Summary of Benefits

Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. PLEASE CONTACT YOUR EMPLOYER FOR SPECIFIC INFORMATION ON YOUR COVERAGE OR VISIT WWW.SHARPHEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

Covered Benefits Copayments

Integrated Medical and Pharmacy deductible - applies only to those covered benefits indicated Annual Out of Pocket Maximum' Self-Conly Coverage \$6,55 Annual out of pocket maximum Self-Conly Coverage \$6,55 Annual out of pocket maximum There are no lifetime maximum for this plan Interest on the lifetime maximum for this plan Preventive Care* Routine adult physical exams, immunizations and related laboratory services Routine adult physical exams, immunizations and related laboratory services Routine adult physical exams, immunizations and related laboratory services Routine gaded physical exams, immunizations and related laboratory services Routine gaded physical exams, immunizations and related laboratory services Routine gaded physical exams, immunizations and related laboratory services Routine gaded physical exams, immunizations and related laboratory services Routine garded physical exams, immunizations and related laboratory services Mammography Colorectal cancer screening Colorectal cancer screening including sigmoidoscopy and coloroscopy Best Health* Wellness Services Tocksional Services Primary Cane Physician office visit for consultation, treatment, diagnostic testing, etc. 20% coinsurance Processional Services Primary Cane Physician office visit for consultation, treatment, diagnostic testing, etc. 20% coinsurance Alloratory tests and services Primary Cane Physician office visit for consultation, treatment, diagnostic testing, etc. 20% coinsurance Allorostroy tests and services Colored radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT) 20% coinsurance Allorostroy facility fee 20% coinsurance College; injections 20% coinsurance College; injections 20% coinsurance Coloristic Services Coloristic Services Coloristic Services Coloristic Services Coloristic Services Coloristic Services Color	Overall Annual Deductible ¹	
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Laboratory tests and services Radiology services (x-rays and diagnostic imaging) 20% coinsurance Radiology services (x-rays and diagnostic imaging) 20% coinsurance Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT) 20% coinsurance Allergy testing 20% coinsurance Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services) Outpatient surgery facility fee 20% coinsurance Physician/Surgeon fees 20% coinsurance Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 40% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Renergency and Urgent Care Services Emergency and Urgent Care Services Emergency room physican fee	Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	20% coinsurance ^{4,7}
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Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT) 20% coinsurance Allergy testing 20% coinsurance Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services) Outpatient surgery facility fee 20% coinsurance Physician/Surgeon fees 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Radiation therapy 40% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Laboratory tests and services	20% coinsurance ^{4,7}
Allergy testing 20% coinsurance Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services) Outpatient surgery facility fee 20% coinsurance Physician/Surgeon fees 20% coinsurance Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Dialysis 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Rehabilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee		20% coinsurance ^{4,7}
Allergy injections 20% coinsurance Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services) Outpatient surgery facility fee 20% coinsurance Physician/Surgeon fees 20% coinsurance Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Dialysis 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	9, 1	20% coinsurance ^{4,7}
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services) Outpatient surgery facility fee 20% coinsurance Physician/Surgeon fees 20% coinsurance Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Dialysis 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Habilitation services 20% coinsurance Radiation therapy 20% coinsurance Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services 20% coinsurance Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee \$0		20% coinsurance ^{4,7}
Outpatient surgery facility fee Physician/Surgeon fees 20% coinsurance Physician/Surgeon fees 20% coinsurance Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Dialysis 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Allergy injections	20% coinsurance ^{4,7}
Physician/Surgeon fees Outpatient visit 20% coinsurance Infusion therapy (including but not limited to chemotherapy) 20% coinsurance Dialysis 20% coinsurance Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient visit Infusion therapy (including but not limited to chemotherapy) Dialysis Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Rehabilitation services: Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Radiation (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Outpatient surgery facility fee	20% coinsurance ^{4,7}
Infusion therapy (including but not limited to chemotherapy) Dialysis Rehabilitation services: physical, occupational and speech therapy Habilitation services Radiation therapy Radiation therapy Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee Physician/surgeon fee Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance	Physician/Surgeon fees	20% coinsurance ^{4,7}
Dialysis Rehabilitation services: physical, occupational and speech therapy 20% coinsurance Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Outpatient visit	20% coinsurance ^{4,7}
Rehabilitation services: physical, occupational and speech therapy Habilitation services Radiation therapy 20% coinsurance Radiation therapy 20% coinsurance Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Infusion therapy (including but not limited to chemotherapy)	20% coinsurance ^{4,7}
Habilitation services Radiation therapy 20% coinsurance Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Dialysis	20% coinsurance ^{4,7}
Radiation therapy Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Rehabilitation services: physical, occupational and speech therapy	20% coinsurance ^{4,7}
Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation) Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Habilitation services	20% coinsurance ^{4,7}
Facility fee 20% coinsurance Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Radiation therapy	20% coinsurance ^{4,7}
Physician/surgeon fee 20% coinsurance Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee	Hospitalization (including but not limited to, inpatient services, organ transplant, inpatient rehabilitation)	
Emergency and Urgent Care Services Emergency room services facility fee (waived if admitted to the hospital) Emergency room physican fee \$ 10	Facility fee	20% coinsurance ^{4,7}
Emergency room services facility fee (waived if admitted to the hospital) 20% coinsurance Emergency room physican fee		20% coinsurance ^{4,7}
Emergency room physican fee \$	Emergency and Urgent Care Services	
Emergency room physican fee \$	Emergency room services facility fee (waived if admitted to the hospital)	20% coinsurance ^{4,7}
Urgent care services 20% coinsurance	Emergency room physican fee	\$0
	Urgent care services	20% coinsurance ^{4,7}



