

County of Sutter 2026 MEDICAL PLAN COMPARISON CHART



Compare each plan feature by reading down the columns. Plans with out-of-network benefits will display a row for each level of coverage. [See Next Page/Below for Prescription Drug Coverage.](#)

	Annual Deductible	Annual Out-of-Pocket Maximum	Office Visit	Chiropractic	Lab and X-ray	Urgent Care	Emergency Room	Hospitalization	Outpatient Surgery
Anthem Blue Cross	Individual Family	Individual Family							
Anthem PPO 1000	\$1,000 \$2,000	In Network: \$4,000 \$8,000 Out of Network: \$10,000 \$20,000	Primary Care: \$45 copay Specialist \$45 copay	\$25 copay: 12 visits per year	Lab and X-Ray: Plan pays 100% after deductible Advanced Imaging: Plan pays 80% after deductible	\$45 copay	\$100 ER Deductible, Plan pays 80% after deductible <i>Deductible waived if admitted</i>	Plan pays 80% after deductible up to a maximum of \$1,000 per benefit period	\$250 copay per visit, then plan pays 80% after deductible
Anthem PPO 1500	\$1,500 \$3,000	In Network: \$5,000 \$10,000 Out of Network: \$10,000 \$20,000	Primary Care: \$45 copay Specialist \$45 copay	\$25 copay: 12 visits per year	Lab and X-Ray: Plan pays 100% after deductible Advanced Imaging: Plan pays 80% after deductible	Plan pays 80% after deductible	\$100 ER copay, Plan pays 80% after deductible <i>Copay waived if admitted</i>	Plan pays 80% after deductible up to a maximum of \$1,000 per benefit period	Plan pays 80% after deductible
Anthem HDHP 3400	\$3,400 \$6,800	In Network: \$3,400 \$6,800 Out of Network: \$5,000 \$10,000	Plan pays 100% after deductible	Plan pays 100% after deductible: 24 visits per year combined with Physical Therapy, Physical Medicine, and Occupational Therapy.	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible
Kaiser Permanente	Individual Family	Individual Family							
Kaiser HMO High Plan	\$0 \$0	In Network: \$1,500 \$3,000	Primary Care: \$10 copay Specialist \$10 copay	\$10 copay: 30 visits per year	Plan pays 100%	\$10 copay	\$50 copay <i>Copay waived if admitted</i>	Plan pays 100%	\$10 copay per procedure
Kaiser HMO Low Plan	\$0 \$0	In Network: \$1,500 \$3,000	Primary Care: \$20 copay Specialist \$20 copay	\$10 copay: 30 visits per year	Plan pays 100%	\$20 copay	\$50 copay <i>Copay waived if admitted</i>	\$500 copay per admit	\$20 copay per procedure

County of Sutter 2026 MEDICAL PLAN COMPARISON CHART



PRESCRIPTION DRUGS

Compare Rx coverage under each plan by reading down the columns. Plans with out-of-network benefits will display a row for each level of coverage.

	Prescription Deductible	Prescription Out-of- Pocket Maximum	Generic (Preferred)	Brand (Preferred)	Brand (Non-Preferred)	Specialty (Preferred)	Specialty (Non-Preferred)
Navitus							
Anthem PPO 1000	None	\$2,000 \$4,000	\$20.00	\$40.00	\$60.00	30% coinsurance up to \$100 max	
Anthem PPO 1500	None	\$2,000 \$4,000	\$20.00	\$40.00	\$60.00	30% coinsurance up to \$100 max	
Anthem HDHP 3400	Combined with Medical Deductible	Combined with Medical Out- of-Pocket Maximum	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	
Kaiser Permanente							
Kaiser HMO High Plan	None	Combined with Medical Out- of-Pocket Maximum	\$5.00	\$15.00	\$15.00	\$15.00	
Kaiser HMO Low Plan	None	Combined with Medical Out- of-Pocket Maximum	\$10.00	\$35.00	\$35.00	\$35.00	