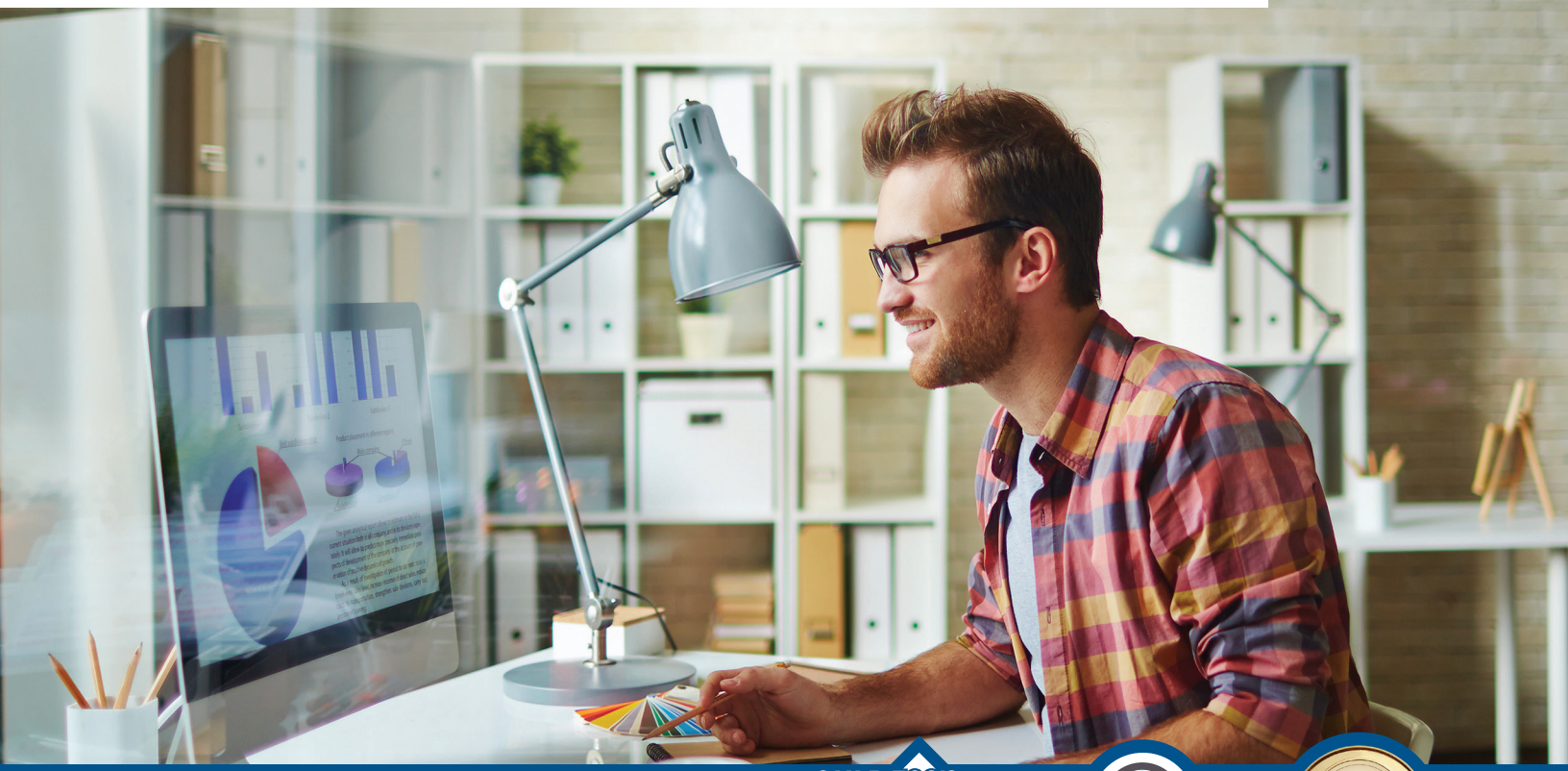
SHARP Health Plan

Small Group and Cal*Choice*

Benefit Comparison

A guide to choosing the right plan for your business
Effective January 1, 2022



Better health insurance matters.

SAN DIEGO'S BEST UNION-TRIBUNE READERS POLL 2021 [1]

COVERED CALIFORNIA [2]

HIGHEST MEMBER-RATED IN CALIFORNIA HEALTH INSURANCE [3]

San Diegans choose Sharp Health Plan

With a range of solutions and provider networks, we have the right plan to meet your unique needs. Sharp Health Plan delivers direct access to high-quality, affordable health care, with direct access to The Sharp Experience®.

Highest member-rated health plan

We're proud to say we are the highest member-rated health plan in California. Sharp Health Plan has the highest member rating for health care, personal doctor and specialist among reporting California health plans.[1]

Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're the largest locally based, not-for-profit commercial health plan, and we're honored to serve you.

