

2024 Notice of Health Plan Changes

Large Group

The following benefit and cost sharing changes apply to the County of Sacramento health plans effective on January 1, 2024.

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, 2024. Please note that 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 2024 *BCM* and *SBC* for details.

COUNTY OF SACRAMENTO		
	2023	2024
PLAN NAME	County of Sacramento HDHP HMO	County of Sacramento HDHP HMO
PLAN ID	HE05	HE05
Type of Service	Current Cost Sharing	Cost Sharing as of January 1, 2024
Annual Deductible for Certain Medical Services (Combined Medical and Pharmacy)	Self-only: \$1,500; one member in a family: \$3,000; an entire family: \$3,000	Self-only: \$1,600; one member in a family: \$3,200; an entire family: \$3,200
Annual Out-of-Pocket Maximum (OOPM) (Combined Medical and Pharmacy)	Self-only: \$3,000; one member in a family: \$3,000; an entire family: \$3,000	Self-only: \$3,200; one member in a family: \$3,200; an entire family: \$3,200
Male sterilization/vasectomy services and procedures	Cost Sharing based on place of service	No charge after deductible
	2023	2024
PLAN NAME	County of Sacramento \$15 HMO	County of Sacramento \$15 HMO
PLAN ID	ML33	ML33
Type of Service	Current Cost Sharing	Cost Sharing as of January 1, 2024
Male sterilization/vasectomy services and procedures	Cost Sharing based on place of service	No charge

**SECTION II. 2024 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	Section	Summary of Change
How to Use the Plan	The SHP Network	<ul style="list-style-type: none"> Added information about COVID-19 diagnostic and screening testing, therapeutics, and preventive services
How To Use The Plan	How to Get Health Care When You Need It	<ul style="list-style-type: none"> Added language related to coverage for out-of-network providers when an in-network provider is not available within the geographic and timely access standards set by law or regulation Added language related to interpreter services at the time of a scheduled appointment
Seeing a Doctor and Other Providers	Prior Authorization	<ul style="list-style-type: none"> Removed family planning, counseling and services from the list of services that require prior authorization
Emergency Services and Urgent Care	Emergency Services	<ul style="list-style-type: none"> Added information about what to do if you experience a psychiatric emergency medical condition
Your Benefits	Preventive Care Services	<ul style="list-style-type: none"> Added over-the-counter (OTC) FDA-approved contraceptive drugs, devices and products covered without a prescription to the list of family planning, counseling, methods and consultations Added maternal mental health screenings to the list of maternity and newborn care services Revised the tubal ligation information to be more comprehensive
Your Benefits	Mental Health and Substance Use Disorder Services	<ul style="list-style-type: none"> Added information about behavioral health crisis services provided by a 988 center or mobile crisis team

Chapter	Section	Summary of Change
		<ul style="list-style-type: none"> • Removed services from the list of mental health disorder outpatient services that require Prior Authorization • Added information about the Community Assistance Recovery, and Empowerment (CARE) Program
Your Benefits	Outpatient Care	<ul style="list-style-type: none"> • Updated the male sterilization procedures, including vasectomy services and procedures, coverage and cost sharing information
Your Benefits	Outpatient Prescription Drugs, Supplies, Equipment and Supplements	<ul style="list-style-type: none"> • Added information about OTC FDA-approved contraceptive drugs, devices and products
Enrolling in SHP and Adding New Dependents		<ul style="list-style-type: none"> • Added language about the subscriber's responsibility to notify SHP if they no longer live, physically work or reside in SHP's Service Area
Definitions		<ul style="list-style-type: none"> • Revised the following definitions: <ul style="list-style-type: none"> ○ Out-of-Area Urgent Care ○ Preventive Care Services ○ Service Area ○ Urgent Care