Summary of Benefits

Covered California

Sharp Minimum Coverage Performance HMO

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE ANDPLAN 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.

Covered Benefits	Copayments
Overall Annual Deductible[1]	
Integrated Medical and Pharmacy deductible (per individual/per family) - applies only to those covered benefits indicated	$8,700 / $17,400
Annual Out of Pocket Maximum[1]	
Annual out of pocket maximum (per individual/per family)	$8,700 / $17,400
Lifetime Maximum	
There are no lifetime maximums for this plan	Unlimited
Preventive Care[2]	
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	$0
Routine adult physical exams, immunizations and related laboratory services	$0
Laboratory, radiology and other services for the early detection of disease when ordered by a Physician	$0
Routine gynecological exams, immunizations and related laboratory services	$0
Mammography	$0
Prostate cancer screening	$0
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	$0
Best Health® Wellness Services	
On-line health education and wellness workshops and other wellness tools	$0
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	$0
Professional Services	
Primary Care Physician office visit for consultation, treatment, diagnostic testing, etc. (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	0% coinsurance[5]
Other Practitioner office visit, including acupuncture (deductible applies after first 3 non-preventive visits)[3]	0% coinsurance[5]
Laboratory tests and services	0% coinsurance[5]
Radiology services (x-rays and diagnostic imaging)	0% coinsurance[5]
Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	0% coinsurance[5]
Allergy testing	0% coinsurance[5]
Allergy injections	0% coinsurance[5]
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient surgery facility fee	0% coinsurance[5]
Outpatient Physician/Surgeon fee	0% coinsurance[5]
Outpatient visit	0% coinsurance[5]
Infusion therapy (including but not limited to chemotherapy)	0% coinsurance[5]
Dialysis	0% coinsurance[5]
Rehabilitation services: physical, occupational and speech therapy	0% coinsurance[5]
Habilitation services	0% coinsurance[5]
Radiation therapy	0% coinsurance[5]
Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Facility fee	0% coinsurance[5]
Physician/surgeon fee	0% coinsurance[5]
Emergency and Urgent Care Services	
Emergency room facility fee (waived if admitted to the hospital)	0% coinsurance[5]
Emergency room physician fee (waived if admitted to the hospital)	$0
Urgent care services (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Medical Transportation	
Emergency medical transportation	0% coinsurance[5]
Non-emergency medical transportation	0% coinsurance[5]

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Maternity Care	
Prenatal and postpartum office visits	$0
Delivery and all inpatient services - Hospital	0% coinsurance[5]
Delivery and all inpatient services - Professional	0% coinsurance[5]
Breastfeeding support, supplies and counseling	$0
Family Planning Services	
Injectable contraceptives (including but not limited to Depo Provera)	$0
Voluntary sterilization - women	$0
Voluntary sterilization - men	0% coinsurance[5]
Interruption of pregnancy	0% coinsurance[5]
Durable Medical Equipment and Other Supplies	
Durable medical equipment	0% coinsurance[5]
Diabetic supplies	0% coinsurance[5]
Prosthetics and orthotics	0% coinsurance[5]
Mental Health Services[4]	
Office visits (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Group therapy (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Other outpatient items and services	0% coinsurance[5]
Inpatient facility fee	0% coinsurance[5]
Inpatient physician fee	0% coinsurance[5]
Emergency services facility fee (waived if admitted)	0% coinsurance[5]
Emergency services physician fee (waived if admitted)	$0
Emergency psychiatric transportation	0% coinsurance[5]
Non-emergency psychiatric transportation	0% coinsurance[5]
Urgent care services (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Substance Use Disorder Services[4]	
Office visits (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Group therapy (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Other outpatient items and services	0% coinsurance[5]
Inpatient facility fee	0% coinsurance[5]
Inpatient physician fee	0% coinsurance[5]
Emergency services facility fee for alcohol or drug detoxification (waived if admitted)	0% coinsurance[5]
Emergency services physician fee for alcohol or drug detoxification (waived if admitted)	$0
Emergency substance use disorder transportation	0% coinsurance[5]
Non-emergency substance use disorder transportation	0% coinsurance[5]
Urgent care services (deductible applies after first 3 non-preventive visits)	0% coinsurance[5]
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per benefit period)	0% coinsurance[5]
Home health services (cost share per visit - maximum of 100 visits per calendar year)	0% coinsurance[5]
Hospice care - inpatient	0% coinsurance[5]
Hospice care - outpatient	0% coinsurance[5]
Pediatric Vision Services	
Eye Exam	$0
Glasses or contact lenses in lieu of glasses	1 pair per year, covered in full
Pediatric Dental Services[6]	
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.	

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Prescription Drug Coverage[7]	
Tier 1: Most generic drugs and low cost preferred brands (30 day supply/90 day supply).	0% coinsurance[5]
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[5]
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[5]
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[5]
Preventive prescription drugs including Preferred Generic and prescribed over-the-counter contraceptives	$0

Notes

[1] In a family plan, an individual is responsible only for the single out-of-pocket deductible and a single out-of-pocket maximum amount. Cost sharing payments (deductibles, copayments and coinsurance, but not premiums) made by each individual in a family contribute to the family deductible and out-of-pocket maximums. The family deductible may be satisfied by any combination of individual deductible payments, after which member copays or coinsurance apply until the family out of pocket maximum is reached. Once the family out-of-pocket maximum is reached, the plan pays all costs for covered services for all family members. Cost sharing payments for all covered benefits accumulate toward the deductible, if deductible applies to that service, and the out-of-pocket maximum. For the Minimum Coverage plan, deductible is waived for first 3 non-preventive office or urgent care visits, including PCP, Specialist, Other Practitioner, and Outpatient Mental Health/Substance Abuse visits.

[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] All medically necessary treatment of mental health and substance use disorders is covered under this plan.

[5] Deductible applies

[6] Deductible applies to all non-preventative dental services.

[7] 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.