see what medical group the specialist is in. Make sure you choose your PCP within that medical group. In certain situations, a specialist in the Sutter Health Plus network that is outside your medical group may also be available by referral.

If after enrollment you want to change your PCP, call Sutter Health Plus Member Services available Monday through Friday, 8 a.m. to 7 p.m., at 1-855-315-5800 or (TTY: 1-855-830-3500) or visit the Sutter Health Plus Member Portal at shplus.org/memberportal

*Some OB/GYNs may be available as a PCP.

**To request a print copy of the provider directory, please call Member Services at 1-855-315-5800.

Chiropractic and Acupuncture Schedule of Benefits Offered by ACN Group of California, Inc.

BENEFIT PLAN:

\$20 Copayment per visit

**20 visits combined Annual Benefit Maximum for
Acupuncture and/or Chiropractic Services**

CLAIMS DETERMINATION PERIOD:

Calendar Year

Your Group makes available to you and your eligible dependents a complementary health benefits program for chiropractic and acupuncture. This program is provided through an arrangement with the ACN Group of California, Inc. dba *OptumHealth Physical Health of California* (OptumHealth). OptumHealth monitors the quality of the care provided by participating OptumHealth providers.

How to Use the Program

With OptumHealth, you have direct access to more than 3,500 credentialed Chiropractors and over 950 credentialed Acupuncturists servicing California. You are not required to predesignate an OptumHealth provider or to obtain a medical referral from your primary care physician prior to seeking Chiropractic or Acupuncture Services. Additionally, you may change participating Chiropractors or Acupuncturists at any time.

Our program is designed for your convenience. You simply pay your Copayment at each visit. There are no deductibles or claim forms to fill out. Your OptumHealth provider coordinates all services and billing directly with OptumHealth

Annual Benefits

Benefits include Chiropractic Services and Acupuncture Services that are Medically Necessary services rendered by an OptumHealth Participating Provider. In the case of Acupuncture Services, the services must be for Medically Necessary diagnosis and treatment to correct body imbalances and conditions such as low back pain, sprains and strains (such as tennis elbow or sprained ankle), nausea, headaches, menstrual cramps, carpal tunnel syndrome, and other conditions. In the case of Chiropractic Services, the services must be for

Medically Necessary diagnosis and treatment to reduce pain and improve functioning of the neuromusculoskeletal system.

Calculation of Annual Benefit Maximum Limits

Each visit to an OptumHealth Participating Provider, as described below, requires a Copayment by the Member. A maximum number of visits to either an OptumHealth participating Chiropractor or participating Acupuncturist, or any combination of both, per Claims Determination Period will apply to each Member.

Chiropractic Services: Adjunctive therapy is allowed at each office visit. If adjunctive therapy is provided without a chiropractic adjustment, the adjunctive therapy will count as an office visit toward the maximum benefit. If an examination or re-examination is supplied without an adjustment, the examination or re-examination will count as an office visit toward the maximum benefit.

Acupuncture Services: Adjunctive therapy is allowed at each office visit. If adjunctive therapy is provided without acupuncture treatment, the adjunctive therapy will count as an office visit toward the maximum benefit. If an examination or re-examination is supplied without acupuncture treatment, the examination or re-examination will count as an office visit toward the maximum benefit.

Provider Eligibility

OptumHealth only contracts with duly licensed California Chiropractors and Acupuncturists. Members must use OptumHealth Participating Providers to receive their maximum benefit.

Types of Covered Services

Chiropractic Services:

1. An initial examination is performed by the OptumHealth participating Chiropractor to determine the nature of the Member's problem, and to provide, or commence, in the initial examination, Medically Necessary services that are Covered Services, to the extent consistent with professionally recognized standards of practice, and to prepare a treatment plan of services to be furnished. An initial examination will be provided to a Member if the Member seeks services from an OptumHealth participating Chiropractor for any injury, illness, disease, functional disorder or condition with regard to which the Member is not, at the time, receiving services from the OptumHealth participating Chiropractor. A Copayment will be

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required for such examination.

