



2019 Quick Guide

Individual and Family Plans



Consider the following questions before choosing your network



Do you want to keep your personal doctor?

To keep your current doctor, browse our provider directory at sharphealthplan.com/findadoctor. After you find their listing, make note of their network and medical group. Then when you're ready to enroll, select your doctor's network and medical group.



Do you have children?

If you'd like your child to access Rady Children's Health Network, you'll want to consider choosing the Performance Network. If you'd like your child to have the same doctor as you, find your doctor's listing in our provider directory at sharphealthplan.com/findadoctor to see their affiliated networks and medical group.



Where do you live or work?

Find out if you live or work in a ZIP code that's within the network you're considering. Visit sharphealthplan.com/networks-by-zip to see which network may be the best fit for you. If you live or work in North County, for example, the Performance Network might be right for you.

Financial Tip

Go to sharphealthplan.com/calculator to learn if you qualify for financial assistance. If you qualify, the federal government can help pay for your health coverage through Covered California.



3 simple steps to enroll

① Select a provider network

Through our networks, you can access award-winning doctors, hospitals, medical groups and much more. Both offer the same quality care, but with different coverage to fit your needs and budget.

| Premier Network | Performance Network |
|--|--|
| A smaller, more select network offering the most value, and covering a portion of San Diego County. 1,200+ Doctors | A broad network in San Diego County offering more choice for people living in North County. 1,700+ Doctors |



Acute Care Hospitals

| | Premier Network | Performance Network |
|--|-----------------|---------------------|
| Palomar Medical Center | ● | ● |
| Palomar Medical Center Poway | ● | ● |
| Rady Children's Hospital (2 locations) | ● | ● |
| Sharp Chula Vista Medical Center | ● | ● |
| Sharp Coronado Hospital and Healthcare Center | ● | ● |
| Sharp Grossmont Hospital | ● | ● |
| Sharp Mary Birch Hospital for Women & Newborns | ● | ● |
| Sharp Memorial Hospital | ● | ● |
| Sharp Mesa Vista Hospital ¹ | ● | ● |
| Temecula Valley Hospital | ● | ● |
| Inland Valley Medical Center | | ● |
| Rancho Springs Medical Center | | ● |
| Tri-City Medical Center | | ● |



Medical Groups

| | Premier Network | Performance Network |
|--|-----------------|---------------------|
| Sharp Rees-Stealy Medical Group | ● | ● |
| Sharp Community Medical Group | ● | ● |
| Sharp Community Medical Group Arch Health Medical Group | | ● |
| Sharp Community Medical Group Graybill | | ● |
| Sharp Community Medical Group Graybill Temecula | | ● |
| Sharp Community Medical Group Inland North | | ● |
| Rady Children's Health Network/Children's Physicians Medical Group | | ● |

¹ Sharp Mesa Vista Hospital is an acute care psychiatric hospital.

② 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 |

  Deductible applies to shaded areas

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.

* 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 Enroll today!

Getting great health coverage is easier than ever. We're here to make shopping and enrolling as simple as possible.



Visit sharphealthplan.com/get-a-quote to receive a quote in 5 minutes or less. Simply answer a few questions to receive a personalized plan recommendation and quote based on your unique needs.



If you have any questions you can call an Individual and Family Plans Sales representative at 1-858-499-8211, or email us at ifpsales@sharp.com.



To register for a personalized enrollment workshop or community information meeting, call us at 1-800-827-4277 (1-800-82-SHARP) or visit sharphealthplan.com/workshops.

Enrollment dates

You can apply for your plan of choice directly through Sharp Health Plan during Open Enrollment from Oct. 15, 2018, to Jan. 15, 2019.

Open Enrollment application deadlines

| If you want your coverage to start on: | Your application must be received by: |
|--|---------------------------------------|
| Jan. 1, 2019 | Dec. 15, 2018 |
| Feb. 1, 2019 | Jan. 15, 2019 |

Do you know about Special Enrollment?