Quick and easy access to care

Whether you're home or traveling the world, we've got you covered. Get the care you need right away through a number of options, including video and phone visits, MinuteClinic® and Emergency Travel Services.

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.

[1] The source for this data is Quality Compass® 2021 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2021 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): 64.73 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 50.74; 69.47 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 56.87; 75.69 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 65.86; and 76.15 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 68.84.

[2] Your share of the cost for a MinuteClinic visit is equal to what you pay for a PCP office visit (deductible may apply). There is no copayment for flu vaccinations.

Additional benefits included with every plan

The convenience of Sharp Health Plan extends beyond San Diego and standard business hours. All Sharp Health Plan members receive these value-added benefits.

After-Hours Nurse Advice

Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. 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 medical clinic located in select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care, to help you stay healthy on your schedule.[2]

sharphealthplan.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. Offering robust online wellness tools, interactive learning modules, one-on-one health coaching and more, Best Health provides resources you can use to reach your health goals.

yourbesthealth.com

Behavioral health support

Behavioral health care services are a covered benefit for members of all ages. Associated costs may vary based on your specific benefit plan. Coverage is obtained through providers. Any non-emergent services need to be authorized or you will be responsible for the charges.

sharphealthplan.com/bh

Small Group Platinum 90 Plans effective Jan. 1, 2022

	Platinum HMO NG 1	Platinum HMO NG 2	Platinum HMO NG 8	Platinum HMO NG 3	Platinum HMO NG 7	Platinum HMO NG 4
Deductibles						
Calendar Year Deductible (per individual / per family; applies only to those covered benefits indicated)	$0	None	$0	None	$0	None
Calendar Year Deductible (per individual / per family) for covered prescription drugs (preferred and non-preferred)	None	None	None	None	None	None
Maximums						
There are no lifetime maximums for this plan	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual / per family)	$3,000[1] / $6,000[1]	$2,900[1] / $5,800[1]	$2,500[1] / $5,000[1]	$2,000[1] / $4,000[1]	$2,400[1] / $4,800[1]	$2,000[1] / $4,000[1]
Professional Services (per visit)						
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$10	$15	$20	$20	$20	$20
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$20	$15	$20	$30	$30	$40
Preventive Services[2]	$0	$0	$0	$0	$0	$0
Prenatal and Postpartum Office Visits	$0	$0	$0	$0	$0	$0
Allergy Testing	$20	$15	$20	$30	$30	$40
Allergy Injections	$10	$15	$20	$20	$20	$20
Outpatient Services						
Outpatient Surgery	$100 / procedure	$250 / procedure	$125 / procedure	$500 / procedure	$250 / procedure	$500 / procedure
Radiology Services (X-rays and diagnostic imaging) (per visit)	$10	$10	$40	$0	$10	$0
Advanced Radiology (per procedure)	$100	$100	$150	$100	$100	$100
Physical, Occupational and Speech Therapy (per visit)	$10	$15	$20	$20	$20	$20
Hospitalization Services						
Inpatient	$300 / day (3-day max)	$250 / day (3-day max)	$250 / admission	$500 / day (3-day max)	$500 / admission	$1,000 / admission
Emergency / Urgent Care Services						
Emergency Room (waived if admitted) (per visit)	$100	$100	$100	$100	$100	$150
Urgent Care (per visit)	$20	$15	$20	$30	$30	$40
Emergency Medical Transportation						
Emergency Medical Transportation (in connection with hospital admission or emergency services)	$100	$100	$100	$100	$100	$150
Prescription Drug Coverage						
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	$0	$0	$0	$0	$0	$0
Preferred Generic / Preferred Brand / Non-preferred Medications up to 30-Day Supply	$15 / $35 / $50	$15 / $35 / $50	$10 / $25 / $50	$16 / $35 / $70	$10 / $25 / $50	$15 / $35 / $50
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$30 / $70 / $100	$30 / $70 / $100	$20 / $50 / $100	$32 / $70 / $140	$20 / $50 / $100	$30 / $70 / $100
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	$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]
Diabetic Supplies	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]
Prosthetics and Orthotics (per visit)	$20	$15	$20	$30	$30	$40
Mental Health Services						
Outpatient Office Visit	$10 / visit	$15 / visit	$20 / visit	$20 / visit	$20 / visit	$20 / visit
Inpatient	$250 / day (3-day max)	$250 / day (3-day max)	$250 / admission	$250 / day (3-day max)	$500 / admission	$750 / admission
Chemical Dependency Services						
Outpatient Office Visit	$10 / visit	$15 / visit	$20 / visit	$20 / visit	$20 / visit	$20 / visit
Inpatient	$250 / day (3-day max)	$250 / day (3-day max)	$250 / admission	$250 / day (3-day max)	$500 / admission	$750 / admission
Emergency Services for Acute Drug or Alcohol Detoxification (waived if admitted)	$100 / visit	$100 / visit	$100 / visit	$100 / visit	$100 / visit	$150 / visit
Other						
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	$100 / day (3-day max)	$100 / day (3-day max)	$70 / day (5-day max)	$100 / day (3-day max)	$70 / day (5-day max)	$200 / admission
Home Health Services (maximum of 100 visits per calendar year)	$10 / visit	$15 / visit	$20 / visit	$20 / visit	$20 / visit	$20 / visit
Hospice Care - Inpatient	$100 / day (3-day max)	$250 / day (3-day max)	$200 / admission	$500 / day (3-day max)	$0 / admission	$200 / admission
Hospice Care - Outpatient (per visit)	$0	$0	$0	$0	$0	$0

