

SHARP Health Plan

Non-Medicare Retiree HMO Plans



Monthly plan premiums

Effective January 1, 2024 through December 31, 2024

Covered family members	Non-Medicare Retiree Classic Plan Monthly Premium	Non-Medicare Retiree Select Plan Monthly Premium
Subscriber only	\$1,590.76	\$1,371.22
Subscriber + one dependent with Medicare	\$1,798.76	\$1,579.22
Subscriber + one dependent without Medicare	\$3,181.50	\$2,742.42
Subscriber + one dependent with Medicare + one dependent without Medicare	\$3,389.50	\$2,950.42
Subscriber + two or more dependents without Medicare	\$4,772.26	\$4,113.64



Find a doctor

Visit sharphealthplan.com/findadoctor to select a primary care physician within the Value Network for the Non-Medicare Retiree Classic Plan or the Performance Network for the Non-Medicare Retiree Select Plan.



Prescription mail order

To set up a mail-order prescription, visit sharphealthplan.com/mailorder to get started.

For more information

This plan is sponsored by SDPEBA and available to all City of San Diego retirees. Contact SDPEBA Benefits at 1-888-315-8027 or info@sdpeba.org with any questions regarding this plan. If you need additional information or clarification, please visit sharphealthplan.com/SDPEBA or call Customer Care at 1-888-840-4747.

Non-Medicare Retiree 2024

Benefits at a glance

Exclusively for City of San Diego Non-Medicare-eligible retirees and dependents, sponsored by San Diego Public Employee Benefit Association (SDPEBA).

	Non-Medicare Retiree Classic Plan	Non-Medicare Retiree Select Plan
	Value Network	Performance Network
Plan Medical Groups	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Arch Health Medical Group, SCMG Graybill, SCMG Graybill Temecula, SCMG Inland North Medical Group, Rady Children's Health Network/CPMG, Greater Tri-Cities IPA, Optum Care-North County SD	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Arch Health Medical Group, SCMG Graybill, SCMG Graybill Temecula, SCMG Inland North Medical Group, Rady Children's Health Network/Children's Physicians Medical Group
Calendar Year Medical Deductible	None	None
Calendar Year Out-of-Pocket Maximum	\$1,500 ¹ per individual / \$3,000 ¹ per family	\$3,000 ¹ per individual / \$6,000 ¹ per family
Preventive Care Visit	\$0	\$0
Primary Care Physician Visit	\$20	\$20
Specialist Physician Visit	\$20	\$30
Urgent Care Services	\$20	\$30
Emergency Room Services	\$75 (waived if admitted)	\$100 (waived if admitted)
Outpatient Surgery	\$0 per procedure	15% coinsurance ²
Inpatient Hospital Services	\$100 per admission	\$500 per admission
Retail Prescriptions* (up to a 30-day supply)	\$15 / \$30 / \$50	\$16 / \$35** / \$70** **Includes \$150 brand deductible
Mail-Order Prescriptions* (up to a 90-day supply) ³	\$30 / \$60 / \$100	\$32 / \$70** / \$140** **Includes \$150 brand deductible
Acupuncture and Chiropractic Care	\$15, 40 combined visits	Discounts available through the wellness program
Hearing Aids (every 36 months)	\$1,000 allowance	N/A
Routine Eye Exam (every 12 months)	\$0	N/A

Please refer to your plan documents for complete information.

* Drug Tiers: Preferred Generic / Preferred Brand / Non-preferred. ¹ Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, and vision and hearing aids) do not apply to the annual out-of-pocket maximum. ² Of contracted rates. ³ Save money on maintenance medications. Please call 1-888-315-8027 or visit sharphealthplan.com/mailorder for more information.