






2020-21 benefits at a glance

Effective August 1, 2020

	Choice Network	Premier Network	
	 Classic Plan	 Select Plan Now with even lower copays!	 Saver Plan
Plan Medical Groups	Sharp Community Medical Group (SCMG), Sharp Rees-Stealy, Rady Children's Health Network/CPMG, Greater Tri Cities IPA, Primary Care Associates Medical Group	Sharp Community Medical Group (SCMG), Sharp Rees-Stealy <i>Not all SCMG providers are included in the Premier Network.</i>	Sharp Community Medical Group (SCMG), Sharp Rees-Stealy <i>Not all SCMG providers are included in the Premier Network.</i>
Calendar Year Medical Deductible	None	None	\$1,000 per individual / \$2,000 per family
Calendar Year Out-of-Pocket Maximum	\$1,500 ⁶ per individual / \$3,000 ⁶ per family	\$3,000 ⁶ per individual / \$6,000 ⁶ per family	\$3,500 ^{6,7} per individual / \$7,000 ^{6,7} per family
Preventive Care Visit	\$0	\$0	\$0
Primary Care Physician Visit	\$20	\$20	\$30
Specialist Physician Visit	\$20	\$30	\$40
Urgent Care Services	\$20	\$30	\$40
Emergency Room Services	\$75	\$100	\$150 ⁷
Outpatient Surgery	\$0 per procedure	15% Coinsurance ⁸	30% coinsurance ^{7,8}
Inpatient Hospital Services	\$100 per admission	\$500 per admission	30% coinsurance ^{7,8}
Retail Prescriptions (up to a 30-day supply)			
Preferred Generic	\$15	\$20	\$20
Preferred Brand	\$30	\$35 (\$150 brand deductible)	\$35 (\$150 brand deductible)
Non-preferred	\$50	\$70 (\$150 brand deductible)	\$70 (\$150 brand deductible)
Mail-Order Prescriptions (up to a 90-day supply)⁹			
Preferred Generic	\$30	\$40	\$40
Preferred Brand	\$60	\$70 (\$150 brand deductible)	\$70 (\$150 brand deductible)
Non-preferred	\$100	\$140 (\$150 brand deductible)	\$140 (\$150 brand deductible)
Acupuncture and chiropractic care	\$15, 40 combined visits	Discounts available through the wellness program	Discounts available through the wellness program
Hearing aids (every 36 months)	\$1,000 allowance	N/A	N/A
Routine eye exam (every 12 months)	\$0	N/A	N/A

Please refer to your plan documents for complete information.

⁶ Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, vision and hearing aids) do not apply to the annual out-of-pocket maximum.

⁷ Deductible applies. ⁸ Of contracted rates. ⁹ Save money on maintenance medications. Please visit sharphealthplan.com/mailorder for more information.