



# 2022 benefits at a glance

Effective August 1, 2022

	Classic Plan	Select Plan	Saver 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>	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 <sup>1</sup> per individual / \$3,000 <sup>1</sup> per family	\$3,000 <sup>1</sup> per individual / \$6,000 <sup>1</sup> per family	\$3,500 <sup>1,2</sup> per individual / \$7,000 <sup>1,2</sup> 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 (waived if admitted)	\$100 (waived if admitted)	\$150 <sup>2</sup> (waived if admitted)
Outpatient Surgery	\$0 per procedure	15% Coinsurance <sup>3</sup>	30% coinsurance <sup>2,3</sup>
Inpatient Hospital Services	\$100 per admission	\$500 per admission	30% coinsurance <sup>2,3</sup>
<b>Retail Prescriptions (up to a 30-day supply)</b>			
Preferred Generic	\$15	\$16	\$16
Preferred Brand	\$30	\$35 (\$150 brand deductible)	\$35 (\$150 brand deductible)
Non-preferred	\$50	\$70 (\$150 brand deductible)	\$70 (\$150 brand deductible)
<b>Mail-Order Prescriptions (up to a 90-day supply)<sup>4</sup></b>			
Preferred Generic	\$30	\$32	\$32
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.**

<sup>1</sup> Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, vision and hearing aids) do not apply to the annual out-of-pocket maximum.

<sup>2</sup> Deductible applies. <sup>3</sup> Of contracted rates. <sup>4</sup> Save money on maintenance medications. Please visit [sharphealthplan.com/mailorder](http://sharphealthplan.com/mailorder) for more information.