Summary of Benefits

Sharp Premier Bronze 60 HDHP HMO 7000/0% + 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 SHARPHEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

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Facility fee 0% coinsurance Physician/surgeon fee 0% coinsurance Emergency and Urgent Care Services Emergency room facility fee (waived if admitted to the hospital) 0% coinsurance Emergency room physician fee (waived if admitted to the hospital) 0% coinsurance	Radiation therapy	0% coinsurance
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Emergency room physician fee (waived if admitted to the hospital) 0% coinsurance	Physician/surgeon fee	0% coinsurance
· · · · · ·		0% coinsurance
· · · · · ·	Emergency and Urgent Care Services	0% coinsurance 0% coinsurance
	Emergency and Urgent Care Services Emergency room facility fee (waived if admitted to the hospital)	



Summary of Benefits

Covered Benefits

Medical Transportation	Cost Sha
Medical Transportation Emergency medical transportation	0% coinsuran
Non-emergency medical transportation	0% coinsuran
Maternity Care	0% Comsulan
Prenatal and postpartum office visits	
Delivery and all inpatient services - Hospital	0% coinsuran
Delivery and all inpatient services - Professional	0% coinsuran
Breastfeeding support, supplies and counseling	070 COMBANA
Family Planning Services	
njectable contraceptives (including but not limited to Depo Provera)	
/oluntary sterilization - women	
/oluntary sterilization - men	variab
nterruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)	
Ourable Medical Equipment and Other Supplies	
Durable medical equipment	0% coinsurar
Diabetic supplies	0% coinsurar
Prosthetics and orthotics	0% coinsurar
Mental Health Services⁵	
Office visits	0% coinsurar
Group therapy	0% coinsurar
Other outpatient items and services	0% coinsurar
npatient facility fee	0% coinsurar
npatient physician fee	0% coinsurar
Emergency services facility fee (waived if admitted)	0% coinsurar
Emergency services physician fee (waived if admitted)	
	0% coinsurar
Emergency psychiatric transportation	0% coinsurar
Non-emergency psychiatric transportation	0% coinsurar
Jrgent care services	0% coinsurar
Substance Use Disorder Services ⁵	
Office visits	0% coinsurar
Group therapy	0% coinsurar
Other outpatient items and services	0% coinsurar
npatient facility fee	0% coinsurar
npatient physician fee	0% coinsura
Emergency services facility fee for alcohol or drug detoxification (waived if admitted)	0% coinsurar
mergency services physician fee for alcohol or drug detoxification (waived if admitted)	0% coinsurar
Emergency substance use disorder transportation	0% coinsurar
Non-emergency substance use disorder transportation	0% coinsurar
Jrgent care services	0% coinsurar
Skilled Nursing, Home Health and Hospice Services	
killed nursing facility services (maximum of 100 days per benefit period)	0% coinsurar
Home health services (cost share per visit - maximum of 100 visits per calendar year)	0% coinsurar
Hospice care - inpatient	0% coinsurai
Hospice care - outpatient	0% coinsurai
Pediatric Vision Services	
iye Exam	
Glasses or contact lenses in lieu of glasses	1 pair per year, covered in

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



Summary of Benefits

Covered Benefits Cost Share

Prescription Drug Coverage ⁷	
Tier 1: Most generic drugs and low cost preferred brands (30 day supply/90 day supply).	0% coinsurance ⁶
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).	0% coinsurance ⁶
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).	0% coinsurance ⁶
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).	0% coinsurance ⁶
Preventive prescription drugs including Preferred Generic and prescribed over-the-counter contraceptives	\$0

Notes

¹ In 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.
- ⁴ 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).
- ⁵ All medically necessary treatment of mental health and substance use disorders is covered under this plan.
- ⁶ Deductible applies
- ⁷ Once the deductible is met, member cost-share will not exceed \$250 per individual prescription of up to a 30-day supply of a covered oral anti-cancer drug. 90-day supply cost share applies to maintenance medications filled by mail order only.
- 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).

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 multidisciplinary treatment in an intensive outpatient psychiatric treatment program, partial hospitalization, and home-based behavioral health treatment for autism spectrum disorder. "Inpatient" cost-share applies to inpatient facility and physician services, mental health psychiatric observation and mental health crisis residential treatment.

Note: For "Substance Use Disorder 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.

