

Sharp Individual

Rates Effective January 1, 2024 to December 31, 2024

Medical HMO

Sharp Off-Exchange

Enrollee Age	Sharp Platinum 90 HMO Performance	Sharp Platinum 90 HMO Premier	Sharp Gold 80 HMO Performance	Sharp Gold 80 HMO Premier	Sharp Silver 70 HMO Performance	Sharp Silver 70 HMO Premier	Sharp Bronze 60 HMO Performance	Sharp Bronze 60 HDHP HMO Premier	Sharp Minimum ² Coverage HMO Performance
0-14	\$375.19	\$349.74	\$309.51	\$307.96	\$266.56	\$240.95	\$226.08	\$268.13	\$204.08
15	\$408.54	\$380.83	\$337.02	\$335.34	\$290.25	\$262.37	\$246.18	\$291.97	\$222.22
16	\$421.29	\$392.72	\$347.54	\$345.81	\$299.31	\$270.56	\$253.87	\$301.08	\$229.15
17	\$434.05	\$404.60	\$358.06	\$356.27	\$308.37	\$278.75	\$261.55	\$310.20	\$236.09
18	\$447.78	\$417.40	\$369.39	\$367.54	\$318.13	\$287.57	\$269.82	\$320.01	\$243.56
19	\$461.51	\$430.21	\$380.72	\$378.82	\$327.89	\$296.39	\$278.10	\$329.82	\$251.03
20	\$475.73	\$443.46	\$392.45	\$390.49	\$337.99	\$305.52	\$286.67	\$339.99	\$258.76
21	\$490.45	\$457.18	\$404.59	\$402.57	\$348.44	\$314.97	\$295.54	\$350.50	\$266.77
22	\$490.45	\$457.18	\$404.59	\$402.57	\$348.44	\$314.97	\$295.54	\$350.50	\$266.77
23	\$490.45	\$457.18	\$404.59	\$402.57	\$348.44	\$314.97	\$295.54	\$350.50	\$266.77
24	\$490.45	\$457.18	\$404.59	\$402.57	\$348.44	\$314.97	\$295.54	\$350.50	\$266.77
25	\$492.41	\$459.01	\$406.21	\$404.18	\$349.84	\$316.23	\$296.72	\$351.90	\$267.83
26	\$502.22	\$468.15	\$414.30	\$412.23	\$356.81	\$322.53	\$302.63	\$358.91	\$273.17
27	\$513.99	\$479.12	\$424.01	\$421.89	\$365.17	\$330.09	\$309.72	\$367.33	\$279.57
28	\$533.12	\$496.95	\$439.79	\$437.59	\$378.76	\$342.37	\$321.25	\$381.00	\$289.98
29	\$548.81	\$511.58	\$452.73	\$450.47	\$389.91	\$352.45	\$330.70	\$392.21	\$298.51
30	\$556.66	\$518.90	\$459.21	\$456.91	\$395.48	\$357.49	\$335.43	\$397.82	\$302.78
31	\$568.43	\$529.87	\$468.92	\$466.58	\$403.85	\$365.05	\$342.53	\$406.23	\$309.18
32	\$580.20	\$540.84	\$478.63	\$476.24	\$412.21	\$372.61	\$349.62	\$414.64	\$315.59
33	\$587.56	\$547.70	\$484.70	\$482.28	\$417.44	\$377.33	\$354.05	\$419.90	\$319.59
34	\$595.40	\$555.02	\$491.17	\$488.72	\$423.01	\$382.37	\$358.78	\$425.51	\$323.86
35	\$599.33	\$558.67	\$494.41	\$491.94	\$425.80	\$384.89	\$361.14	\$428.31	\$325.99
36	\$603.25	\$562.33	\$497.64	\$495.16	\$428.59	\$387.41	\$363.51	\$431.12	\$328.12
37	\$607.17	\$565.99	\$500.88	\$498.38	\$431.37	\$389.93	\$365.87	\$433.92	\$330.26
38	\$611.10	\$569.64	\$504.12	\$501.60	\$434.16	\$392.45	\$368.24	\$436.73	\$332.39
39	\$618.94	\$576.96	\$510.59	\$508.04	\$439.74	\$397.49	\$372.97	\$442.33	\$336.66
40	\$626.79	\$584.27	\$517.06	\$514.48	\$445.31	\$402.53	\$377.69	\$447.94	\$340.93
