



Small Group Benefit Comparison



A guide to choosing the right plan for your business

Effective January 1, 2019

San Diegans choose Sharp Health Plan

With a range of solutions and provider networks, we have the right plan to meet your unique small business needs. Sharp Health Plan delivers direct access to high-quality, affordable health care for a healthier San Diego.

Highest member-rated health plan

Sharp Health Plan is the highest member-rated health plan in California for the fourth year in a row, with the highest member ratings for health care, health plan and personal doctor among reporting California health plans.¹ As a Sharp Health Plan member, you'll receive award-winning care from our nationally recognized doctors, medical groups and hospitals.

Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're a local not-for-profit commercial health plan, designed for people just like you.

Customizable

With a multitude of plan designs, four provider networks and a broad range of pricing options, you have the ability to tailor your plan to your business needs.



Additional benefits included with every plan

We know that excellent health care is not enough. That's why all Sharp Health Plan members receive the following value-added benefits to make accessing care convenient and easy, provides resources for achieving your best health and so much more.



After-Hours Nurse Line

After-hours and on weekends, get support from registered nurses through our After-Hours Nurse Line. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns..

Call 1-800-359-2002, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends



MinuteClinic®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.²

cvs.com/minuteclinic



Emergency Travel Services

When faced with a medical emergency while traveling 100 miles or more away from home or in another country, we can connect you to doctors, hospitals, pharmacies and other services.

sharphealthplan.com/travel



Best Health® wellness program

Best Health is one of just a few health plan wellness programs to receive national accreditation. The program provides Sharp Health Plan members with a variety of resources from meal plans to exercise routines to one-on-one personalized health coaching.

yourbesthealth.com

¹ The source for this data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2018 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 61.24 for Rating of the Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.26; 56.71 for Rating of Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.08; and 72.51 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.75.

² Your PCP copay will apply to most services.