[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 for Disease Control and Prevention; 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.

[3] Of contracted rates.

Gold 80 / Silver 70 / Bronze 60

effective Jan. 1, 2022

	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	$600[5] / $1,200[5]	$1,500[5] / $3,000[5]	$2,350[5] / $4,700[5]	$2,550[5] / $5,100[5]	$6,100[5] / $12,200[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	$200 / $400	$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)	$8,350[1] / $16,700[1]	$8,450[1] / $16,900[1]	$6,650[1] / $13,300[1]	$7,600[1] / $15,200[1]	$7,000[1] / $14,000[1]	$7,000[1] / $14,000[1]	$5,000[1] / $10,000[1]	$8,500[1] / $17,000[1]	$8,550[1] / $17,100[1]	$6,900[1] / $13,800[1]
Professional Services (per visit)										
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$40	$40	$35	$30	$30	$10	$35	$57	$57	$50[4]
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$55	$40	$55	$55	$55	$20	$55	$58	$58	$50[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 Testing	$55	$40	$55	$55	$55	$20	$55	$58	$58[4]	$50[4]
Allergy Injections	$40	$40	$35	$30	$30	$10	$35	$57	$57	$50[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)	$55	$50	$55	$55	$55	$55	$55	$55	$55	50% coinsurance[3,4]
Advanced Radiology (per procedure)	30% coinsurance[3]	$150	$175	$150	$150	$300	$175	$335	$370[4]	50% coinsurance[3,4]
Physical, Occupational and Speech Therapy (per visit)	$40	$40	$35	$30	$30	$10	$35	$57	$57	$50[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)	$360	$100	$300	$200	$175	50% coinsurance[3,4]	$200[4]	$540	50% coinsurance[3,4]	50% coinsurance[3,4]
Urgent Care (per visit)	$55	$40	$55	$55	$55	$20	$55	$58	$58	$50[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	$16 / $50 / $70	$16 / $35 / $70	$16 / $35 / $70	$16 / $35 / $70	$16 / $35[4] / $50[4]	$10 / $40 / $70	$16 / $35[4] / $70[4]	$16 / $145[4] / $155[4]	$16 / $145 / $185	$16[4] / $70[4] / $100[4]
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$32 / $100 / $140	$32 / $70 / $140	$32 / $70 / $140	$32 / $70 / $140	$32 / $70[4] / $100[4]	$20 / $80 / $140	$32 / $70[4] / $140[4]	$32 / $290[4] / $310[4]	$32 / $290 / $370	$32[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)	$55	$40	$55	$55	$55	$20	$55	$58	$58	$50[4]
Mental Health Services										
Outpatient Office Visit	$40 / visit	$40 / visit	$35 / visit	$30 / visit	$30 / visit	$10 / visit	$35 / visit	$57 / visit	$57 / visit	$0[4]
Inpatient	30% coinsurance[3]	40% coinsurance[3]	$750 / admission	$90 / day	$90 / day	50% coinsurance[3,4]	30% coinsurance[3,4]	50% coinsurance[4]	50% coinsurance[3,4]	50% coinsurance[3,4]
Chemical Dependency Services										
Outpatient Office Visit	$40 / visit	$40 / visit	$35 / visit	$30 / visit	$30 / visit	$10 / visit	$35 / visit	$42 / visit	$42 / visit	$0[4]
Inpatient	30% coinsurance[3]	40% coinsurance[3]	$750 / admission	$90 / day	$90 / day	50% coinsurance[3,4]	30% coinsurance[3,4]	50% coinsurance[3,4]	50% coinsurance[3,4]	50% coinsurance[3,4]
Emergency Services for Acute Drug or Alcohol Detoxification	$360 / visit	$100 / visit	$300 / visit	$200 / visit	$175 / visit	50% coinsurance[3,4]	$200 / visit[4]	$540 / 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]	$20 / day	$175 / admission	$150 / admission	$25 / 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	$57 / visit	$57 / visit	$50 / 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]

