



make life better.®

Individual and Family Plans

Choose the right plan for you

From lower copays to lower monthly payments, we have a plan for you. If you are under 30 years old, or if you've received a certificate of exemption from Covered California due to affordability or hardship, you also may choose a plan option called a minimum coverage plan. Visit sharphealthplan.com/minimumcoverage and click "Performance" for details.

	Premier Network				Performance Network			
	Platinum	Gold	Silver	Bronze HDHP ⁴ *	Platinum	Gold	Silver ¹⁰	Bronze
Percentage of Medical Expenses paid by Sharp Health Plan	90%	80%	70%	60%	90%	80%	70%	60%

Annual Deductible

Individual	\$0	\$0	\$2,500 ³	\$6,000	\$0	\$0	\$2,500 ³	\$6,300 ⁵
Family	\$0	\$0	\$5,000 ³	\$12,000	\$0	\$0	\$5,000 ³	\$12,600 ⁵

Annual Out-of-Pocket Maximum

Individual	\$3,350	\$7,200	\$7,550	\$6,650	\$3,350	\$7,200	\$7,550	\$7,550
Family	\$6,700	\$14,400	\$15,100	\$13,300	\$6,700	\$14,400	\$15,100	\$15,100

Medical Copays



Primary Care Visit	\$15	\$30	\$40	40%	\$15	\$30	\$40	\$75 ⁶
Specialist Visit	\$30	\$55	\$80	40%	\$30	\$55	\$80	\$105 ⁶
Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Visit	\$15	\$30	\$40	40%	\$15	\$30	\$40	\$75 ⁶
ER Facility Visit	\$150	\$325	\$350	40%	\$150	\$325	\$350	100%
Hospital Facility Physician	\$250 ⁸ \$0	\$600 ⁸ \$0	20% 20%	40% 40%	10% 10%	20% 20%	20% 20%	100% 100%

Prescription Drugs (up to 30-day supply)

Tier 1	\$5	\$15	\$15	40% ⁹	\$5	\$15	\$15	100% ⁹
Tier 2	\$15	\$55	\$55	40% ⁹	\$15	\$55	\$55	100% ⁹
Tier 3	\$25	\$75	\$80	40% ⁹	\$25	\$75	\$75	100% ⁹
Tier 4	10% ⁷	20% ⁷	20% ⁷	40% ⁹	10% ⁷	20% ⁷	20% ⁷	100% ⁹

Enroll today!

Getting great health coverage is easier than ever. You can enroll by phone at (858) 499-8211, or by email at IFPsales@sharp.com. We're here to make shopping and enrolling as simple as possible.

  Deductible applies to shaded areas

* This plan is Health Savings Account-compatible (HSA). An HSA is a tax-advantaged medical savings account that allows you to pay for qualified medical expenses as they occur each year. The funds are contributed to an account and are not subject to federal income tax at the time of deposit, and the funds roll over from year to year.

³ Plan includes a \$200 individual/\$400 family prescription drug deductible. ⁴ Health Savings Account-compatible plan (HSA). ⁵ Plan includes a \$500 individual/\$1,000 family prescription drug deductible. ⁶ Deductible waived for first three non-preventive office or urgent care visits. ⁷ Member cost share after deductible (when applicable) will not exceed \$250 per prescription.

⁸ Per day. Five-day maximum. ⁹ Member cost share after deductible will not exceed \$500 per prescription. ¹⁰ Please contact us for plan availability.