Covered Benefits cont.	Copayments
Medical Transportation	Copaymenis
Emergency medical transportation	20% coinsurance ⁴ ,
Non-emergency medical transportation	20% coinsurance 4,
Maternity Care	2076 Comsurance
Prenatal and postpartum office visits	\$(
Delivery and all inpatient services - Hospital	20% coinsurance ^{4,}
Delivery and all inpatient services - Professional	20% coinsurance ⁴ ,
Breastfeeding support, supplies and counseling	\$6
Family Planning Services	Ψ,
Injectable contraceptives (including but not limited to Depo Provera)	\$(
Voluntary sterilization - women	\$(
Voluntary sterilization - men	variable ^{5,}
Interruption of pregnancy	variable variable ^{5,}
Durable Medical Equipment and Other Supplies	vaniable
Durable medical equipment Durable medical equipment	20% coinsurance ^{4,7}
Diabetic supplies	20% coinsurance ⁴ ,
Prosthetics and orthotics	20% coinsurance ⁴ ,
Mental Health Services	2070 Comsurance
Diagnosis and treatment of Severe Mental Illnesses for all members and Serious Emotional Disturb	ances for children, and other mental
health conditions are covered with the cost-sharing listed below.	unices for enduced, und street mentur
Office visits	\$0
Group therapy	\$0
Other outpatient items and services	20% coinsurance ⁴
Other outputent tems and services	
Innatient facility fee	20% coinsurance
	20% coinsurance ⁴
Inpatient physician fee	20% coinsurance ^{4,} 20% coinsurance ^{4,}
Inpatient physician fee Emergency services facility fee (waived if admitted)	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ ,
Inpatient facility fee Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation	20% coinsurance ^{4;} 20% coinsurance ^{4;} 20% coinsurance ^{4;} 80
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ ,
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ ,
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ ,
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ ,
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 20% coinsurance ⁴ ,
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Inpatient physician fee	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted)	20% coinsurance ⁴ , 30 \$0 \$0 20% coinsurance ⁴ ,
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Inpatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted)	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Inpatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , 30 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Impatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services Skilled Nursing, Home Health and Hospice Services Skilled nursing facility services (maximum of 100 days per benefit period)	20% coinsurance 4. 30% coinsurance 4. \$0 20% coinsurance 4. \$0 20% coinsurance 4. \$0 20% coinsurance 4. \$0 20% coinsurance 4.
Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Impatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services Skilled Nursing facility services (maximum of 100 days per benefit period) Home health services (cost share per visit - maximum of 100 visits per calendar year)	20% coinsurance ⁴ . 20% coinsurance ⁴ . 20% coinsurance ⁴ . \$0 20% coinsurance ⁴ . 20% coinsurance ⁴ . \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services Skilled nursing facility services (maximum of 100 days per benefit period) Home health services (cost share per visit - maximum of 100 visits per calendar year) Hospice care - inpatient	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services Skilled Nursing facility services (maximum of 100 days per benefit period) Hospice care - inpatient Hospice care - outpatient	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy Other outpatient items and services Inpatient facility fee Impatient physician fee Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted) Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted) Emergency substance use disorder transportation Non-emergency substance use disorder transportation Urgent care services Skilled Nursing, Home Health and Hospice Services Skilled Nursing facility services (maximum of 100 days per benefit period) Home health services (cost share per visit - maximum of 100 visits per calendar year) Hospice care - inpatient Hospice care - outpatient Pediatric Vision Services	20% coinsurance ^{4,} 20% coinsurance ^{4,} \$0 20% coinsurance ^{4,} \$0 20% coinsurance ^{4,} \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 20% coinsurance ^{4,} \$0 20% coinsurance ^{4,} \$0 20% coinsurance ^{4,} \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
Inpatient physician fee Emergency services facility fee (waived if admitted) Emergency services physician fee (waived if admitted) Emergency psychiatric transportation Non-emergency psychiatric transportation Urgent care services Chemical Dependency Services Office visits Group therapy	20% coinsurance ⁴ , 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 20% coinsurance ⁴ , 20% coinsurance ⁴ , \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$



Summary of Benefits

Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental

Covered Benefits cont.

