



The Summary of Benefits and Coverage (SBC) displays the benefits and services covered by your plan. You will pay for services not covered by your plan. This is only a summary of information about your coverage, or to get a copy of the complete Summary of Benefits and Coverage (SBC), call 1-855-315-5800 or visit www.healthcare.gov/sbc. For more information, see the Glossary of Health Coverage and Medical Terms. You can request a copy by calling 1-855-315-5800.

Important Questions

	Why This Matters:
What is the <u>maximum</u> amount you can deduct for health insurance premiums paid for yourself, your spouse, and dependent children?	Generally, you must pay the full cost of health insurance premiums for yourself, your spouse, and dependent children. If you have a family, you may be able to deduct the cost of health insurance premiums for yourself, your spouse, and dependent children. The maximum amount you can deduct is \$1,500 for an individual and \$3,000 for a family.
Are there services covered before you start your deductible?	This covers some items and services that are covered before you start your deductible. For example, preventive services like annual checkups, flu shots, and cancer screenings are covered before you start your deductible. For more information, see the Glossary of Health Coverage and Medical Terms.
Are there other services covered before you start your deductible?	You don't have to pay for certain services before you start your deductible. For example, preventive services like annual checkups, flu shots, and cancer screenings are covered before you start your deductible. For more information, see the Glossary of Health Coverage and Medical Terms.
What is the <u>out-of-pocket</u> limit for this plan?	The <u>out-of-pocket</u> limit is the maximum amount you can pay for covered services in a year for you, your spouse, and dependent children. For 2023, the <u>out-of-pocket</u> limit is \$3,000 for an individual and \$6,000 for a family. For more information, see the Glossary of Health Coverage and Medical Terms.
What is not included in the <u>out-of-pocket</u> limit?	Even though you pay for these expenses, they are not included in the <u>out-of-pocket</u> limit. For example, deductibles, copayments, and coinsurance are not included in the <u>out-of-pocket</u> limit. For more information, see the Glossary of Health Coverage and Medical Terms.
Will you pay less for services if you use a <u>network</u> provider?	Yes. See www.sutterhealthplus.com for more information. You will pay less for services if you use a <u>network</u> provider. For more information, see the Glossary of Health Coverage and Medical Terms.

Do you need a specialist?

Yes. This plan will pay some or all of the costs of services you need before you see a specialist.



Although the services shown in this chart are not covered by the plan, they are covered by other plans.

Common Medical Services	What You Will Pay	Limitations, Exceptions & Participating Information
<p><u>Primary Care (PCP) Visit to injury or illness</u></p>	<p>PCP Office Visit Sutter Walk-in Car charge Telehealth Visit</p>	

* For more information about limitations and exceptions, see

Common Medications You May Need	Participating Provider	What You Will Pay	Limitations, Exceptions & Participating Information

[Your Rights to Continue Coverage](#) agencies that can help if you want to continue your coverage agencies is: The Department of Health and Human Services, U.S. Department of Health and Human Services, 2025-Medicaid-Coverage-Options, available to you, too, including but not limited to the following information: [Medicaid Coverage Options in California](#), [www.dhhs.gov/medicaid-coverage-options-california](#), call 1-800-318-2596.

[Your Grievance Rights](#) are agencies that can help if you have a grievance. See [If You Have a Concern Or Dispute With SHIP Services](#). For more information, look at the explanation of benefits (EOB) or [SHIP's website](#) for a complete list of services or [grievance procedures](#) information about your rights, this notice is posted on the SHIP website at [www.ship.org](#). 855-830-0915 (California Department of Industrial Relations - 916-322-8300).

[Does My Coverage Have a Minimum Essential Coverage Requirement?](#) CHIP, TRICARE, and certain other coverage options. For more information, see [CHIP, TRICARE, and certain other coverage options](#).

[Does My Coverage Have a Minimum Value Requirement?](#) If you do not have a minimum value requirement, please see [CHIP, TRICARE, and certain other coverage options](#).

[Language Access Services:](#)
Please see Notice of Language Assistance addendum.

To see example provider costs for a sample medical situation, see the [example provider costs for a sample medical situation](#).