[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 for Disease Control and Prevention; 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.
[3] Of contracted rates. [4] Deductible applies. [5] Individuals enrolled in a 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, 2022

	Sharp Platinum 90 HMO 0/15/10% + Child Dental	Sharp Platinum 90 HMO 0/20/250 + Child Dental	Sharp Gold 80 HMO 350/25/20% + Child Dental	Sharp Gold 80 HMO 250/35/600 + Child Dental
Deductibles				
Calendar Year Deductible (per individual / per family; applies only to those covered benefits indicated)	None	None	$350[6] / $700[6]	$250[6] / $500[6]
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)	$4,500[1] / $9,000[1]	$4,500[1] / $9,000[1]	$7,800[1] / $15,600[1]	$7,800[1] / $15,600[1]
Professional Services (per visit)				
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$15	$20	$25	$35
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$30	$30	$50	$55
Preventive Services[2]	$0	$0	$0	$0
Prenatal and Postpartum Office Visits	$0	$0	$0	$0
Allergy Testing	$30	$30	$50	$55
Allergy Injections	$30	$30	$50	$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[5] / $35 per visit
Radiology Services (X-rays and diagnostic imaging) (per visit)	$30 / visit	$30 / visit	$65 / visit	$55 / visit
Advanced Radiology (per procedure)	10% coinsurance[3]	$100 / procedure	20% coinsurance[3]	$250 / procedure[5]
Physical, Occupational and Speech Therapy (per visit)	$15 / visit	$20 / visit	$25 / visit	$35 / 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)[5] / $0 per visit
Emergency / Urgent Care Services				
Emergency Room (waived if admitted) (per visit)	$200 per visit / $0	$150 per visit / $0	20% coinsurance[3,5] / $0	$250 per visit[5] / $0
Urgent Care (per visit)	$15	$20	$25	$35
Emergency Medical Transportation				
Emergency Medical Transportation (in connection with hospital admission or emergency services)	$150	$150	20% coinsurance[3,5]	$250[5]
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	$10 / $25 / $40 / 10%[4]	$5 / $20 / $30 / 10%[4]	$15 / $50 / $80 / 20%[4]	$15 / $40 / $70 / 20%[4]
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$20 / $50 / $80	$10 / $40 / $60	$30 / $100 / $160	$30 / $80 / $140
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				
Outpatient Office Visit	$15 / visit	$20 / visit	$25 / visit	$35 / visit
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)[5] / $0 per visit
Chemical Dependency Services				
Outpatient Office Visit	$15 / visit	$20 / visit	$25 / visit	$35 / visit
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)[5] / $0 per visit
Emergency Services for Acute Drug or Alcohol Detoxification	$200 per visit / $0	$150 per visit / $0	20% coinsurance[3,5] / $0	$250 per visit[5] / $0
Other				
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	10% coinsurance[3]	$150 / day (5-day max)	20% coinsurance[3,5]	$300 / day (5-day max)[5]
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 California 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 for Disease Control and Prevention; 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. [3] Of contracted rates. [4] Up to $250 per 30-day supply. [5] Deductible applies. [6] Individuals enrolled in a 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 Silver 70 / Bronze 60 Plans* effective Jan. 1, 2022