Small Group Platinum 90 Plans effective Jan. 1, 2019

	Platinum HMO NG 1	Platinum HMO NG 9	Platinum HMO NG 2	Platinum HMO NG 8	Platinum HMO NG 5	Platinum HMO NG 3	Platinum HMO NG 7	Platinum HMO NG 4	Platinum HMO NG 6
Deductibles									
Calendar Year Deductible (per individual/per family) (applies only to those covered benefits indicated)	None	None	None	None	None	None	None	None	None
Calendar Year Deductible (per individual/per family) for covered prescription drugs (preferred and non-preferred)	None	None	None	None	None	None	None	None	None
Maximums									
There are no lifetime maximums for this plan.	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual/per family)	\$3,000 ¹ / \$6,000 ¹	\$4,000 ¹ / \$8,000 ¹	\$2,900 ¹ / \$5,800 ¹	\$2,500 ¹ / \$5,000 ¹	\$2,600 ¹ / \$5,200 ¹	\$2,000 ¹ / \$4,000 ¹	\$2,400 ¹ / \$4,800 ¹	\$2,000 ¹ / \$4,000 ¹	\$3,000 ¹ / \$6,000 ¹
Professional Services (per visit)									
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$20	\$20
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$20	\$20	\$15	\$20	\$30	\$30	\$30	\$40	\$30
Preventive Services ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prenatal and Postpartum Office Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Allergy Injections	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$20	\$20
Allergy Testing	\$20	\$20	\$15	\$20	\$30	\$30	\$30	\$40	\$30
Outpatient Services									
Outpatient Surgery	\$100 / procedure	20% coinsurance ³	\$250 / procedure	\$125 / procedure	\$300 / procedure	\$500 / procedure	\$250 / procedure	\$500 / procedure	\$500 / procedure
Radiology Services (X-rays and diagnostic imaging) (per visit)	\$10	\$40	\$10	\$40	\$0	\$0	\$10	\$0	\$0
Advanced Radiology (per procedure)	\$100	\$150	\$100	\$150	\$100	\$100	\$100	\$100	\$100
Physical, Occupational and Speech Therapy (per visit)	\$10	\$10	\$15	\$20	\$20	\$20	\$20	\$20	\$20
Hospitalization Services									
Inpatient	\$300 / day (3-day max)	\$350 / day (5-day max)	\$250 / day (3-day max)	\$250 / admission	\$300 / day (3-day max)	\$500 / day (3-day max)	\$500 / admission	\$1,000 / admission	\$1,000 / admission
Emergency/Urgent Care Services									
Emergency Room (waived if admitted) (per visit)	\$100	\$200	\$100	\$100	\$100	\$100	\$100	\$150	\$100
Urgent Care (per visit)	\$20	\$20	\$15	\$20	\$30	\$30	\$30	\$40	\$30
Emergency Medical Transportation									
Emergency Medical Transportation (in connection with hospital admission or emergency services)	\$100	\$200	\$100	\$100	\$100	\$100	\$100	\$150	\$100
Prescription Drug Coverage									
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic/Preferred Brand/Non-preferred Medications up to 30-Day Supply	\$15 / \$35 / \$50	\$10 / \$25 / \$50	\$15 / \$35 / \$50	\$10 / \$25 / \$50	\$19 / \$30 / \$70	\$19 / \$35 / \$70	\$10 / \$25 / \$50	\$15 / \$35 / \$50	\$15 / \$35 / \$50
Preferred Generic/Preferred Brand/Non-preferred Medications up to 90-Day Supply by Mail Order	\$30 / \$70 / \$100	\$20 / \$50 / \$100	\$30 / \$70 / \$100	\$20 / \$50 / \$100	\$38 / \$60 / \$140	\$38 / \$70 / \$140	\$20 / \$50 / \$100	\$30 / \$70 / \$100	\$30 / \$70 / \$100
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment and Other Supplies									
Durable Medical Equipment	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³
Diabetic Supplies	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³
Prosthetics and Orthotics (per visit)	\$20	\$20	\$15	\$20	\$30	\$30	\$30	\$40	\$30
Mental Health Services									
Inpatient	\$300 / day (3-day max)	\$350 / day (5-day max)	\$250 / day (3-day max)	\$250 / admission	\$300 / day (3-day max)	\$500 / day (3-day max)	\$500 / admission	\$1,000 / admission	\$1,000 / admission
Outpatient Office Visit	\$10 / visit	\$10 / visit	\$15 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Chemical Dependency Services									
Inpatient	\$300 / day (3-day max)	\$350 / day (5-day max)	\$250 / day (3-day max)	\$250 / admission	\$300 / day (3-day max)	\$500 / day (3-day max)	\$500 / admission	\$1,000 / admission	\$1,000 / admission
Outpatient Office Visit	\$10 / visit	\$10 / visit	\$15 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Emergency Services for Acute Drug or Alcohol Detoxification	\$100 / visit	\$200 / visit	\$100 / visit	\$100 / visit	\$100 / visit	\$100 / visit	\$100 / visit	\$150 / visit	\$100 / visit
Other									
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	\$100 / day (3-day max)	\$200 / admission	\$200 / day (3-day max)	\$150 / day (5-day max)	\$200 / day (3-day max)	\$200 / day (3-day max)	\$150 / day (5-day max)	\$200 / admission	\$200 / admission
Home Health Services (maximum of 100 visits per calendar year)	\$10 / visit	\$10 / visit	\$15 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit	\$20 / visit
Hospice Care - Inpatient	\$100 / day (3-day max)	\$0 / admission	\$250 / day (3-day max)	\$200 / admission	\$500 / day (3-day max)	\$500 / day (3-day max)	\$0 / admission	\$200 / admission	\$200 / admission
Hospice Care - Outpatient (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹Copayments and deductibles for supplemental benefits (assisted reproductive technologies, chiropractic services, adult vision) do not apply to the annual out-of-pocket maximum.

²Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply. ³Of contracted rates. ⁴Deductible applies. ⁵Individuals enrolled in family plan will reach the annual deductible maximum if the member meets the individual deductible maximum amount or if any combination of enrolled family members meets the family deductible maximum amount, whichever comes first.

