

# 2025 Notice of Health Plan Changes

Large Group

The following benefit and cost sharing changes apply to the City of Sacramento health plans effective on or after January 1, 2025.

## SECTION I — Benefit Plan Design Changes

The cost sharing amounts for certain services have changed. Please refer to the following table for the required changes effective January 1, 2025. **Note:** Account-elected changes are not included.

Sutter Health Plus 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.

City of Sacramento		
PLAN YEAR	2024	2025
PLAN NAME	City of Sacramento HDHP HMO (HSA-Compatible HDHP)	City of Sacramento HDHP HMO (HSA-Compatible HDHP)
PLAN ID	HE07	HE07
Type of Service	Current Cost Sharing	Cost Sharing as of January 1, 2025
Annual Deductible for Certain Medical Services (Combined Medical and Pharmacy)	Self-only: \$2,000; one member in a family: \$3,200; an entire family: \$4,000	Self-only: \$2,000; one member in a family: \$3,300; an entire family: \$4,000
Annual Out-of-Pocket Maximum (OOPM) (Combined Medical and Pharmacy)	Self-only: \$3,200; one member in a family: \$3,200; an entire family: \$6,400	Self-only: \$3,300; one member in a family: \$3,300; an entire family: \$6,600
Male sterilization/vasectomy services and procedures	No charge after minimum deductible of \$1,600 for self-only coverage or \$3,200 for family coverage	No charge after minimum deductible of \$1,650 for self-only coverage or \$3,300 for family coverage

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

Sutter Health Plus made the following changes to the EOC to comply with recently updated regulatory requirements, and to clarify existing processes. The following is not meant to be a complete list of all changes.

Chapter(s)	Section(s)	Summary of Change
SUTTER HEALTH PLUS NONDISCRIMINATION POLICY	N/A	<p>Revised language throughout this chapter to align with federal and state requirements.</p> <p>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.</p> <p>Added language that grievances can be filed by telephone.</p>
HOW TO USE THE PLAN	The SHP Network	<p>Added language about receiving covered services from a noncontracting ground and air ambulance provider without prior authorization.</p> <p>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, and the requirements to arrange services.</p> <p>Added language about cost sharing when MH/SUD services are provided out-of-network.</p> <p>Added language about transitioning to an in-network provider for MH/SUD services that were required to be provided out-of-network.</p>
TIMELY ACCESS TO CARE	Mental Health/ Substance Use Disorder Care	<p>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.</p>
WHAT YOU PAY	N/A	<p>Added language regarding cost sharing when out-of-network MH/SUD services are arranged.</p>

Chapter(s)	Section(s)	Summary of Change
SEEING A DOCTOR AND OTHER PROVIDERS	Your Choice of Doctors and Providers – Your SHP Provider Directory	<p>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.</p> <p>Added language regarding member's rights to receive timely and geographically accessible MH/SUD services and what happens if Sutter Health Plus or USBHPC fails to arrange the services with an appropriate in-network provider.</p> <p>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.</p>
SEEING A DOCTOR AND OTHER PROVIDERS	Services That Do Not Require PCP Referral	<p>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.</p> <p>Added the following to the list of services that do not require a PCP referral:</p> <ul style="list-style-type: none"> <li>• Behavioral health crisis services provided by a 988 center, mobile crisis team or other providers of behavioral health crisis services</li> <li>• Covered services from a contracting or noncontracting ground or air ambulance provider for an emergency medical condition</li> <li>• Services required or recommended by a CARE agreement or a CARE plan</li> </ul>
SEEING A DOCTOR AND OTHER PROVIDERS	Prior Authorization	<p>Clarified that prior authorization is not required for the following:</p> <ul style="list-style-type: none"> <li>• Behavioral health crisis services provided by a 988 center, mobile crisis team or other provider of behavioral health crisis services</li> <li>• Services required or recommended by a CARE agreement or a CARE plan</li> </ul>
SEEING A DOCTOR AND OTHER PROVIDERS	Authorization, Modification and Denial of Healthcare Services	<p>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.</p>
EMERGENCY SERVICES AND URGENT CARE	Authorization at Non-Participating Facility	<p>Added language regarding transportation and billing by noncontracting hospitals for post-stabilization care.</p>