	Sharp Silver 70 HMO 2250/50/30% + Child Dental	Sharp Silver 70 HMO 2250/55/30% - 300 + Child Dental	Sharp Silver 70 HDHP HMO 2500/20%/20% + Child Dental	Sharp Bronze 60 HMO 6300/65/40% + Child Dental	Sharp Bronze 60 HDHP HMO 7000/0/0 + Child Dental
Deductibles					
Calendar Year Deductible (per individual / per family; applies only to those covered benefits indicated)	$2,250[6] / $4,500[6]	$2,250[6] / $4,500[6]	$2,500[4] / $5,000[4]	$6,300[6] / $12,600[6]	$7,000[4] / $14,000[4]
Calendar Year Deductible (per individual / per family) for covered prescription drugs (preferred and non-preferred)	$300 / $600	$300 / $600	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)	$8,200[1] / $16,400[1]	$8,200[1] / $16,400[1]	$6,850[1] / $13,700[1]	$8,200[1] / $16,400[1]	$7,000[1] / $14,000[1]
Professional Services (per visit)					
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$50	$55	20% coinsurance[3,5]	$65[5,7]	$0[5]
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$85	$90	20% coinsurance[3,5]	$95[5,7]	$0[5]
Preventive Services[2]	$0	$0	$0	$0	$0
Prenatal and Postpartum Office Visits	$0	$0	$0	$0	$0
Allergy Testing	$85	$90	20% coinsurance[3,5]	$95[5]	$0[5]
Allergy Injections	$85	$90	20% coinsurance[3,5]	$95[5]	$0[5]
Outpatient Services					
Outpatient Surgery	30% coinsurance[3,5] / 30% coinsurance[3]	30% coinsurance[3,5] / 30% coinsurance[3]	20% coinsurance[3,5] / 20% coinsurance[3,5]	40% coinsurance[3,5] / 40% coinsurance[3,5]	$0[5] / $0[5]
Radiology Services (X-rays and diagnostic imaging) (per visit)	$85 / visit	$90 / visit	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Advanced Radiology (per procedure)	30% coinsurance[3,5]	$300 / procedure[5]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Physical, Occupational and Speech Therapy (per visit)	$50 / visit	$55 / visit	20% coinsurance[3,5]	$65 / visit	$0[5]
Hospitalization Services					
Inpatient	30% coinsurance[3,5] / 30% coinsurance[3,5]	30% coinsurance[3,5] / 30% coinsurance[3,5]	20% coinsurance[3,5] / 20% coinsurance[3,5]	40% coinsurance[3,5] / 40% coinsurance[3,5]	$0[5] / $0[5]
Emergency / Urgent Care Services					
Emergency Room (waived if admitted) (per visit)	30% coinsurance[3,5] / $0	30% coinsurance[3,5] / $0	20% coinsurance[3,5] / $0[5]	40% coinsurance[3,5] / 0% coinsurance	$0[5] / $0[5]
Urgent Care (per visit)	$50	$55	20% coinsurance[3,5]	$65[5,7]	$0[5]
Emergency Medical Transportation					
Emergency Medical Transportation (in connection with hospital admission or emergency services)	30% coinsurance[3,5]	30% coinsurance[3,5]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[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	$17 / $70[5] / $100[5] / 30%[5,8]	$17 / $80[5] / $110[5] / 30%[5,8]	20% coinsurance[3,5,8]	$18[5] / 40%[3,5,9] / 40%[3,5,9] / 40%[3,5,9]	$0[5] / $0[5] / $0[5] / $0[5]
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$34 / $140[5] / $200[5]	$34 / $160[5] / $220[5]	20% coinsurance[3,5,8]	$36[5] / 40%[3,5,9] / 40%[3,5,9]	$0[5] / $0[5] / $0[5] / $0[5]
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	$0	$0	$0	$0	$0
Durable Medical Equipment and Other Supplies					
Durable Medical Equipment	30% coinsurance[3]	30% coinsurance[3]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Diabetic Supplies	30% coinsurance[3]	30% coinsurance[3]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Prosthetics and Orthotics (per visit)	30% coinsurance[3]	30% coinsurance[3]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Mental Health Services					
Outpatient Office Visit	$50 / visit	$55 / visit	20% coinsurance[3,5]	$65 / visit[5]	$0 / visit[5]
Inpatient	30% coinsurance[3,5] / 30% coinsurance[3,5]	30% coinsurance[3,5] / 30% coinsurance[3,5]	20% coinsurance[3,5] / 20% coinsurance[3,5]	40% coinsurance[3,5] / 40% coinsurance[3,5]	$0[5] / $0[5]
Chemical Dependency Services					
Outpatient Office Visit	$50 / visit	$55 / visit	20% coinsurance[3,5]	$65 / visit[5]	$0 / visit[5]
Inpatient	30% coinsurance[3,5] / 30% coinsurance[3,5]	30% coinsurance[3,5] / 30% coinsurance[3,5]	20% coinsurance[3,5] / 20% coinsurance[3,5]	40% coinsurance[3,5] / 40% coinsurance[3,5]	$0[5] / $0[5]
Emergency Services for Acute Drug or Alcohol Detoxification	30% coinsurance[3,5] / $0	30% coinsurance[3,5] / $0	20% coinsurance[3,5] / $0[5]	40% coinsurance[3,5] / 0% coinsurance	$0[5] / $0[5]
Other					
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	30% coinsurance[3,5]	30% coinsurance[3,5]	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[5]
Home Health Services (maximum of 100 visits per calendar year)	30% coinsurance[3]	$45 / visit	20% coinsurance[3,5]	40% coinsurance[3,5]	$0[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 California 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 for Disease Control and Prevention; 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.
[3] Of contracted rates. [4] In high-deductible health plans (HDHPs) linked to health savings accounts (HSAs), each individual in a family plan must meet an amount of either $2,800 or the individual deductible, whichever is higher, until the family deductible is met. [5] Deductible applies. [6] Individuals enrolled in a 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. [7] Deductible applies after the first three non-preventive visits. [8] Up to $250 per 30-day supply after pharmacy or integrated deductible. [9] Member cost-share after deductible will not exceed $500 per 30-day supply.