Gold 80 / Silver 70 / Bronze 60

effective Jan. 1, 2019

	Gold HMO NG 5	Gold HMO NG 4	Gold HMO NG 1	Gold HMO NG 2	Gold HMO NG 3	Gold HMO NG 7	Gold HMO NG 6	Silver HMO NG 1	Silver HMO NG 2	Bronze HDHP NG 1
Deductibles										
Calendar Year Deductible (per individual/per family) (applies only to those covered benefits indicated)	None	None	None	None	None	\$500 ⁵ / \$1,000 ⁵	\$1,000 ⁵ / \$2,000 ⁵	\$2,150 ⁵ / \$4,300 ⁵	\$2,300 ⁵ / \$4,600 ⁵	\$5,650 ⁵ / \$11,300 ⁵
Calendar Year Deductible (per individual/per family) for covered prescription drugs (preferred and non-preferred)	None	None	None	None	\$150 / \$300	None	\$150 / \$300	\$150 / \$300	\$0	Integrated
Maximums										
There are no lifetime maximums for this plan.	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual/per family)	\$5,700 ¹ / \$11,400 ¹	\$7,900 ¹ / \$15,800 ¹	\$5,000 ¹ / \$10,000 ¹	\$6,600 ¹ / \$13,200 ¹	\$7,000 ¹ / \$14,000 ¹	\$6,850 ¹ / \$13,700 ¹	\$3,800 ¹ / \$7,600 ¹	\$7,900 ¹ / \$15,800 ¹	\$7,300 ¹ / \$14,600 ¹	\$6,650 ¹ / \$13,300 ¹
Professional Services (per visit)										
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$40	\$40	\$35	\$30	\$30	\$10	\$35	\$60	\$50	\$60 ⁴
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$75	\$40	\$75	\$60	\$60	\$20	\$75	\$70	\$75	\$75 ⁴
Preventive Services ²	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prenatal and Postpartum Office Visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Allergy Injections	\$40	\$40	\$35	\$30	\$30	\$10	\$35	\$60	\$50	\$60 ⁴
Allergy Testing	\$75	\$40	\$75	\$60	\$60	\$20	\$75	\$70	\$75	\$75 ⁴
Outpatient Services										
Outpatient Surgery	30% coinsurance ³	40% coinsurance ³	\$600 / procedure	\$750 / procedure	\$600 / procedure	50% coinsurance ^{3,4}	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Radiology Services (X-rays and diagnostic imaging) (per visit)	\$100	\$50	\$100	\$110	\$80	\$20	\$100	\$40	\$60	50% coinsurance ^{3,4}
Advanced Radiology (per procedure)	30% coinsurance ³	\$150	\$200	\$150	\$150	\$250	\$200	\$400	\$500	50% coinsurance ^{3,4}
Physical, Occupational and Speech Therapy (per visit)	\$40	\$40	\$35	\$30	\$30	\$10	\$35	\$60	\$50	\$60 ⁴
Hospitalization Services										
Inpatient	30% coinsurance ³	40% coinsurance ³	\$1,500 / admission	\$1,000 / day	\$1,000 / day	50% coinsurance ^{3,4}	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Emergency/Urgent Care Services										
Emergency Room (waived if admitted) (per visit)	\$250	\$100	\$200	\$200	\$175	50% coinsurance ^{3,4}	\$200 ⁴	\$200 ⁴	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Urgent Care (per visit)	\$75	\$40	\$75	\$60	\$60	\$20	\$75	\$70	\$75	\$0 ⁴
Emergency Medical Transportation										
Emergency Medical Transportation (in connection with hospital admission or emergency services)	\$250	\$100	\$200	\$200	\$175	50% coinsurance ^{3,4}	\$200 ⁴	\$200 ⁴	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Prescription Drug Coverage										
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic/Preferred Brand/Non-preferred Medications up to 30-Day Supply	\$20 / \$50 / \$70	\$19 / \$35 / \$70	\$19 / \$35 / \$70	\$19 / \$35 / \$70	\$19 / \$35 ⁴ / \$50 ⁴	\$10 / \$40 / \$70	\$20 / \$35 ⁴ / \$70 ⁴	\$20 / \$60 ⁴ / \$70 ⁴	\$20 / \$60 / \$100	\$30 ⁴ / \$70 ⁴ / \$100 ⁴
Preferred Generic/Preferred Brand/Non-preferred Medications up to 90-Day Supply by Mail Order	\$40 / \$100 / \$140	\$38 / \$70 / \$140	\$38 / \$70 / \$140	\$38 / \$70 / \$140	\$38 / \$70 ⁴ / \$100 ⁴	\$20 / \$80 / \$140	\$40 / \$70 ⁴ / \$140 ⁴	\$40 / \$120 ⁴ / \$140 ⁴	\$40 / \$120 / \$200	\$60 ⁴ / \$140 ⁴ / \$200 ⁴
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment and Other Supplies										
Durable Medical Equipment	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Diabetic Supplies	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	20% coinsurance ³	50% coinsurance ^{3,4}
Prosthetics and Orthotics (per visit)	\$75	\$40	\$75	\$60	\$60	\$20	\$75	\$70	\$75	\$75 ⁴
Mental Health Services										
Inpatient	30% coinsurance ³	40% coinsurance ³	\$1,500 / admission	\$1,000 / day	\$1,000 / day	50% coinsurance ^{3,4}	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Outpatient Office Visit	\$40 / visit	\$40 / visit	\$35 / visit	\$30 / visit	\$30 / visit	\$10 / visit	\$35 / visit	\$60 / visit	\$50 / visit	\$0 ⁴
Chemical Dependency Services										
Inpatient	30% coinsurance ³	40% coinsurance ³	\$1,500 / admission	\$1,000 / day	\$1,000 / day	50% coinsurance ^{3,4}	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Outpatient Office Visit	\$40 / visit	\$40 / visit	\$35 / visit	\$30 / visit	\$30 / visit	\$10 / visit	\$35 / visit	\$60 / visit	\$50 / visit	\$0
Emergency Services for Acute Drug or Alcohol Detoxification	\$250 / visit	\$100 / visit	\$200 / visit	\$200 / visit	\$175 / visit	50% coinsurance ^{3,4}	\$200 / visit ⁴	\$200 / visit ⁴	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Other										
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	30% coinsurance ³	\$150 / day	\$175 / admission	\$150 / admission	\$150 / day	50% coinsurance ^{3,4}	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}	50% coinsurance ^{3,4}
Home Health Services (maximum of 100 visits per calendar year)	\$40 / visit	\$40 / visit	\$35 / visit	\$30 / visit	\$30 / visit	\$10 / visit	\$35 / visit	\$40 / visit	\$50 / visit	\$60 / visit ⁴
Hospice Care - Inpatient	\$150 / day	\$150 / day	\$0 / admission	\$150 / admission	\$150 / day	\$0 / admission ⁴	30% coinsurance ^{3,4}	50% coinsurance ^{3,4}	\$0 / admission ⁴	\$0 / admission ⁴
Hospice Care - Outpatient (per visit)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 ⁴

