




Your benefits at a glance

Effective August 1, 2019

	Choice Network	Premier Network	
	 Classic Plan	 Select Plan	 Saver Plan (Deductible Plan)
Primary Medical Groups	Sharp Community Medical Group, 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 ¹ per individual \$3,000 ¹ per family	\$3,000 ¹ per individual \$6,000 ¹ per family	\$3,500 ^{1,2} per individual \$7,000 ^{1,2} per family
Preventive Care Visit	\$0	\$0	\$0
Primary Care Physician Visit	\$20	\$30	\$30
Specialist Physician Visit	\$20	\$40	\$40
Urgent Care Services	\$20	\$40	\$40
Emergency Room Services	\$75	\$100	\$150 ²
Outpatient Surgery	\$0 per procedure	\$325 per procedure	30% coinsurance ²
Inpatient Hospital Services	\$100 per admission	\$750 per admission	30% coinsurance ²
Mental Health Services			
Inpatient	\$100 per admission	\$750 per admission	30% coinsurance ²
Outpatient	\$20 per visit	\$30 per visit	\$30 per visit
Chemical Dependency Services			
Emergency Services for Acute Drug or Alcohol Detoxification	\$75 per visit	\$100 per visit	\$150 per visit ²
Chemical Dependency Services			
Inpatient	\$100 per admission	\$750 per admission	30% coinsurance ²
Outpatient	\$20 per visit	\$30 per visit	\$30 per visit
Retail Prescriptions (up to 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)³			
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)

Please refer to your plan documents for complete information.

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

² Deductible applies.

³ Save money on maintenance medications. Please visit sharphealthplan.com/pharmacybymail for more information.