2. Subsequent office visits, as set forth in a treatment plan, may involve a chiropractic adjustment, a brief re-examination and other services, in various combinations. A Copayment will be required for each visit to the office.
3. Adjunctive therapy, as set forth in a treatment plan, may involve therapies such as ultrasound, electrical muscle stimulation and other therapies.
4. A re-examination may be performed by the OptumHealth participating Chiropractor to assess the need to continue, extend or change a treatment plan. A re-evaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment will be required.
5. X-rays and laboratory tests are a covered benefit to examine any aspect of the Member's condition.
6. Chiropractic appliances are payable up to a maximum of \$50 per year when prescribed by an OptumHealth participating Chiropractor.

Acupuncture Services:

1. An initial examination is performed by the OptumHealth participating Acupuncturist to determine the nature of the Member's problem and to provide or commence, in the initial examination, Medically Necessary services that are Covered Services, to the extent consistent with professionally recognized standards of practice, and to prepare a treatment plan of services to be furnished. An initial examination will be provided to a Member if the Member seeks services from an OptumHealth participating Acupuncturist for any injury, illness, disease, functional disorder or condition with regard to which the Member is not, at that time, receiving services from an OptumHealth participating Acupuncturist. A Copayment will be required for such examination.
2. Subsequent office visits, as set forth in a treatment plan, may involve acupuncture treatment, a brief re-examination and other services, in various combinations. A Copayment will be required for each visit to the office.
3. A re-examination may be performed by the OptumHealth participating Acupuncturist to assess the need to continue, extend or change a treatment plan. A re-evaluation may be performed during a subsequent office visit or separately. If performed separately, a Copayment will be required.

Important OptumHealth Addresses:

Member Correspondence

OptumHealth of California, Inc.
P.O. Box 880009
San Diego, CA 92168-0009

Grievances and Complaints

Attn.: Grievance Coordinator
OptumHealth of California, Inc.
P.O. Box 880009
San Diego, CA 92168-0009

Exclusions and Limitations

Benefits do not include services that are not described under the Covered Services or contained elsewhere in the *Evidence Of Coverage* (EOC) provided to a Member. The following accommodations, services, supplies, and other items are specifically excluded from coverage as referenced in the EOC:

1. Any accommodation, service, supply or other item determined by Health Plan not to be Medically Necessary;
2. Any accommodation, service, supply or other item not provided in compliance with the Managed Care Program;
3. Services provided for employment, licensing, insurance, school, camp, sports, adoption, or other non-Medically Necessary purposes, and related expenses for reports, including report presentation and preparation;
4. Examination or treatment ordered by a court or in connection with legal proceedings unless such examinations or treatment otherwise qualify as Covered Services under this document;
5. Experimental or investigative services unless required by an external, independent review panel as described in Section 16.5 of the EOC;
6. Services provided at a hospital or other facility outside of a Participating Provider's facility;
7. Holistic or homeopathic care including drugs and ecological or environmental medicine;
8. Services involving the use of herbs and herbal remedies;
9. Treatment for asthma or addiction (including but not limited to smoking cessation);
10. Any services or treatments caused by or arising out of the course of employment and are covered under Workers' Compensation;
11. Transportation to and from a provider;
12. Drugs or medicines;

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13. Intravenous injections or solutions;
14. Charges for services provided by a provider to his or her family member(s);
15. Charges for care or services provided before the effective date of the Member's coverage under the Group Enrollment Agreement, or after the termination of the Member's coverage under the Group Enrollment Agreement, except as otherwise provided in the Group Enrollment Agreement;
16. Special nutritional formulas, food supplements such as vitamins and minerals, or special diets;
17. Sensitivity training, electrohypnosis, electronarcosis, educational training therapy, psychoanalysis, treatment for personal growth and development, and treatment for an educational requirement;
18. Claims by providers who or which are not Participating Providers, except for claims for out-of-network Emergency Services or Urgent Services, or other services authorized by Health Plan;
19. Ambulance services;
20. Surgical services;
21. Services relating to Member education (including occupational or educational therapy) for a problem not associated with a Chiropractic Disorder or Acupuncture Disorder, unless supplied by the provider at no additional charge to the Member or to Health Plan; and
22. Non-Urgent Services performed by a provider who is a relative of Member by birth or marriage, including spouse or Domestic Partner, brother, sister, parent or child;