¹Copayments and deductibles for supplemental benefits (assisted reproductive technologies, chiropractic services, adult vision) do not apply to the annual out-of-pocket maximum.

²Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply. ³Of contracted rates. ⁴Deductible applies. ⁵Individuals enrolled in family plan will reach the annual deductible maximum if the member meets the individual deductible maximum amount or if any combination of enrolled family members meets the family deductible maximum amount, whichever comes first.

Additional Platinum 90 / Gold 80 Plans* effective Jan. 1, 2019

	Sharp Platinum 90 HMO 0/15/10% + Child Dental	Sharp Platinum 90 HMO 0/15/250 + Child Dental	Sharp Gold 80 HMO 0/30/20% + Child Dental	Sharp Gold 80 HMO 0/30/600 + Child Dental
Deductibles				
Calendar Year Deductible (per individual/per family) (applies only to those covered benefits indicated)	None	None	None	None
Calendar Year Deductible (per individual/per family) for covered prescription drugs (preferred and non-preferred)	None	None	None	None
Maximums				
There are no lifetime maximums for this plan.	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual/per family)	\$3,350 ¹ / \$6,700 ¹	\$3,350 ¹ / \$6,700 ¹	\$7,200 ¹ / \$14,400 ¹	\$7,200 ¹ / \$14,400 ¹
Professional Services (per visit)				
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$15	\$15	\$30	\$30
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$30	\$30	\$55	\$55
Preventive Services ²	\$0	\$0	\$0	\$0
Prenatal and Postpartum Office Visits	\$0	\$0	\$0	\$0
Allergy Injections	\$30	\$30	\$55	\$55
Allergy Testing	\$30	\$30	\$55	\$55
Outpatient Services				
Outpatient Surgery	10% coinsurance ³ / 10% coinsurance ³	\$100 per procedure / \$25 per visit	20% coinsurance ³ / 20% coinsurance ³	\$300 per procedure / \$40 per visit
Radiology Services (X-rays and diagnostic imaging) (per visit)	\$30 / visit	\$30 / visit	\$55 / visit	\$55 / visit
Advanced Radiology (per procedure)	10% coinsurance ³	\$75 / procedure	20% coinsurance ³	\$275 / procedure
Physical, Occupational and Speech Therapy (per visit)	\$15 / visit	\$15 / visit	\$30 / visit	\$30 / visit
Hospitalization Services				
Inpatient	10% coinsurance ³ / 10% coinsurance ³	\$250 per day (5-day max) / \$0 per visit	20% coinsurance ³ / 20% coinsurance ³	\$600 per day (5-day max) / \$0 per visit
Emergency/Urgent Care Services				
Emergency Room (waived if admitted) (per visit)	\$150 per visit / \$0	\$150 per visit / \$0	\$325 per visit / \$0	\$250 per visit / \$0
Urgent Care (per visit)	\$15	\$15	\$30	\$30
Emergency Medical Transportation				
Emergency Medical Transportation (in connection with hospital admission or emergency services)	\$150	\$150	\$250	\$250
Prescription Drug Coverage				
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	\$0	\$0	\$0	\$0
Preferred Generic/Preferred Brand/Non-preferred Medications up to 30-Day Supply	\$5 / \$15 / \$25 / 10% ⁴	\$5 / \$15 / \$25 / 10% ⁴	\$15 / \$55 / \$75 / 20% ⁴	\$15 / \$55 / \$75 / 20% ⁴
Preferred Generic/Preferred Brand/Non-preferred Medications up to 90-Day Supply by Mail Order	\$10 / \$30 / \$50	\$10 / \$30 / \$50	\$30 / \$110 / \$150	\$30 / \$110 / \$150
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	\$0	\$0	\$0	\$0
Durable Medical Equipment and Other Supplies				
Durable Medical Equipment	10% coinsurance ³	10% coinsurance ³	20% coinsurance ³	20% coinsurance ³
Diabetic Supplies	10% coinsurance ³	10% coinsurance ³	20% coinsurance ³	20% coinsurance ³
Prosthetics and Orthotics (per visit)	10% coinsurance ³	10% coinsurance ³	20% coinsurance ³	20% coinsurance ³
Mental Health Services				
Inpatient	10% coinsurance ³ / 10% coinsurance ³	\$250 per day (5-day max) / \$0 per visit	20% coinsurance ³ / 20% coinsurance ³	\$600 per day (5-day max) / \$0 per visit
Outpatient Office Visit	\$0 / visit	\$0 / visit	\$0 / visit	\$0 / visit
Chemical Dependency Services				
Inpatient	10% coinsurance ³ / 10% coinsurance ³	\$250 per day (5-day max) / \$0 per visit	20% coinsurance ³ / 20% coinsurance ³	\$600 per day (5-day max) / \$0 per visit
Outpatient Office Visit	\$0	\$0	\$0 / visit	\$0 / visit
Emergency Services for Acute Drug or Alcohol Detoxification	\$150 per visit / \$0	\$150 per visit / \$0	\$325 per visit / \$0	\$325 per visit / \$0
Other				
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	10% coinsurance ³	\$150 / day (5-day max)	20% coinsurance ³	\$300 / day (5-day max)
Home Health Services (maximum of 100 visits per calendar year)	10% coinsurance ³	\$20 / visit	20% coinsurance ³	\$30 / visit
Hospice Care - Inpatient	\$0 / admission	\$0 / admission	\$0 / admission	\$0 / admission
Hospice Care - Outpatient (per visit)	\$0	\$0	\$0	\$0