Copayments

Pediatric Dental Services

Sharp Health Plan's pediatric dental benefits are provided by Access Dental. Please refer to the Access Dental schedule of benefits for the applicable cost-sharing information.

Prescription Drug Coverage ⁸	
Tier 1: Most generic drugs and low cost preferred brands (30 day supply/90 day supply).	20% coinsurance ^{4,7} (Up to \$250 per 30-day supply)
Tier 2: Non-preferred generic drugs, Preferred brand name drugs, and any other drugs recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on safety, efficacy and cost (30 day supply/90 day supply).	20% coinsurance ^{4,7} (Up to \$250 per 30-day supply)
Tier 3: Non-preferred brand name drugs, drugs that are recommended by P&T committee based on safety, efficacy and cost, or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier (30 day supply/90 day supply).	20% coinsurance ^{4,7} (Up to \$250 per 30-day supply)
Tier 4: Drugs that are biologics, drugs that the Food and Drug Administration (FDA) or drug manufacturer requires to be distributed through specialty pharmacies, drugs that require the enrollee to have special training or clinical monitoring; or drugs that cost the health plan (net of rebates) more than six hundred dollars (\$600) net of rebates (30 day supply).	20% coinsurance ^{4,7} (Up to \$250 per 30-day supply)
Preventive prescription drugs including Preferred Generic and prescribed over-the-counter contraceptives	\$0

Notes

Note: Cost sharing for services with copayments is the lesser of the copayment amount or allowed amount (the maximum amount on which payment is based for covered health care services).



¹In a high deductible health plan (HDHP), your Deductible and Out-of-Pocket Maximum work differently. In a Self-Only coverage plan, you must meet the Self-Only Deductible and the Self-Only Out-of-Pocket Maximum. Once you meet the Self-Only Deductible, Sharp Health Plan will pay for your services. The Self-Only Out-of-Pocket Maximum includes the deductible, copayments, and coinsurance. In a Family plan, each individual in the family must meet the Individual Deductible until the Family Deductible is met. Once an individual meets the Individual Deductible, Sharp Health will pay for services for that individual in the family. Once the Family Deductible is met, Sharp Health Plan will pay for services for the entire family. All family members have met the Family Out-of-Pocket Maximum when the family's combined deductibles, copayments, and coinsurance equal the Family 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.

³ "Other Practitioner Office Visits" includes: Therapy visits, office visits not provided by Primary Care Physicians or Specialty Physicians, and office visits not specified in another benefit category.

⁴Of contracted rates

⁵ Out of pocket cost is based on type and location of services (e.g. outpatient surgery cost-share for outpatient surgery or specialist office visit cost-share for a service received during a specialist office visit).

⁶ Severe Mental Illnesses include: schizophrenia, schizoaffective disorder, bi-polar disorder (manic depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa and bulimia nervosa.

⁷ Deductible applies

⁸ Once the deductible is met, member cost-share will not exceed \$200 per individual prescription of up to a 30-day supply of covered oral anticancer drug. 90-day supply cost share applies to maintenance medications filled by mail order only.

Summary of Benefits

Sharp Premier Silver 70 HDHP HMO 2500/20% + Child Dental

Note: For "Mental Health Services", "Office Visits" cost-share applies to outpatient office visits, psychological testing, and outpatient monitoring of drug therapy. "Group Therapy" cost-share applies to group mental health evaluation and treatment and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to short-term multidisciplinary treatment in an intensive outpatient psychiatric treatment program, partial hospitalization, and home-based behavioral health treatment for pervasive developmental disorder or autism. "Inpatient" cost-share applies to inpatient facility and physician services, mental health psychiatric observation and mental health crisis residential treatment.

Note: For "Chemical Dependency Services", "Office Visits" cost-share applies to outpatient office visits, medication treatment for withdrawal, and individual evaluation. "Group Therapy" cost-share applies to substance use disorder group evaluation and group therapy sessions. "Other Outpatient Items and Services" cost-share applies to day treatment programs, intensive outpatient programs, and partial hospitalization. "Inpatient" cost-share applies to the inpatient facility and physician services and substance use disorder transitional residential recovery services in a non-medical residential setting.