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SUTTER HEALTH PLUS

INFERTILITY SERVICES BENEFIT RIDER

This is an Addendum to your Large Group *Combined Evidence of Coverage and Disclosure Form (EOC)*, describing your coverage for Infertility services. Please keep this Addendum with your *EOC* for future reference. This Addendum is effective January 1, 2024.

COVERED INFERTILITY SERVICES

Your Infertility services benefit includes: services, supplies and drugs for the diagnosis and treatment of Infertility, including consultations, examinations, diagnostic tests, procedures, and drug therapy, subject to the Exclusions and Limitations described below.

DEFINITIONS

Infertility means:

- For Members under the age of 35 years: inability to conceive a pregnancy or carry a pregnancy to a live birth after one year (12 months) of regular intercourse without contraception.
- For Members over the age of 35 years or with a history of oligo/amenorrhea; or with known or suspected uterine/tubal disease or endometriosis: inability to conceive a pregnancy or carry a pregnancy to a live birth after 6 months of regular intercourse without contraception
- For Members: inability to conceive a pregnancy or carry a pregnancy to a live birth after six (6) cycles of artificial donor insemination under medical supervision.
- For Members with other health conditions known to cause Infertility, as recognized by licensed physicians.

COST SHARE

Your Cost Share is: 50% Coinsurance.

Your Cost Share for Infertility services does NOT apply to your annual Out of Pocket Maximum.

All services Medically Necessary and clinically appropriate to diagnose and treat involuntary Infertility, as defined above, including the diagnostic work-up and testing, procedures and services and all drugs are covered at 50% of SHP's contracted prices when referred by your PCP or OB/GYN doctor and authorized by your medical group. Drugs prescribed for the treatment of Infertility are covered at 50% of the contracted prescription cost. You should contact your SHP network Infertility provider directly to obtain your estimated Cost Share for a particular procedure. You may call CVS Caremark® at 1-844-740-0635 to determine your Cost Share for prescription drugs, and SHP Member Services at 1-855-315-5800 (TTY 1-855-830-3500) for other benefit questions.

LIMITATIONS

1. Intrauterine Insemination (IUI) is limited to three (3) cycles per Member's lifetime, as defined in Limitation 3 below.
2. In-Vitro Fertilization (IVF) is limited to one (1) per Member's lifetime, as defined in Limitation 3 below.
3. For purposes of this Infertility benefit, lifetime means the lifetime of the Member who is the recipient of Infertility services, and includes all treatments provided to the Member under any health care coverage plan in which the Member participated.

EXCLUSIONS

1. Services and supplies to reverse voluntary Infertility, including but not limited to reversals of vasectomy and tubal ligation, or other surgically induced Infertility, or to treat Infertility following reversal procedures.
2. Services and supplies related to donor sperm or sperm preservation for artificial insemination are excluded.
3. Surrogacy or gestational carriers if the prenatal and postpartum care is covered by the intended parent(s).
4. Frozen embryo transfers, and Zygote Intra-Fallopian Transfers (ZIFT).
5. ICSI, Intracytoplasmic Sperm Injection.
6. Ova Sticks (a self-test for Infertility).
7. Ovum Transfer/Transplants or Uterine Lavage as part of Infertility diagnosis or treatment.
8. Sperm Donor, including the actual collection and storage of the sperm.
9. Donor sperm in lieu of a partner is not covered.
10. Treatment of female sterility in which a donor ovum would be necessary (e.g., post-menopausal syndrome).
11. Experimental and/or investigational diagnostic studies, procedures or drugs used to treat or determine the cause of Infertility.
12. Laboratory medical procedures involving the freezing or storing of sperm, ovum and/or pre-embryos.
13. Inoculation of women with partner's white cells (considered experimental).