2025 Notice of Health Plan Changes
Small Group

The following benefit and cost sharing changes apply to small group health plans effective on or after July 1, 2025.

SECTION I — Benefit Plan Design Changes

Although Sutter Health Plan (SHP) does not participate in the Covered California Health Benefit Exchange, California law requires Sutter Health Plan to offer plan designs that mirror the Patient-Centered Benefit Plan Designs issued by Covered California. Cost sharing changes to a mirrored health plan reflect changes made to the Patient-Centered Benefit Plan Designs for 2025. Please refer to the following table for changes made to the plan name and cost sharing. Sutter Health Plan also updated the Benefits and Coverage Matrix (BCM) and Summary of Benefits and Coverage (SBC) to reflect these changes. Please refer to the 2025 BCM and SBC for details.

- The cost sharing amounts for certain services, plan names and plan identifications (IDs) have changed; these changes will be summarized in the 2025 Small Group Health Plan Changes Grid.

SECTION II — 2025 Evidence of Coverage and Disclosure Form (EOC) Changes

Sutter Health Plan made the following changes to the EOC to comply with recently updated regulatory requirements, to clarify existing processes and to adopt revisions to the Pediatric Dental Addendum made by Delta Dental. The following is not meant to be a complete list of all changes.

Chapter(s)	Section(s)	Summary of Change
SUTTER HEALTH PLAN NONDISCRIMINATION POLICY	N/A	Revised language throughout this chapter to align with federal and state requirements. Added language to clarify that an enrollee can file a complaint if there is a concern of discrimination based on race, color, national origin, age, disability or sex. Added language that grievances can be filed by telephone.
INTRODUCTION	Language Assistance	Removed the Language Assistance section because it is already included within the Notice of Language Assistance.
HOW TO USE THE PLAN	The SHP Network	Added language about receiving covered services from a noncontracting ground and air ambulance provider without prior authorization. Added language regarding what happens if mental health/substance use disorder (MH/SUD) services are not available in accordance with geographic and timely access standards. Added language that clarifies the Plan must arrange MH/SUD care and expand coverage for MH/SUD services provided by out-of-network providers under particular circumstances, including when not available in accordance with geographic and timely access standards. Added language about cost sharing when MH/SUD services are provided out-of-network. Added language about transitioning to an in-network provider for MH/SUD services that were required to be provided out-of-network.

Chapter(s)	Section(s)	Summary of Change
TIMELY ACCESS TO CARE	Mental Health/ Substance Use Disorder Care	Added a statement to provide information regarding a member's rights to timely and geographically accessible MH/SUD services and the timeframes for appointments. Also added language regarding the cost share a member will pay when seeing an out-of-network provider when an in-network provider is not available within geographic and timely access standards.
WHAT YOU PAY	N/A	Added language regarding cost sharing when out-of-network MH/SUD services are arranged.
SEEING A DOCTOR AND OTHER PROVIDERS	Your Choice of Doctors and Providers – Your SHP Provider Directory	Added covered services from a noncontracting ground or air ambulance provider as services that are not required to be provided by a member's primary care physician's medical group. Also included language about cost sharing for these services when received from a noncontracting ground or air ambulance provider. Added language regarding member's rights to receive timely and geographically accessible MH/SUD services and what happens if Sutter Health Plan or USBHPC fails to arrange the services with an appropriate in-network provider. Added language regarding cost sharing for services provided by a 988 center, mobile crisis team or other provider of behavioral health crisis services and the cost sharing for these services. Added information about what an enrollee can do if they are billed differently than stated in this section.
SEEING A DOCTOR AND OTHER PROVIDERS	Services That Do Not Require PCP Referral	Added language to the MH/SUD services bullet about the right to receive timely and geographically accessible MH/SUD services when needed and the obligation of SHP or USBHPC if the services fail to be offered. Added the following to the list of services that do not require a PCP referral: • Behavioral health crisis services provided by a 988 center, mobile crisis team or other providers of behavioral health crisis services • Covered services from a contracting or noncontracting ground or air ambulance provider for an emergency medical condition • Services required or recommended by a CARE agreement or a CARE plan
SEEING A DOCTOR AND OTHER PROVIDERS	Prior Authorization	Clarified that prior authorization is not required for the following: • Behavioral health crisis services provided by a 988 center, mobile crisis team or other provider of behavioral health crisis services • Services required or recommended by a CARE agreement or a CARE plan Added standard fertility preservation services to the list of services that may require prior authorization.
SEEING A DOCTOR AND OTHER PROVIDERS	Authorization, Modification and Denial of Healthcare Services	Added language regarding the ability to request education program materials used to educate SHP or USBHPC staff and contracted or affiliated third parties that conduct UM review for MH/SUD services. Clarified that these materials are available at no cost.

