

**Redwood Empire Electrical Workers**  
**Medical Benefits Options - Kaiser, Sutter & WHA**  
**Effective January 1, 2026**

**Network Name**  
**Lifetime Maximum**  
**Annual Deductible (Indiv / Family)**  
**Annual Max Out of Pocket (Indiv / Family)**  
**Outpatient Services**  
Office Visit (PCP/Specialist)  
Diagnostic X-Ray and Lab  
Advanced Imaging  
Preventive Care  
Chiropractic Care  
Acupuncture Care  
Urgent Care  
**Hospital Services**  
Inpatient  
Outpatient Surgery  
Emergency Room  
**Mental Health & Substance Abuse**  
**Prescription Drugs / Deductible**  
Generic/Formulary/Non-Formulary  
Specialty Drugs  
Mail Order  
Supply (Retail / Mail Order)

Kaiser \$10 OV 100% Hosp Rx \$7 Traditional HMO	
<u>Kaiser Permanente</u>	
Unlimited	
None	
\$1,500 / \$3,000	
Office Visit (PCP/Specialist)	\$10
Diagnostic X-Ray and Lab	No charge
Advanced Imaging	No charge
Preventive Care	No charge
Chiropractic Care	No Benefit
Acupuncture Care	No Benefit
Urgent Care	\$10
Inpatient	No charge
Outpatient Surgery	\$10
Emergency Room	\$100 (waived if admitted)
Same as Office Visit & Hospitalization	
None	
Generic/Formulary/Non-Formulary	\$7 / \$7
Specialty Drugs	\$7; 30 day supply
Mail Order	\$7 / \$7
Supply (Retail / Mail Order)	100 days / 100 days

Sutter Health Plan \$20 OV \$250 Day Hosp Rx 10/30/75 Summit LG18 HMO	
<u>Sutter Health Plus</u>	
Unlimited	
None	
\$1,500 / \$3,000	
Office Visit (PCP/Specialist)	\$20 / \$40
Diagnostic X-Ray and Lab	\$10 / \$10
Advanced Imaging	\$50
Preventive Care	No charge
Chiropractic Care	\$20 per visit, 20 visits per calendar year
Acupuncture Care	\$20 per visit, 20 visits per calendar year
Urgent Care	\$40
Inpatient	\$250 per day, up to a max of 5 days
Outpatient Surgery	\$50
Emergency Room	\$200
Same as Office Visit & Hospitalization	
None	
Generic/Formulary/Non-Formulary	\$10 / \$30 / \$75
Specialty Drugs	10% up to \$250, 30 day supply
Mail Order	\$20 / \$60 / \$150
Supply (Retail / Mail Order)	30 days / 100 days

Western Health Advantage \$15/\$30 OV \$250/Day Hosp Rx 10/30/50 AD 0/15/250 HMO Prime Rx 10/30/50	
<u>Western Health Advantage</u>	
Unlimited	
None	
\$2,500 / \$5,000	
Office Visit (PCP/Specialist)	\$15/ \$30
Diagnostic X-Ray and Lab	No charge
Advanced Imaging	No charge
Preventive Care	No charge
Chiropractic Care	\$15 per visit, 20 visits per year
Acupuncture Care	\$15 per visit, 20 visits per year
Urgent Care	\$50
Inpatient	\$250 per day, days 1-3
Outpatient Surgery	\$100
Emergency Room	\$100
Same as Office Visit & Hospitalization	
None	
Generic/Formulary/Non-Formulary	\$10 / \$30 / \$50
Specialty Drugs	\$100, 30 day supply
Mail Order	\$20 / \$60 / \$100
Supply (Retail / Mail Order)	30 days / 100 days

*This document is intended as a summary only. Please refer to the policy for the terms and conditions that apply to each coverage.*