*These plans are also available through Covered California on either the Performance or Premier network only, and plan copays on Plans available through Covered CA might vary slightly.

¹Copayments and deductibles for supplemental benefits (assisted reproductive technologies, chiropractic services, adult vision) do not apply to the annual out-of-pocket maximum.

²Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply.

³Of contracted rates.

⁴Up to \$250 per 30-day supply.

Additional Silver 70 / Bronze 60 Plans* effective Jan. 1, 2019

	Sharp Silver 70 HMO 2000/45/20% - 20% + Child Dental	Sharp Silver 70 HMO 2000/45/20% - 300 + Child Dental	Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental	Sharp Bronze 60 HMO 6300/75/100% + Child Dental	Sharp Bronze 60 HDHP HMO 6000/40%/40%+ Child Dental
Deductibles					
Calendar Year Deductible (per individual/per family) (applies only to those covered benefits indicated)	\$2,000 ⁶ / \$4,000 ⁶	\$2,000 ⁶ / \$4,000 ⁶	\$2,500 ⁴ / \$5,000 ⁴	\$6,300 ⁶ / \$12,600 ⁶	\$6,000 ⁴ / \$12,000 ⁴
Calendar Year Deductible (per individual/per family) for covered prescription drugs (preferred and non-preferred)	\$200 / \$400	\$200 / \$400	Integrated	\$500 / \$1,000	Integrated
Maximums					
There are no lifetime maximums for this plan.	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual/per family)	\$7,550 ¹ / \$15,100 ¹	\$7,550 ¹ / \$15,100 ¹	\$6,650 ¹ / \$13,300 ¹	\$7,550 ¹ / \$15,100 ¹	\$6,650 ¹ / \$13,300 ¹
Professional Services (per visit)					
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$45	\$45	20% coinsurance ^{3,5}	\$75 ^{5,7}	40% coinsurance ^{3,5}
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	\$80	\$80	20% coinsurance ^{3,5}	\$105 ^{5,7}	40% coinsurance ^{3,5}
Preventive Services ²	\$0	\$0	\$0	\$0	\$0
Prenatal and Postpartum Office Visits	\$0	\$0	\$0	\$0	\$0
Allergy Injections	\$80	\$80	20% coinsurance ^{3,5}	\$105 ⁵	40% coinsurance ^{3,5}
Allergy Testing	\$80	\$80	20% coinsurance ^{3,5}	\$105 ⁵	40% coinsurance ^{3,5}
Outpatient Services					
Outpatient Surgery	20% coinsurance ³ / 20% coinsurance ³	20% coinsurance ³ / 20% coinsurance ³	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	100% coinsurance ^{3,5} / 100% coinsurance ^{3,5}	40% coinsurance ^{3,5} / 40% coinsurance ^{3,5}
Radiology Services (X-rays and diagnostic imaging) (per visit)	\$75 / visit	\$75 / visit	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Advanced Radiology (per procedure)	20% coinsurance ³	\$300 / procedure	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Physical, Occupational and Speech Therapy (per visit)	\$45 / visit	\$45 / visit	20% coinsurance ^{3,5}	\$75 / visit	40% coinsurance ^{3,5}
Hospitalization Services					
Inpatient	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	20% coinsurance ^{3,5} / 20% coinsurance ³	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	100% coinsurance ^{3,5} / 100% coinsurance ^{3,5}	40% coinsurance ^{3,5} / 40% coinsurance ^{3,5}
Emergency/Urgent Care Services					
Emergency Room (waived if admitted) (per visit)	\$350 per visit / \$0	\$350 per visit / \$0	20% coinsurance ^{3,5} / \$0 ⁵	100% coinsurance ^{3,5} / 0% coinsurance	40% coinsurance ^{3,5} / 0% coinsurance ⁵
Urgent Care (per visit)	\$45	\$45	20% coinsurance ^{3,5}	\$75 ^{5,7}	40% coinsurance ^{3,5}
Emergency Medical Transportation					
Emergency Medical Transportation (in connection with hospital admission or emergency services)	\$250 ⁵	\$250 ⁵	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Prescription Drug Coverage					
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	\$0	\$0	\$0	\$0	\$0