Chapter(s)	Section(s)	Summary of Change
EMERGENCY SERVICES AND URGENT CARE	Authorization at Non-Participating Facility	Added language regarding transportation and billing by noncontracting hospitals for post-stabilization care.
EMERGENCY SERVICES AND URGENT CARE	Authorization for Post-Stabilization Services for Behavioral Health Crisis Services	Added a new section to explain the process of authorization for post-stabilization services for behavioral health crisis services.
EMERGENCY SERVICES AND URGENT CARE	Follow-Up Care After an Emergency	Added emergency room medical care and follow-up healthcare treatment for a member who is treated following a rape or sexual assault as a covered service. For non-HDHPs, members will not pay a deductible or any other cost sharing for these services for the first nine months after treatment is initiated. For HDHPs, after a member meets their deductible, they will not pay any other cost sharing for these services for the first nine months after treatment is initiated.
YOUR BENEFITS	Refusal of Transfer	Removed this section.
YOUR BENEFITS	Ambulance Services, Emergency	Added language regarding receiving covered services from a noncontracting ground or air ambulance provider and the cost sharing associated with these services.
YOUR BENEFITS	Ambulance Services, Nonemergency	Added language regarding receiving nonemergency services from a noncontracting ground ambulance provider and the cost sharing associated with these services. Added language to clarify that if nonemergency services are received from a noncontracting ground or air ambulance provider, members will pay no more than the same cost sharing amount they will pay for the same covered services received from a contracting ground or air ambulance provider. Additionally, a noncontracting ground or air ambulance provider cannot send a member to collections for anything more than the in-network Cost Sharing amount if they fail to pay.
YOUR BENEFITS	Children and Youth Behavioral Health Initiative (CYBHI) School Site Behavioral Health Services	Added a new benefit section for CYBHI School Site Behavioral Health Services.
YOUR BENEFITS	Preventive Care Services	Updated the screening mammogram age recommendation to age 40 to 74 to align with the HRSA screening recommendation. Added medically necessary pasteurized donor human milk obtained from a licensed tissue bank as an item covered under maternity and newborn care.
YOUR BENEFITS	Ambulance Services, Emergency	Added the following programs as services that are emergency ambulance services when developed by a local emergency medical services agency and approved by the emergency medical services authority: • Community paramedicine program • Mobile integrated health program • Triage to alternate destination program
YOUR BENEFITS	Dental and Orthodontic Services	Revised the language regarding general anesthesia for dental procedures to more accurately describe the benefit and coverage.

Chapter(s)	Section(s)	Summary of Change
YOUR BENEFITS	Standard Fertility Preservation Services	Revised this benefit section to detail the coverage provided for medically necessary standard fertility preservation services when a covered treatment may directly or indirectly cause iatrogenic infertility.
YOUR BENEFITS	Gender Dysphoria Treatment	Added a new benefit section for gender dysphoria treatment.
YOUR BENEFITS	Doula Care Services	Added a new benefit section for in-person and virtual doula support provided by Mahmee.
YOUR BENEFITS	Hospital Inpatient Care	Added services for the prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) to the list of covered hospital inpatient care.
YOUR BENEFITS	Infertility and Fertility Services	Revised this section to clarify that if an employer group purchases a Plus Plan, SHP covers medically necessary services, supplies and drugs for the diagnosis and treatment of infertility and fertility services, in accordance with the guidelines of the American Society for Reproductive Medicine. Also added definitions, coverage information, and limitations and exclusions to this section.
YOUR BENEFITS	Medically Administered Drugs	Clarified that certain medically administered drugs may require prior authorization from CVS Caremark and must be obtained from a participating pharmacy. Added drugs for the medically necessary treatment of a mental health or substance use disorder, including but not limited to injectable antipsychotic drugs to the list of drugs that are medically administered.
YOUR BENEFITS	Mental Health and Substance Use Disorder Services	Removed electroconvulsive therapy from the list of outpatient items and other services that require prior authorization. Clarified that benefits and coverage for MH/SUD services are not limited to short-term or acute treatment and include the full range of intermediate levels of care services. Added narcotic (opioid) treatment programs and drug testing, both presumptive and definitive, to the list of covered SUD inpatient services. Added The ASAM Criteria (Third Edition) inpatient Levels of Care for SUD rehabilitation and withdrawal management to the list of inpatient services covered when prior-authorized by USBHPC. Revised this section to include the benefits for MH/SUD that SHP covers for preventing, diagnosing and treating MH/SUD as medically necessary for an enrollee and in accordance with current generally accepted standards of MH/SUD care. Clarified that physician services that are integrated with primary care services are included in basic healthcare services.