CalChoice Platinum 90 / Gold 80 Plans effective Jan. 1, 2022

	CalChoice Platinum HMO NG 1	CalChoice Platinum HMO NG 2	CalChoice Platinum HMO NG 3	CalChoice Gold HMO NG 2	CalChoice Gold HMO NG 3	CalChoice Gold HMO NG 5
Deductibles						
Calendar Year Deductible (per individual / per family; applies only to those covered benefits indicated)	None	None	None	None	None	None
Calendar Year Deductible (per individual / per family) for covered prescription drugs (preferred and non-preferred)	$0	$0	$0	$400 / $800	$200 / $400	$0
Maximums						
There are no lifetime maximums for this plan	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Annual Out-of-Pocket Maximum, Including Deductible (per individual / per family)	$3,600[1] / $7,200[1]	$3,000[1] / $6,000[1]	$4,000[1] / $8,000[1]	$8,000[1] / $16,000[1]	$8,000[1] / $16,000[1]	$6,650[1] / $13,300[1]
Professional Services (per visit)						
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$15	$15	$10	$25	$20	$35
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$20	$30	$20	$55	$50	$55
Preventive Services[2]	$0	$0	$0	$0	$0	$0
Prenatal and Postpartum Office Visits	$0	$0	$0	$0	$0	$0
Allergy Testing	$20	$30	$20	$55	$50	$55
Allergy Injections	$15	$15	$10	$25	$20	$35
Outpatient Services						
Outpatient Surgery	20% coinsurance[3]	15% coinsurance[3]	20% coinsurance[3]	25% coinsurance[3]	30% coinsurance[3]	$600
Radiology Services (X-rays and diagnostic imaging) (per visit)	$0	$0	$40	$55	$20	$55
Advanced Radiology (per procedure)	$150	$100	$150	$250	$275	$175
Physical, Occupational and Speech Therapy (per visit)	$15	$15	$10	$25	$20	$35
Hospitalization Services						
Inpatient	$400 / admission	15% coinsurance[3]	$350 / day (5-day max)	$600 / day (5-day max)	30% coinsurance[3]	$1,500 / admission
Emergency / Urgent Care Services						
Emergency Room (waived if admitted) (per visit)	$150	15% coinsurance[3]	$200	$400	30% coinsurance[3]	$300
Urgent Care (per visit)	$20	$30	$20	$55	$50	$55
Emergency Medical Transportation						
Emergency Medical Transportation (in connection with hospital admission or emergency services)	$150	15% coinsurance[3]	$200	$200	30% coinsurance[3]	$200
Prescription Drug Coverage						
Drugs Administered in a Practitioner's Office, Hospital or Outpatient Facility	$0	$0	$0	$0	$0	$0
Preferred Generic / Preferred Brand / Non-preferred Medications up to 30-Day Supply	$10 / $25 / $50	$10 / $25 / $50	$10 / $25 / $50	$16 / $40[4] / $75[4]	$16 / $35[4] / $70[4]	$16 / $35 / $70
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$20 / $50 / $100	$20 / $50 / $100	$20 / $50 / $100	$32 / $80[4] / $150[4]	$32 / $70[4] / $140[4]	$32 / $70 / $140
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	$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]
Diabetic Supplies	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]	20% coinsurance[3]
Prosthetics and Orthotics (per visit)	$20	$30	$20	$55	$50	$55
Mental Health Services						
Outpatient Office Visit	$15	$15	$10	$25	$20	$35
Inpatient	$400 / admission	15% coinsurance[3]	$150 / day (5-day max)	$150 / day (5-day max)	30% coinsurance[3]	$750 / admission
Chemical Dependency Services						
Outpatient Office Visit	$15	$15	$10	$25	$20	$35
Inpatient	$400 / admission	15% coinsurance[3]	$150 / day (5-day max)	$150 / day (5-day max)	30% coinsurance[3]	$750 / admission
Emergency Services for Acute Drug or Alcohol Detoxification	$150	15% coinsurance[3]	$200	$400	30% coinsurance[3]	$300
Other						
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	$200 / admission	15% coinsurance[3]	$200 / admission	$25 / day	30% coinsurance[3]	$175 / admission
Home Health Services (maximum of 100 visits per calendar year)	$15	$15	$10	$25	$20	$35
Hospice Care - Inpatient	$0	$0	$0	$0	$0	$0
Hospice Care - Outpatient (per visit)	$0	$0	$0	$0	$0	$0

[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 for Disease Control and Prevention; 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.
[3] Of contracted rates. [4] Deductible applies.