Preferred Generic/Preferred Brand/Non-preferred Medications up to 30-Day Supply	\$15 ⁵ / \$55 ⁵ / \$85 ⁵ / 20% ^{5,8}	\$15 ⁵ / \$55 ⁵ / \$85 ⁵ / 20% ^{5,8}	20% coinsurance ^{3,5,8}	100% coinsurance ^{5,9}	40% coinsurance ^{3,5,9}
Preferred Generic/Preferred Brand/Non-preferred Medications up to 90-Day Supply by Mail Order	\$30 ⁵ / \$110 ⁵ / \$170 ⁵	\$30 ⁵ / \$110 ⁵ / \$170 ⁵	20% coinsurance ^{3,5,8}	100% coinsurance ^{5,9}	40% coinsurance ^{3,5,9}
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	\$0	\$0	\$0	\$0	\$0
Durable Medical Equipment and Other Supplies					
Durable Medical Equipment	20% coinsurance ³	20% coinsurance ³	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Diabetic Supplies	20% coinsurance ³	20% coinsurance ³	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Prosthetics and Orthotics (per visit)	20% coinsurance ³	20% coinsurance ³	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Mental Health Services					
Inpatient	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	20% coinsurance ^{3,5} / 20% coinsurance ³	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	100% coinsurance ^{3,5} / 100% coinsurance ^{3,5}	40% coinsurance ^{3,5} / 40% coinsurance ^{3,5}
Outpatient Office Visit	\$45 / visit	\$0 / visit	\$0 / visit ⁵	\$0 / visit	\$0 / visit ⁵
Chemical Dependency Services					
Inpatient	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	20% coinsurance ^{3,5} / 20% coinsurance ³	20% coinsurance ^{3,5} / 20% coinsurance ^{3,5}	100% coinsurance ^{3,5} / 100% coinsurance ^{3,5}	40% coinsurance ^{3,5} / 40% coinsurance ^{3,5}
Outpatient Office Visit	\$45 / visit	\$0 / visit	\$0 / visit ⁵	\$0 / visit	\$0 / visit ⁵
Emergency Services for Acute Drug or Alcohol Detoxification	\$350 per visit / \$0	\$350 per visit / \$0	20% coinsurance ^{3,5} / \$0 ⁵	100% coinsurance ^{3,5} / 0% coinsurance	40% coinsurance ^{3,5} / 0% coinsurance ⁵
Other					
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	20% coinsurance ^{3,5}	20% coinsurance ^{3,5}	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Home Health Services (maximum of 100 visits per calendar year)	20% coinsurance ³	\$45 / visit	20% coinsurance ^{3,5}	100% coinsurance ^{3,5}	40% coinsurance ^{3,5}
Hospice Care - Inpatient	\$0 / admission	\$0 / admission	\$0 / admission ⁵	\$0 / admission	\$0 / admission ⁵
Hospice Care - Outpatient (per visit)	\$0	\$0	\$0 ⁵	\$0	\$0 ⁵

*These plans are also available through Covered California on either the Performance or Premier network only, and plan copays on Plans available through Covered CA might vary slightly.

¹ Copayments and deductibles for supplemental benefits (assisted reproductive technologies, chiropractic services, adult vision) do not apply to the annual out-of-pocket maximum.

² Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply.

³Of contracted rates. ⁴In high-deductible health plans (HDHPs) linked to health savings accounts (HSAs), each individual in a family plan must meet an amount of either \$2,700 or the individual deductible, whichever is higher, until the family deductible is met.

⁵Deductible applies. ⁶Individuals enrolled in family plan will reach the annual deductible maximum if the member meets the individual deductible maximum amount or if any combination of enrolled family members meets the family deductible maximum amount, whichever comes first. ⁷Deductible applies after the first three non-preventive visits. ⁸Up to \$250 per 30-day supply after pharmacy or integrated deductible. ⁹Member cost-share after deductible will not exceed \$500 per 30-day supply.