Chapter(s)	Section(s)	Summary of Change
YOUR BENEFITS	Mental Health and Substance Use Disorder Services	Added behavioral therapies to manage neuropsychiatric symptoms for the treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) to the list of covered mental health disorder outpatient services. Removed the requirement that outpatient prescription drugs are only covered when prescribed by a USBHPC participating practitioner or SHP participating provider. Removed the limiting language for injectable drugs for both mental health and substance use disorders.
YOUR BENEFITS	Outpatient Care	Added outpatient services for the prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) to the list of covered services.
YOUR BENEFITS	Outpatient Imaging, Laboratory and Therapeutic Procedures	Added biomarker testing as a covered laboratory test.
YOUR BENEFITS	Outpatient Prescription Drugs, Supplies, Equipment and Supplements	Revised the description of “Tier 4” drugs to remove reference to “biologics.” This change is being made to comply with state law. Added language to clarify when outpatient prescription drugs prescribed by non-participating providers for MH/SUD services will be covered. Clarified the list of outpatient prescription drugs are covered as preventive drugs, rather than may be covered as preventive drugs. Revised language that prescription drug expenditures paid by a member ─ whether retail or at the applicable cost-share amount ─ will apply to the deductible and the out-of-pocket maximum limit in the same manner as if the member had purchased the prescription drug by paying the cost-sharing amount.
YOUR BENEFITS	Outpatient Prescription Drugs for Diabetes and Asthma	Expanded references to pediatric asthma coverage to include coverage for all asthma.
YOUR BENEFITS	Prior Authorization for Outpatient Prescription Drugs	Added medication-assisted treatment to the list of medications covered.
YOUR BENEFITS	Outpatient Prescription Drugs, Supplies, Equipment and Supplements, About the SHP Formulary	Added language to explain the cost sharing for a generic equivalent to a brand name drug.

Chapter(s)	Section(s)	Summary of Change
YOUR BENEFITS	Prosthetic and Orthotic Devices	Removed the requirement of podiatric device coverage being limited to diabetes related complications. Removed the exclusion that limited coverage of orthopedic shoes, arch supports and other supportive devices for the feet unless the shoe or device is an integral part of a leg brace and its expense is included in the cost of the brace; they are therapeutic shoes and inserts for the treatment and prevention of diabetes-related complications or they are rehabilitative foot orthotics that are prescribed as part of post-surgical or post-traumatic casting care.
YOUR BENEFITS	Reconstructive Surgery	Added information about reconstructive surgery for gender dysphoria.
EXCLUSIONS AND LIMITATIONS	General Exclusions	Revised General Exclusion No. 3 to explain that the exclusion does not apply in the following situations: • MH/SUD services are not available to you in accordance with geographic and timely access standards, and SHP or USBHPC provides and arranges for coverage for medically necessary MH/SUD services from an out-of-network provider or providers. • You receive Behavioral Health Crisis Services provided by a 988 center or mobile crisis team, or other providers of Behavioral Health Crisis Services, regardless of whether the service is provided by a Participating Provider or out-of-network provider. • You receive healthcare services that are required or recommended in a CARE agreement or CARE plan.
PAYMENT AND REIMBURSEMENT	N/A	Revised language to clarify the billing and cost sharing when services are provided by a noncontracting ground or air ambulance provider.
WHAT YOU PAY SEEING A DOCTOR AND OTHER PROVIDERS EMERGENCY SERVICES AND URGENT CARE MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES DEFINITIONS	N/A	Created a definition for “Behavioral Health Crisis Services” and revised references throughout the EOC to point to this new definition.
DEFINITIONS	N/A	Created a definition for “Medical Information.”
DEFINITIONS	N/A	Revised the definition of “Qualified Autism Service Professional.”
DEFINITIONS	N/A	Created a definition for “Standard Fertility Preservation Services.”