CalChoice Silver 70 / Bronze 60 Plans* effective Jan. 1, 2022

	CalChoice Silver HMO NG 1	CalChoice Silver HMO NG 2	CalChoice Silver HMO NG 3	CalChoice Bronze HMO NG 2	CalChoice Bronze HDHP NG 3
Deductibles					
Calendar Year Deductible (per individual / per family; applies only to those covered benefits indicated)	$2,300[6] / $4,600[6]	$2,300[6] / $4,600[6]	$2,500[6] / $5,000[6]	$7,600[6] / $15,200[6]	$6,200[4] / $12,400[4]
Calendar Year Deductible (per individual / per family) for covered prescription drugs (preferred and non-preferred)	$250 / $500	$250 / $500	$0	$0	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)	$8,500[1] / $17,000[1]	$8,550[1] / $17,100[1]	$8,550[1] / $17,100[1]	$7,950[1] / $15,900[1]	$6,900[1] / $13,800[1]
Professional Services (per visit)					
Primary Care Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$40	$40	$40	$55[5]	40% coinsurance[3,5]
Specialist Physician Office Visit (for consultation, treatment, diagnostic testing, etc.)	$55	$55	$55	$55[5]	40% coinsurance[3,5]
Preventive Services[2]	$0	$0	$0	$0	$0
Prenatal and Postpartum Office Visits	$0	$0	$0	$0	$0
Allergy Testing	$55	$55	$55	$55[5]	40% coinsurance[3,5]
Allergy Injections	$40	$40	$40	$55[5]	40% coinsurance[3,5]
Outpatient Services					
Outpatient Surgery	50% coinsurance[3,5]	40% coinsurance[3,5]	50% coinsurance[3,5]	40% coinsurance[3,5]	40% coinsurance[3,5]
Radiology Services (X-rays and diagnostic imaging) (per visit)	$55[5]	$50[4]	$50[5]	$55[5]	40% coinsurance[3,5]
Advanced Radiology (per procedure)	$300[5]	$225[5]	$300[5]	$175[5]	40% coinsurance[3,5]
Physical, Occupational and Speech Therapy (per visit)	$40	$40	$40	$55[5]	40% coinsurance[3,5]
Hospitalization Services					
Inpatient	$975 / day[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$1,500 / day (3-day max)[5]	40% coinsurance[3,5]
Emergency / Urgent Care Services					
Emergency Room (waived if admitted) (per visit)	$750[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$500[5]	40% coinsurance[3,5]
Urgent Care (per visit)	$55	$55	$55	$55[5]	40% coinsurance[3,5]
Emergency Medical Transportation					
Emergency Medical Transportation (in connection with hospital admission or emergency services)	$400	40% coinsurance[3]	50% coinsurance[3]	$500[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	$16 / $105[5] / $135[5]	$16 / $100[5] / $160[5]	$16 / $100 / $150	$16 / $60 / $100	40% coinsurance[5] (up to $500 per 30-day supply after deductible)
Preferred Generic / Preferred Brand / Non-preferred Medications up to 90-Day Supply by Mail Order	$32 / $210[5] / $270[5]	$32 / $200[5] / $320[5]	$32 / $200 / $300	$32 / $120 / $200	40% coinsurance[5] (up to $500 per 30-day supply after deductible)
Preferred Generic and Prescribed Over-the-Counter Contraceptives for Women	$0	$0	$0	$0	$0
Durable Medical Equipment and Other Supplies					
Durable Medical Equipment	50% coinsurance[3,5]	50% coinsurance[3,5]	50% coinsurance[3,5]	50% coinsurance[3,5]	50% coinsurance[3,5]
Diabetic Supplies	20% coinsurance[3,5]	20% coinsurance[3,5]	20% coinsurance[3,5]	20% coinsurance[3,5]	20% coinsurance[3,5]
Prosthetics and Orthotics (per visit)	$55	$55	$55	$55[5]	40% coinsurance[3,5]
Mental Health Services					
Outpatient Office Visit	$40	$40	$40	$55[5]	40% coinsurance[3,5]
Inpatient	$90 / day[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$125 / day (3-day max)[5]	40% coinsurance[3,5]
Chemical Dependency Services					
Outpatient Office Visit	$40	$40	$40	$42[5]	40% coinsurance[3,5]
Inpatient	$90 / day[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$125 / day (3-day max)[5]	40% coinsurance[3,5]
Emergency Services for Acute Drug or Alcohol Detoxification	$750[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$500[5]	40% coinsurance[3,5]
Other					
Skilled Nursing Facility Services (maximum of 100 days per benefit period)	$25 / day[5]	40% coinsurance[3,5]	50% coinsurance[3,5]	$25 / day[5]	40% coinsurance[3,5]
Home Health Services (maximum of 100 visits per calendar year)	$40	$40	$40	$55[5]	40% coinsurance[3,5]
Hospice Care - Inpatient	$0	$0	$0	$0	$0[5]
Hospice Care - Outpatient (per visit)	$0	$0	$0	$0	$0[5]

[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 U.S. Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; 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.
[3] Of contracted rates. [4] In high-deductible health plans (HDHPs) linked to health savings accounts (HSAs), each individual in a family plan must meet an amount of either $2,800 or the individual deductible, whichever is higher, until the family deductible is met. [5] Deductible applies. [6] Individuals enrolled in a family plan will reach the annual deductible if the member meets the individual deductible or if any combination of enrolled family members meets the family deductible amount, whichever comes first.