There are certain qualifying events that make you eligible to enroll in Sharp Health Plan outside of the Open Enrollment period. Visit sharphealthplan.com/our-plans/special-enrollment for the full list of qualifying events.

Additional benefits included with every plan

The convenience of Sharp Health Plan extends beyond San Diego and standard business hours. All Sharp Health Plan members receive these value-added benefits.



After-Hours Nurse Line

After-hours and on weekends, get support from registered nurses through our After-Hours Nurse Line. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns.

Call 1-800-359-2002, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends



MinuteClinic®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.³

cvs.com/minuteclinic



Emergency Travel Services

When faced with a medical emergency while traveling 100 miles or more away from home or in another country, we can connect you to doctors, hospitals, pharmacies and other services.

sharphealthplan.com/travel



Best Health® wellness program

Best Health is one of just a few health plan wellness programs to receive national accreditation. This program provides Sharp Health Plan members with a variety of resources from meal plans to exercise routines to one-on-one personalized health coaching.

yourbesthealth.com

Get your questions answered!

sharphealthplan.com | ifpsales@sharp.com

1-858-499-8211 | 8 a.m. – 5 p.m., Monday through Friday

³ Your PCP copay will apply to most services.

The Sharp Experience

For over 25 years, Sharp Health Plan has been San Diego's own nationally recognized, high quality health insurance. We're dedicated to delivering truly personalized service, with direct access to Sharp.



Highest member-rated health plan

Sharp Health Plan is the highest member-rated health plan in California for the fourth year in a row, with the highest member ratings for health plan, health care and personal doctor among reporting California health plans.¹



Affordable options

We offer eight different individual and family plan options, so you and your family can find a plan that fits your lifestyle and budget. Our plans are designed to give you the flexibility you need and deliver the value you deserve.



Quick and easy access to care

Through our After-Hours Nurse Line, our after-hours nurse advice line; MinuteClinic®, the walk-in medical clinic inside CVS Pharmacy®; and our Emergency Travel Services, our members have access to a variety of care options in San Diego, across the country and around the world.



Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're a local not-for-profit commercial health plan, designed for people just like you.



Sharp Health Plan earned a 5-star rating – the highest possible – in Covered California's 2018 Coverage Year Quality Ratings for Summary Quality Rating, Getting the Right Care and Plan Services for Members.²



All information in this brochure reflects Premier and Performance Network as of August, 2018.

¹ The source for this data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2018 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 61.24 for Rating of the Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.26; 56.71 for Rating of Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.08; and 72.51 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.75.

² CMS rates qualified health plans (QHPs) using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates QRS ratings annually using a 5-star scale. QHP issuers contract with HHS-approved survey vendors that independently conduct the QHP Enrollee Survey each year. QRS ratings and QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS' Health Insurance Marketplaces Quality Initiatives website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

Health insurance terms and definitions

We've created this list with common terms and definitions to help you better understand our plans and how they work.

Benefit Plan — A list of the health care items or services provided by your health insurer.

Coinsurance — The percentage of costs of you pay (20%, for example) after you've paid your deductible, on a covered health care service.

Copayment (copay) — A fixed amount you pay (\$15, for example) for a covered health care service after you've paid your deductible.

Deductible — The amount you pay (\$2,500, for example) for covered health care services before your insurance plan starts to pay.

Health Maintenance Organization (HMO) — A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. An HMO generally won't cover out-of-network care except in an emergency, and may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

Health Savings Account (HSA) — A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you can lower your overall health care costs. An HSA can be used only if you have a high-deductible health plan.

High-Deductible Health Plan (HDHP) — A plan with a higher deductible than a traditional insurance plan. The monthly premium is lower, but you pay more health care costs yourself (your deductible) before the insurance company starts to pay its share. An HDHP can be combined with an HSA, allowing you to pay for certain medical expenses with money free from federal taxes.

Network — The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-Pocket Maximum — The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

Plan Medical Group (PMG) — A designated group of physicians and hospitals associated with your network.

Premium — The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments and coinsurance when you access care.