SECTION III — 2025 Health Plan Benefits and Coverage Matrix (BCM) Changes

Sutter Health Plan made the following changes to the BCM to comply with recently updated regulatory requirements and for clarity. The following is not meant to be a complete list of all changes.

Section	Heading	Summary of Change
Outpatient Services		Added a video visit option for primary care physician, other practitioner, Sutter Walk-In Care and specialist visits.
Mental Health & Substance Use Disorder (MH/SUD) Services		Added Children and Youth Behavioral Health Initiative (CYBHI) school site behavioral health services benefit. Added a video visit option for MH/SUD individual outpatient and MH/SUD group outpatient visits.
Outpatient Prescription Drugs, Supplies, Equipment and Supplements	Tier 4	Revised the description of “Tier 4” drugs to remove reference to “biologics.” This change is being made to comply with state law.
Endnotes	Endnote No. 1	Updated the IRS minimum deductible amount for High Deductible Health Plans (HDHPs) to $3,300 for plan year 2025.
Endnotes	Endnote No. 5	Updated the minimum deductible amounts for High Deductible Health Plans (HDHPs) to $1,650 for self-only coverage or $3,300 for family coverage.
Endnotes	Endnote No. 7	Added an endnote that certain medically administered drugs require prior authorization from CVS Caremark and must be obtained from a Participating Pharmacy.
Endnotes	Endnote No. 8	Revised the reference for the “Outpatient visit (nonoffice visit)” benefit to clarify that when the example services are performed in an office setting, these services are covered under the office visit benefit. Restated “fertility preservation” as “standard fertility preservation services” to add clarity.
Endnotes	Endnote No. 10	Changed the reference to outpatient psychiatric observation for “an acute psychiatric crisis” to outpatient psychiatric observation for “Behavioral Health Crisis Services” to align with the definition in the EOC.
Endnotes	Endnote No. 11	Revised the reference to behavioral health services and medically necessary treatment of an MH/SUD to be the defined term “Behavioral Health Crisis Services” found within the EOC.
Endnotes	Endnote No. 12	Added a new endnote to provide information about Children and Youth Behavioral Health Initiative (CYBHI) school site behavioral health services.
Endnotes	Endnote No. 15	Revised COVID-19 services cost sharing for High Deductible Health Plans (HDHPs) to be subject to the annual deductible.

SECTION IV — 2025 Summary of Benefits and Coverage (SBC) Changes

Sutter Health Plan made the following changes to the SBC to comply with recently updated regulatory requirements and for clarity. The following is not meant to be a complete list of all changes.

Section	Heading	Summary of Change
Common Medical Event	• If you need immediate medical attention • If you have a hospital stay • If you need mental health, behavioral health or substance use disorder (MH/SUD) services	Revised the reference to "medically necessary treatment of a MH/SUD" to "Behavioral Health Crisis Services."

SECTION V — Plan Document Changes for 2025 Small Group Plus Plans ONLY

Sutter Health Plan made the following changes to plan documents for Plus Plans only, to comply with recently updated regulatory requirements. The following changes are in addition to those listed above, and are not meant to be a complete list of all changes.

Document Updated	Section	Heading	Summary of Change
2025 Plus Plan Health Plan Benefits and Coverage Matrix	Other Services for Special Health Needs	Infertility and Fertility Services	Revised infertility and fertility services and clarified that the cost sharing is the applicable category for covered services.
	Endnotes	Endnote No. 8	Added language to clarify that infertility and fertility services are included in the outpatient visit (nonoffice visit) benefit.
	Endnotes	Endnote No. 17	Revised endnote 17 to specify that covered infertility and fertility services are the same cost sharing as applicable categories of covered services.
2025 Plus Plan Summary of Benefits and Coverage	Important Questions	Answers	Removed infertility treatment from the list of services that do not count toward the out-of-pocket limit.
	Common Medical Event "If you need drugs to treat your illness or condition"	Limitations, Exceptions & Other Important Information	Removed language about drugs prescribed for the treatment of infertility being covered at standard tier cost sharing and applying to your deductible, if applicable, and out-of-pocket limit.
	Excluded Services & Other Covered Services	Other Covered Services	Removed the cost sharing language for infertility treatment and drugs. Revised language referring member to the Infertility and Fertility Services section of the Your Benefits chapter in your EOC for additional information.