Elite-rated health care

Sharp Health Plan has a family of health care providers close to where you live and work. In addition to our other regional partners, we offer affordable access to Sharp's award-winning medical groups, Sharp Rees-Stealy Medical Group and Sharp Community Medical Group, both awarded "Elite" status, the highest possible rating for Standards of Excellence.[1] Providers are located throughout San Diego County, so no matter where you are, from Chula Vista to El Cajon to Del Mar, we've got you covered.

- **1,700+ doctors[2]**
- **13 hospitals[2]**
- **7 plan medical groups[2]**
- **40+ urgent care centers[2]**
- **Expanded behavioral health network**
- **MinuteClinic® locations nationwide**

[1] Recipients of "Elite" status in the 2020 national Standards of Excellence™ survey by America's Physician Groups.

[2] The data shown here reflects the Performance Network as of August 2021. Coverage area includes but is not limited to the locations in this document. Service area does not include all San Diego County ZIP codes. Location of employer group headquarters must be within the Performance Network licensed service area.

Supplemental benefits available with every plan

All plans include pediatric vision and dental benefits for members up to age 19.

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

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 2,200+ 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. This network covers a subset of San Diego County. • 1,180+ doctors • 10 hospitals • 2 medical groups • 30+ urgent cares • 530+ pharmacies	An affordable network in San Diego County offering more choice for people living or working in the North County area. • 1,710+ doctors • 13 hospitals • 7 medical groups • 40+ urgent cares • 530+ pharmacies	A large network in San Diego County. This network is devoted to giving you the best possible care, service and value. • 1,850+ doctors • 13 hospitals • 9 medical groups • 40+ urgent cares • 530+ pharmacies	A broad network offering greater choice and covering all of San Diego County and southern Riverside County. • 2,290+ doctors • 13 hospitals • 10 medical groups • 50+ urgent cares • 530+ pharmacies

Plan medical groups

Sharp Rees-Stealy Medical Group	●	●	●	●
Sharp Community Medical Group	●	●	●	●
Sharp Community Medical Group – Graybill		●	●	●
Sharp Community Medical Group – Inland North		●	●	●
Sharp Community Medical Group – Graybill Temecula		●	●	●
Sharp Community Medical Group – Arch Health Medical Group		●	●	●
Rady Children's Health Network		●	●	●
Greater Tri-Cities IPA			●	●
Optum Care Network–North County SD*			●	●
Independent Network				●

Hospitals[2]

Sharp Chula Vista Medical Center	●	●	●	●
Sharp Coronado Hospital and Healthcare Center	●	●	●	●
Sharp Grossmont Hospital	●	●	●	●
Sharp Mary Birch Hospital for Women & Newborns	●	●	●	●
Sharp Memorial Hospital	●	●	●	●
Palomar Medical Center Escondido	●	●	●	●
Palomar Medical Center Poway	●	●	●	●
Rady Children's Hospital (2 locations)	●	●	●	●
Temecula Valley Hospital	●	●	●	●
Tri-City Medical Center		●	●	●
Inland Valley Medical Center		●	●	●
Rancho Springs 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® / Safeway® Pharmacy	●	●	●	●
Walgreens® Pharmacy	●	●	●	●
Walmart® Pharmacy	●	●	●	●
Independently contracted neighborhood pharmacies	●	●	●	●

* Primary Care Associates Medical Group is now Optum Care Network–North County SD.

[1] The data shown here reflects the Networks as of August 2021. Coverage area includes, but is not limited to, the locations in this document. Service area does not include all San Diego County ZIP codes. Employer group headquarters location must be within the network service area. To see if your business qualifies for this product at the preferred premium rates, please ensure that your company is headquartered within the network service area.

[2] Acute Care facility locations only. The network also includes Sharp Mesa Vista Hospital and Sharp McDonald Center.

SHARP Health Plan

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1-800-359-2002

[1] Voted 'Best Insurance Provider' in the 2021 Union-Tribune Readers Poll. [2] Based on the Summary Quality Rating from Covered California™. [3] Among reporting CA plans. Based on 2015 – 2021 NCQA Quality Compass CAHPS results. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).