Chapter(s)	Section(s)	Summary of Change
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.
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.
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	Updated the screening mammogram age recommendation to age 40 to 74 to align with the HRSA screening recommendation.
YOUR BENEFITS	Dental and Orthodontic Services	Revised the language regarding general anesthesia for dental procedures to more accurately describe the benefit and coverage.
YOUR BENEFITS	Gender Dysphoria Treatment	Added a new benefit section for gender dysphoria treatment.
YOUR BENEFITS	Mental Health and Substance Use Disorder Services	<p>Removed electroconvulsive therapy from the list of outpatient items and other services that require prior authorization.</p> <p>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.</p> <p>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.</p> <p>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.</p>
YOUR BENEFITS	Outpatient Imaging, Laboratory and Therapeutic Procedures	Added biomarker testing as a covered laboratory test.

Chapter(s)	Section(s)	Summary of Change
YOUR BENEFITS	Outpatient Prescription Drugs, Supplies, Equipment and Supplements	<p>Revised the description of "Tier 4" drugs to remove reference to "biologics." This change is being made to comply with state law.</p> <p>Added language to clarify when outpatient prescription drugs prescribed by non-participating providers for MH/SUD services will be covered.</p> <p>Clarified the list of outpatient prescription drugs are covered as preventive drugs, rather than may be covered as preventive drugs.</p> <p>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.</p>
YOUR BENEFITS	Outpatient Prescription Drugs for Diabetes and Asthma Prior Authorization for Outpatient Prescription Drugs	Expanded references to pediatric asthma coverage to include coverage for all asthma.
YOUR BENEFITS	Outpatient Prescription Drugs, Supplies, Equipment and Supplements, About the SHP Formulary	Added language to explain the cost sharing and utilization management for a generic equivalent to a brand name drug.
YOUR BENEFITS	Prosthetic and Orthotic Devices	Removed the requirement of podiatric device coverage being limited to diabetes related complications.
YOUR BENEFITS	Prosthetic and Orthotic Devices Exclusions	Removed several exclusions because they are not excluded from coverage.
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 if 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.
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.

Chapter(s)	Section(s)	Summary of Change
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.
CONTACT INFORMATION HOW TO USE THE PLAN WHAT YOU PAY YOUR BENEFITS EXCLUSIONS AND LIMITATIONS IF YOU HAVE A CONCERN OR DISPUTE WITH SHP	N/A	Removed references to Delta Dental optional benefits throughout the EOC. Large group Delta Dental optional benefits are not offered through SHP.
DEFINITIONS	N/A	Created a definition for "Medical Information."
DEFINITIONS	N/A	Revised the definition of "Qualified Autism Service Provider."

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

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

Section	Heading	Summary of Change
Mental Health & Substance Use Disorder (MH/SUD) Services		Added Children and Youth Behavioral Health Initiative (CYBHI) school site behavioral health services benefit.
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. 7	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.
Endnotes	Endnote No. 10	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. 11	Added a new endnote to provide information about Children and Youth Behavioral Health Initiative (CYBHI) school site behavioral health services.
Endnotes	Endnote No. 14	Revised COVID-19 services cost sharing for High Deductible Health Plans (HDHPs).

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

Sutter Health Plus 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	<ul style="list-style-type: none"> <li>If you need immediate medical attention</li> <li>If you have a hospital stay</li> <li>If you need mental health, behavioral health or substance use disorder (MH/SUD) services</li> </ul>	Revised the reference to "medically necessary treatment of a MH/SUD" to "Behavioral Health Crisis Services."

