



Non-Medicare Retiree HMO Plans

Monthly plan premiums

Effective August 1, 2021 through July 31, 2022

Covered family members	Non-Medicare Retiree Classic Plan monthly premium	Non-Medicare Retiree Select Plan monthly premium
Subscriber only	\$1,425.66	\$1,228.90
Subscriber + one dependent with Medicare	\$1,633.66	\$1,436.90
Subscriber + one dependent without Medicare	\$2,851.30	\$2,457.80
Subscriber + one dependent with Medicare + one dependent without Medicare	\$3,059.30	\$2,665.80
Subscriber + two or more dependents without Medicare	\$4,276.96	\$3,686.70



Find a doctor

Visit sharphealthplan.com/findadoctor to select a primary care physician within the within the Choice Network for Non-Medicare Retiree Classic Plan and Premier Network for Non-Medicare Retiree Select Plan.



Prescription mail order

To set up a mail-order prescription, visit sharphealthplan.com/mailorder to get started.

For more information

This plan is sponsored by SDPEBA and available to all City of San Diego retirees. Contact SDPEBA Benefits at 1-888-315-8027 or info@sdpeba.org for any questions regarding this plan. If you have any further questions, please visit sharphealthplan.com/SDPEBA or call Sharp Health Plan Customer Care at 1-888-840-4747.



Non-Medicare Retiree 2021-22

Benefits at a glance

	Non-Medicare Retiree Classic Plan	Non-Medicare Retiree Select Plan
	Choice Network	Premier Network
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>
Calendar Year Medical Deductible	None	None
Calendar Year Out-of-Pocket Maximum	\$1,500 ¹ per individual / \$3,000 ¹ per family	\$3,000 ¹ per individual / \$6,000 ¹ per family
Preventive Care Visit	\$0	\$0
Primary Care Physician Visit	\$20	\$20
Specialist Physician Visit	\$20	\$30
Urgent Care Services	\$20	\$30
Emergency Room Services	\$75 (waived if admitted)	\$100 (waived if admitted)
Outpatient Surgery	\$0 per procedure	15% coinsurance ²
Inpatient Hospital Services	\$100 per admission	\$500 per admission
Retail Prescriptions* (up to a 30-day supply)	\$15 / \$30 / \$50	\$20 / \$35** / \$70** **Includes \$150 brand deductible
Mail-Order Prescriptions* (up to a 90-day supply) ³	\$30 / \$60 / \$100	\$40 / \$70** / \$140** **Includes \$150 brand deductible
Acupuncture and chiropractic care	\$15, 40 combined visits	Discounts available through the wellness program
Hearing aids (every 36 months)	\$1,000 allowance	N/A
Routine eye exam (every 12 months)	\$0	N/A

Please refer to your plan documents for complete information.

*Drug Tiers: Preferred Generic / Preferred Brand / Non-preferred. ¹Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, vision and hearing aids) do not apply to the annual out-of-pocket maximum. ²Of contracted rates. ³Save money on maintenance medications. Please visit sharphealthplan.com/mailorder for more information.