Elite-rated¹ health care

Sharp Health Plan has a family of providers and pharmacies close to where you live and work. In addition to regional partners, our network includes Sharp Rees-Stealy Medical Group and Sharp Community Medical Group, both awarded “Elite” status, the highest possible rating for Standards of Excellence.*



2,400+ Doctors*



13 Hospitals*



10 Medical Groups*



40+ Urgent Care Centers*



450+ Pharmacies*



15 MinuteClinics

¹ Recipients of “Elite” status in 2018 by America’s Physician Groups, formerly CAPG.
* Based on Choice Network as of 9/30/18. Network varies based on your or your employer sponsored plan. Provider counts vary based on network.

Supplemental benefits available with every plan

All plans include pediatric vision and dental benefits for members up to age 19. A portfolio of dental HMO and PPO plans, provided through Premier Access Dental, is also available.

Chiropractic Services: American Specialty Health (ASH) Plans	
CH5_40	\$5 per visit / 40 visits per year
CHB	\$10 per visit / 30 visits per year
CHD	\$10 per visit / 20 visits per year
Acupuncture Services: ASH Plans	
AC10_20	\$10 per visit / 20 visits per year
AC10_15	\$10 per visit / 15 visits per year
AC10_12	\$10 per visit / 12 visits per year
AC15_20	\$15 per visit / 20 visits per year
AC15_15	\$15 per visit / 15 visits per year
AC15_12	\$15 per visit / 12 visits per year
Chiropractic + Acupuncture Services: ASH Plans	
ACCH5_40	\$5 per visit / 40 visits per year
ACCH10_40	\$10 per visit / 40 visits per year
ACCH10_20	\$10 per visit / 20 visits per year
ACCH10_15	\$10 per visit / 15 visits per year
ACCH10_12	\$10 per visit / 12 visits per year
ACCH15_20	\$15 per visit / 20 visits per year
ACCH15_15	\$15 per visit / 15 visits per year
ACCH15_12	\$15 per visit / 12 visits per year
Vision Services: Vision Service Plan (VSP)	
VSOE	\$10 per visit / Eye exam: 1 every 12 months / Frames: 1 every 24 months / Lenses: 1 every 12 months
Assisted Reproductive Technologies (ART): For Employers With 20+ Employees	
ARTC	Copayments equal to 50% coinsurance of covered fertility services

Provider Network Comparison

At Sharp Health Plan, we offer four provider networks to deliver cost-effective solutions to meet the unique needs of every employer. With a total of more than 2,400* doctors across our networks, we have an option that's right for you.¹ Participating physicians are subject to change; for the most current information, please visit sharphealthplan.com/findadoctor.

Premier Network	Performance Network	Value Network	Choice Network
A smaller, more select network offering the most value, and covering a subset of San Diego County. 1,200+ Doctors	An affordable network in San Diego County offering more choice for people living in the North County area. 1,700+ Doctors	A large network in San Diego County devoted to giving you the best possible care and value. 1,900+ Doctors	A broad network offering greater choice, and covering all of San Diego County and Southern Riverside County. 2,400+ Doctors

Plan Medical Groups

Sharp Rees-Stealy Medical Group

Carmel Valley	●	●	●	●
Chula Vista	●	●	●	●
Del Mar	●	●	●	●
Downtown San Diego	●	●	●	●
El Cajon	●	●	●	●
Frost Street/Frost Street North	●	●	●	●
Genesee	●	●	●	●
La Mesa/La Mesa West	●	●	●	●
Mira Mesa	●	●	●	●
Mount Helix	●	●	●	●
Murphy Canyon	●	●	●	●
Otay Ranch	●	●	●	●
Point Loma	●	●	●	●
Rancho Bernardo	●	●	●	●
San Carlos	●	●	●	●
San Diego	●	●	●	●
Scripps Ranch	●	●	●	●
Sorrento Mesa	●	●	●	●

Sharp Community Medical Group

Alpine	●	●	●	●
Campo	●	●	●	●
Chula Vista	●	●	●	●
Clairemont	●	●	●	●
College Area	●	●	●	●
Coronado	●	●	●	●
Del Cerro	●	●	●	●
Downtown San Diego	●	●	●	●
East San Diego	●	●	●	●
El Cajon	●	●	●	●
Encinitas	●	●	●	●
Escondido	●	●	●	●
Hillcrest	●	●	●	●
Imperial Beach	●	●	●	●
Kearny Mesa	●	●	●	●
La Jolla	●	●	●	●
La Mesa	●	●	●	●