41	\$638.56	\$595.25	\$526.77	\$524.14	\$453.68	\$410.09	\$384.79	\$456.35	\$347.33
42	\$649.84	\$605.76	\$536.08	\$533.40	\$461.69	\$417.33	\$391.58	\$464.42	\$353.47
43	\$665.54	\$620.39	\$549.03	\$546.28	\$472.84	\$427.41	\$401.04	\$475.63	\$362.00
44	\$685.15	\$638.68	\$565.21	\$562.39	\$486.78	\$440.01	\$412.86	\$489.65	\$372.67
45	\$708.21	\$660.17	\$584.22	\$581.31	\$503.15	\$454.82	\$426.75	\$506.13	\$385.21
46	\$735.67	\$685.77	\$606.88	\$603.85	\$522.67	\$472.45	\$443.30	\$525.75	\$400.15
47	\$766.57	\$714.57	\$632.37	\$629.21	\$544.62	\$492.30	\$461.92	\$547.84	\$416.96
48	\$801.88	\$747.49	\$661.50	\$658.20	\$569.71	\$514.98	\$483.20	\$573.07	\$436.16
49	\$836.70	\$779.95	\$690.23	\$686.78	\$594.45	\$537.34	\$504.18	\$597.96	\$455.10
50	\$875.94	\$816.52	\$722.59	\$718.99	\$622.32	\$562.54	\$527.83	\$626.00	\$476.45
51	\$914.68	\$852.64	\$754.56	\$750.79	\$649.85	\$587.42	\$551.17	\$653.69	\$497.52
52	\$957.35	\$892.41	\$789.75	\$785.81	\$680.16	\$614.82	\$576.89	\$684.18	\$520.73
53	\$1,000.51	\$932.64	\$825.36	\$821.24	\$710.83	\$642.54	\$602.89	\$715.03	\$544.21
54	\$1,047.11	\$976.08	\$863.79	\$859.48	\$743.93	\$672.46	\$630.97	\$748.32	\$569.55
55	\$1,093.70	\$1,019.51	\$902.23	\$897.73	\$777.03	\$702.38	\$659.04	\$781.62	\$594.89
56	\$1,144.21	\$1,066.60	\$943.90	\$939.19	\$812.92	\$734.82	\$689.48	\$817.72	\$622.37
57	\$1,195.22	\$1,114.14	\$985.98	\$981.06	\$849.16	\$767.58	\$720.22	\$854.18	\$650.11
58	\$1,249.66	\$1,164.89	\$1,030.89	\$1,025.74	\$887.84	\$802.54	\$753.03	\$893.08	\$679.72
59	\$1,276.63	\$1,190.04	\$1,053.14	\$1,047.88	\$907.00	\$819.87	\$769.28	\$912.36	\$694.39
60	\$1,331.07	\$1,240.78	\$1,098.05	\$1,092.57	\$945.68	\$854.83	\$802.08	\$951.26	\$724.01
61	\$1,378.16	\$1,284.67	\$1,136.89	\$1,131.21	\$979.13	\$885.06	\$830.46	\$984.91	\$749.62
62	\$1,409.06	\$1,313.47	\$1,162.38	\$1,156.58	\$1,001.08	\$904.91	\$849.07	\$1,006.99	\$766.42
63	\$1,447.80	\$1,349.59	\$1,194.34	\$1,188.38	\$1,028.61	\$929.79	\$872.42	\$1,034.68	\$787.50
64 and over	\$1,471.34	\$1,371.54	\$1,213.76	\$1,207.70	\$1,045.32	\$944.91	\$886.61	\$1,051.50	\$800.30

1 - For a complete list of plans available through Sharp Health Plan, log on to www.sharphealthplan.com, or call 1-800-359-2002.

2 - The Catastrophic plan is available to all applicants age 0-29. It's also available to applicants age 30+ whose plans have been canceled. These age 30+ applicants must send their completed **Application** and completed **Hardship Exemption Form** to "Sharp Health Plan for Individuals and Families, Attention: Underwriting, 8520 Tech Way Suite 200, San Diego, CA 92123". All other applicants should apply at sharphealthplan.com.