

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	Primary Care: \$45 copay	\$25 copay: 12 visits per year	Lab and X-Ray: Plan pays 100% after deductible	\$45 copay	\$100 ER Deductible, Plan pays 80% after deductible	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
		Out of Network: \$10,000 \$20,000	Specialist \$45 copay		Advanced Imaging: Plan pays 80% after deductible		Deductible waived if admitted		
Anthem PPO 1500	\$1,500 \$3,000	In Network: \$5,000 \$10,000	Primary Care: \$45 copay	\$25 copay: 12 visits per year	Lab and X-Ray: Plan pays 100% after deductible	Plan pays 80% after deductible	\$100 ER copay, Plan pays 80% after deductible	Plan pays 80% after deductible up to a maximum of \$1,000 per benefit period	Plan pays 80% after deductible
		Out of Network: \$10,000 \$20,000	Specialist \$45 copay		Advanced Imaging: Plan pays 80% after deductible		Copay waived if admitted		
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	\$10 copay: 30 visits per year	Plan pays 100%	\$10 copay	\$50 copay	Plan pays 100%	\$10 copay per procedure
			Specialist \$10 copay				Copay waived if admitted		
Kaiser HMO Low Plan	\$0 \$0	In Network: \$1,500 \$3,000	Primary Care: \$20 copay	\$10 copay: 30 visits per year	Plan pays 100%	\$20 copay	\$50 copay	\$500 copay per admit	\$20 copay per procedure
			Specialist \$20 copay				Copay waived if admitted		

This chart is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).

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	

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