Sharp Community Medical Group, continued

Lakeside	●	●	●	●
Linda Vista	●	●	●	●
Mira Mesa	●	●	●	●
Mission Valley	●	●	●	●
National City	●	●	●	●
Point Loma	●	●	●	●
San Diego	●	●	●	●
Santee	●	●	●	●
University City	●	●	●	●

Sharp Community Medical Group Arch Health Medical Group

Carlsbad	●	●	●	●
Escondido	●	●	●	●
Oceanside	●	●	●	●
Poway	●	●	●	●
Ramona	●	●	●	●
San Marcos	●	●	●	●
Vista	●	●	●	●

Sharp Community Medical Group Graybill Medical Group

Carlsbad	●	●	●	●
Escondido	●	●	●	●
Fallbrook	●	●	●	●
Oceanside	●	●	●	●
Ramona	●	●	●	●
San Marcos	●	●	●	●
Vista	●	●	●	●

Sharp Community Medical Group Graybill Temecula Medical Group

Escondido	●	●	●	●
Fallbrook	●	●	●	●
Menifee	●	●	●	●
Murrieta	●	●	●	●
Temecula	●	●	●	●

Plan Medical Groups, continued

Sharp Community Medical Group Inland North Medical Group

Escondido	●	●	●	●
Fallbrook	●	●	●	●
Poway	●	●	●	●
San Marcos	●	●	●	●
Vista	●	●	●	●

Rady Children's Health Network/ Children's Physicians Medical Group

Allied Gardens	●	●	●	●
Carlsbad	●	●	●	●
Chula Vista	●	●	●	●
Clairemont	●	●	●	●
Del Mar Heights	●	●	●	●
Downtown San Diego	●	●	●	●
Eastlake	●	●	●	●
East San Diego	●	●	●	●
El Cajon	●	●	●	●
Encinitas	●	●	●	●
Escondido	●	●	●	●
Fallbrook	●	●	●	●
Hillcrest	●	●	●	●
Kearny Mesa	●	●	●	●
La Jolla	●	●	●	●
La Mesa	●	●	●	●
Linda Vista	●	●	●	●
Menifee	●	●	●	●
Murrieta	●	●	●	●
National City	●	●	●	●
Oceanside	●	●	●	●
Poway	●	●	●	●
Point Loma	●	●	●	●
Rancho Bernardo	●	●	●	●
San Diego	●	●	●	●
San Marcos	●	●	●	●
Scripps Ranch	●	●	●	●
Temecula	●	●	●	●

Greater Tri Cities IPA Medical Group

Carlsbad	●	●	●	●
Encinitas	●	●	●	●
Escondido	●	●	●	●
Oceanside	●	●	●	●
San Marcos	●	●	●	●
Vista	●	●	●	●

Primary Care Associates Medical Group

Carlsbad	●	●	●	●
Encinitas	●	●	●	●
Escondido	●	●	●	●
Fallbrook	●	●	●	●
Oceanside	●	●	●	●
Poway	●	●	●	●
Solana Beach	●	●	●	●
Vista	●	●	●	●

Independent Physician Network

1,000+* independently contracted primary care physicians and specialists	●	●	●	●
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Acute Care Hospitals

Palomar Medical Center	●	●	●	●
Palomar Medical Center Poway	●	●	●	●
Rady Children's Hospital (2 locations)	●	●	●	●
Sharp Chula Vista Medical Center	●	●	●	●
Sharp Coronado Hospital and Healthcare Center	●	●	●	●
Sharp Grossmont Hospital	●	●	●	●
Sharp Mary Birch Hospital for Women & Newborns	●	●	●	●
Sharp Memorial Hospital	●	●	●	●
Sharp Mesa Vista Hospital ²	●	●	●	●
Temecula Valley Hospital	●	●	●	●
Inland Valley Medical Center	●	●	●	●
Rancho Springs Medical Center	●	●	●	●
Tri-City Medical Center	●	●	●	●

Pharmacies

Albertsons®/Sav-on® Pharmacy	●	●	●	●
Costco® Pharmacy	●	●	●	●
CVS Pharmacy® locations, including those at Target®	●	●	●	●
Ralphs® Pharmacy	●	●	●	●
Rite Aid® Pharmacy	●	●	●	●
Sharp Rees-Stealy Pharmacy	●	●	●	●
Vons® / Pavillion® Pharmacy	●	●	●	●
Walgreens® Pharmacy	●	●	●	●
Walmart® Pharmacy	●	●	●	●
Independently contracted neighborhood pharmacies	●	●	●	●

*Number reflects Choice Network as of 9/30/18.

¹Coverage area includes but is not limited to the locations in this document. Premier is a preferred premium rate provider network and is available in select ZIP codes throughout San Diego County. To see if your business qualifies for this provider network, please contact your Sharp Health Plan account management executive.

²Sharp Mesa Vista Hospital is an acute care psychiatric hospital.



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