

CITY OF SACRAMENTO 2027 MEDICAL PLAN COMPARISON CHART



Compare each plan feature by reading down the columns. For out-of-network benefits please refer to your plan documents. *See Next Page for Prescription Drug Coverage.*

PLAN BENEFITS	Annual Deductible	Annual Out-of-Pocket Maximum	Office Visit	Chiropractic/ Acupuncture	Lab and X-ray	Urgent Care	Emergency Room	Hospitalization	Outpatient Surgery
Kaiser HMO \$25									
In-Network Benefits	\$0 per individual \$0 per family	\$1,500 per individual \$3,000 per family	\$25 copay per visit \$25 copay per visit for specialist	\$15 copay; up to 30 visits per year for Chiropractic Care \$25 copay per visit for Acupuncture	Plan pays 100%	\$25 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	\$25 copay
Kaiser HMO \$40									
In-Network Benefits	\$0 per individual \$0 per family	\$1,500 per individual \$3,000 per family	\$40 copay per visit \$40 copay per visit for specialist	\$15 copay; up to 30 visits per year for Chiropractic Care \$40 copay per visit for Acupuncture	Plan pays 100%	\$40 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	\$40 copay
Kaiser HMO ABHP									
In-Network Benefits	\$2,000 (Self-Only) \$3,500 (Individual with Family) \$4,000 (Family)	\$3,500 (Self-Only) \$3,500 (Individual with Family) \$6,600 (Family)	\$30 copay after deductible \$30 copay after deductible for specialist	\$15 copay after deductible (up to 20 visits per year) \$30 copay after deductible per visit for Acupuncture	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible	\$30 copay after deductible	\$100 copay after deductible (copay waived if admitted)	\$250 per admission copay after deductible	\$150 copay after deductible
Sutter HMO \$25									
In-Network Benefits	\$0 per individual \$0 per family	\$1,000 per individual \$2,000 per family	\$25 copay \$25 copay for specialist	\$15 copay for Chiropractic Care \$15 copay for Acupuncture (up to 40 visits combined per year)	Plan pays 100%	\$25 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	Plan pays 100%
Sutter HMO \$40									
In-Network Benefits	\$0 per individual \$0 per family	\$1,000 per individual \$2,000 per family	\$40 copay \$40 copay for specialist	\$15 copay for Chiropractic Care \$15 copay for Acupuncture (up to 40 visits combined per year)	Plan pays 100%	\$40 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	Plan pays 100%
Sutter HMO ABHP									
In-Network Benefits	\$2,000 (Self-Only) \$3,500 (Individual with Family) \$4,000 (Family)	\$3,500 (Self-Only) \$3,500 (Individual with Family) \$7,000 (Family)	\$30 copay after deductible after deductible \$30 copay after deductible for specialist	Chiropractic Care Not Covered Acupuncture Not Covered	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible	\$30 copay after deductible	\$100 copay after deductible (copay waived if admitted)	\$250 per admission copay after deductible	\$150 copay after deductible
Western Health Advantage HMO \$25									
In-Network Benefits	\$0 per individual \$0 per family	\$1,000 per individual \$2,000 per family	\$25 copay \$25 copay for specialist	\$15 copay for Chiropractic Care (up to 20 visits per year) \$15 copay for Acupuncture (up to 20 visits per year)	Plan pays 100%	\$20 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	Plan pays 100%
Western Health Advantage HMO \$40									
In-Network Benefits	\$0 per individual \$0 per family	\$1,500 per individual \$3,000 per family	\$40 copay \$40 copay for specialist	\$15 copay for Chiropractic Care (up to 20 visits per year) \$15 copay for Acupuncture (up to 20 visits per year)	Plan pays 100%	\$50 copay	\$50 copay (copay waived if admitted)	Plan pays 100%	Plan pays 100%
Western Health Advantage HMO ABHP									
In-Network Benefits	\$2,000 (Self-Only) \$3,500 (Individual with Family) \$4,000 (Family)	\$3,000 (Self-Only) \$3,500 (Individual with Family) \$6,000 (Family)	\$30 copay after deductible after deductible \$30 copay after deductible for specialist	\$0 copay for Chiropractic Care (up to 20 visits per year) \$0 copay for Acupuncture (up to 20 visits per year)	Diagnostic test: \$10 copay after deductible Complex imaging: \$50 copay after deductible	\$30 copay after deductible	\$100 copay after deductible (copay waived if admitted)	\$250 per admission copay after deductible	\$150 copay after deductible

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).

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Prescription Drug Coverage.

Generic (Retail—30-day supply)		Preferred Brand (Retail—30-day supply)	Non-Preferred Brand (Retail—30-day supply)	Generic (Mail—90-day supply Kaiser/WHA – 100 day supply)	Preferred Brand (Mail—90-day supply Kaiser/WHA – 100 day supply)	Non-Preferred Brand (Mail—90-day supply Kaiser/WHA – 100 day supply))
Kaiser HMO \$25						
In-Network Benefits	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$40 copay	\$40 copay
Kaiser HMO \$40						
In-Network Benefits	\$10 copay	\$20 copay	\$20 copay	\$20 copay	\$40 copay	\$40 copay
Kaiser HMO ABHP						
In-Network Benefits	\$10 copay after deductible	\$30 copay after deductible	\$30 copay after deductible	\$20 copay after deductible	\$60 copay after deductible	\$60 copay after deductible
Sutter HMO \$25						
In-Network Benefits	\$10 copay	\$20 copay	\$50 copay	\$20 copay	\$40 copay	\$100 copay
Sutter HMO \$40						
In-Network Benefits	\$10 copay	\$20 copay	\$50 copay	\$20 copay	\$40 copay	\$100 copay
Sutter HMO ABHP						
In-Network Benefits	\$10 copay after deductible	\$30 copay after deductible	\$50 copay after deductible	\$20 copay after deductible	\$60 copay after deductible	\$100 copay after deductible
Western Health Advantage HMO \$25						
In-Network Benefits	\$10 copay	\$20 copay	\$50 copay	\$20 copay	\$40 copay	\$100 copay
Western Health Advantage HMO \$40						
In-Network Benefits	\$10 copay	\$20 copay	\$50 copay	\$20 copay	\$40 copay	\$100 copay
Western Health Advantage HMO ABHP						
In-Network Benefits	\$10 copay after deductible	\$30 copay after deductible	\$50 copay after deductible	\$20 copay after deductible	\$60 copay after deductible	\$100 copay after deductible

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).