## Summary of Benefits

#### Silver HMO NG WOW 1

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.

Covered Benefits	Cost Share
Annual Deductible for Specific Services <sup>1</sup>	
Calendar year medical deductible (per individual/per family) - applies only to those covered benefits indicated	\$2,500 / \$5,00
Calendar year pharmacy deductible (per individual/per family) - applies only to covered preferred and non-preferred brand drugs	\$300 / \$60
Calendar year dental deductible (per individual/per family)	\$0 / \$
Annual Out of Pocket Maximum <sup>2</sup>	¢0.4E0.4¢19.00
Annual out of pocket maximum (per individual/per family) Lifetime Maximum	\$9,450 / \$18,90
There are no lifetime maximums for this plan	Unlimite
Preventive Care <sup>3</sup>	Offinitie
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	\$
Routine adult physical exams, immunizations and related laboratory services	\$
Laboratory, radiology and other services for the early detection of disease when ordered by a Physician	\$
Routine gynecological exams, immunizations and related laboratory services	\$
Mammography	\$
Prostate cancer screening	\$
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	\$
Best Health <sup>SM</sup> Wellness Services	4
On-line health education and wellness workshops and other wellness tools	\$
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	\$
Professional Services	4
Primary Care Physician office visit for consultation, treatment, diagnostic testing, etc.	\$55 / vis
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	\$60 / vis
Other Practitioner office visit, including acupuncture <sup>4</sup>	\$55 / vis
Laboratory tests and services	\$357 vis
Radiology services (x-rays and diagnostic imaging)	\$60 / visi
Advanced radiology (including but not limited to CT/PET scan, MRI, MRA, MRS, MUGA, SPECT)	\$350 / visi
Allergy testing	\$60 / vis
Allergy injections	\$55 / vis
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	4007 113
Outpatient surgery facility fee	40% coinsurance <sup>6</sup>
Outpatient Physician/Surgeon fee	40% coinsurance
Infusion therapy (including but not limited to chemotherapy)	variable
Dialysis	\$
Rehabilitation services: physical, occupational and speech therapy	* \$55 / vis
Habilitation services	\$55 / vis
Radiation therapy	variable
<b>Hospitalization</b> (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	Variabio
Facility fee	40% coinsurance <sup>6</sup>
Physician/surgeon fee	40% coinsurance
Emergency and Urgent Care Services	
Emergency room services (waived if admitted to the hospital)	\$500 / visi
Emergency room physician fee (waived if admitted to the hospital)	\$5007 1131
Urgent care services	\$60 / vis
Medical Transportation	4007 113
Emergency medical transportation	\$200



# Summary of Benefits

#### Covered Benefits Maternity Care

Cost Share	
¢0	
\$0	
40% coinsurance <sup>6,8</sup>	
40% coinsurance <sup>6,8</sup>	

Prenetal ad postpartum diffectivits93Delivery and lingatient services - Professional40% coinsurance40Delivery and lingatient services - Professional40%Delivery and lingatient services - Professional40%Overland y services40%Overland y services40%Overland y services50%Deriver advect of programs (including but not limited to office visits, ourpatient surgery, and inpatient services)30%Deriver advect of programs (including but not limited to office visits, ourpatient surgery, and inpatient services)30%Deriver advect of programs (including but not limited to office visits, ourpatient surgery, and inpatient services)30%Deriver advect of advect office visits, ourpatient surgery, and inpatient services30%Deriver advect office visits30%30%Deriver advect office visits30%30% </th <th></th> <th></th>		
Delkoy and all inpatient services - Professional40% coinsurance40Breastreeding support, supplies and courseling0Enally Lannag Services0Linget able contraceptives (including but not limited to Depo Provera)0Volurada y settilization - wome0Volurada y settilization - wome0Oursola presentation - wome0Durable medical equipment and Other Supplies0Durable medical equipment0Durable medical equipment0	Prenatal and postpartum office visits	\$0
Breat/Reding support. supplies and counseling         50           Family Planning Services         50           Ingreable contraceptives (including but not limited to Depo Provera)         50           Volutrary strelization -women         50           Volutrary strelization -women         50           Durable medical equipment and Other Supplies         50%           Durable medical equipment and Other Supplies         20% coinsurance <sup>44</sup> Diverset Medical Equipment and Other Supplies         50% coinsurance <sup>44</sup> Diverset Medical Equipment and Other Supplies         20% coinsurance <sup>44</sup> Diverset Supplies         40% coinsurance <sup>44</sup> Diverset Supplies         40% coinsurance <sup>44</sup> Enregreance Supplies         40% coinsurance <sup>44</sup> Enregreance Supplies Collable fee (waved II admitted)         550 / viait           Enregreance Supplies Collable fee (waved II admitted)         500           Enregreance Supplies Collable fee (waved II admitted)         500           Enregreance S	Delivery and all inpatient services - Hospital	40% coinsurance <sup>6,8</sup>
Family Planking Services         50           Injectable contraceptives (including but not limited to Depo Provera)         50           Volurtary stellization - women         50           Volurtary stellization - women         50%           Durable medical equipment and Other Supplies         20%           Durable medical equipment         50% coinsurance <sup>44</sup> Durable medical equipment         50% coinsurance <sup>44</sup> Machal Medical Sequipment and Other Supplies         20%           Office visits         30%           Machal Medical Sequipment and Services         30%           Office visits         30% coinsurance <sup>44</sup> Prostherics and orthotics         40% coinsurance <sup>44</sup> Office visits         40% coinsurance <sup>44</sup> Office visits         40% coinsurance <sup>44</sup> Inpatient Physical free         40% coinsurance <sup>44</sup> Inpatient Physical free         40% coinsurance <sup>44</sup> Emergency services facility free (waived if admitted)         \$100 / wisit           Emergency services facility free (waived if admitted)         \$200           Non - emergency psychiatit transportation         \$200           Non - emergency psychiatit transportation         \$200           Non - emergency psychiatit transportation         \$200 / wisit	Delivery and all inpatient services - Professional	40% coinsurance <sup>6,8</sup>
Injectable contraceptives (including but not limited to Depo Provera)         90           Voluntary sterilization - mon         90           Voluntary sterilization - mon         90           Durable Medical Equipment of pregnarsy (including but not limited to office visits, outpatient surgery, and inpatient services)         90           Durable Medical Equipment and Other Supplies         20% coinsurance <sup>47</sup> Durable Medical Equipment and Other Supplies         20% coinsurance <sup>47</sup> Diable Supplies         20% coinsurance <sup>47</sup> Postable Medical Equipment and Other Supplies         20% coinsurance 47%           Medical Equipment and Other Supplies         20% coinsurance 47%           Medica Value         55% / visit           Office visits         35% / visit           Orice visits         35% / visit           Other outpatient flems and services         40% coinsurance 47%           Inpatient physicitan fee         40% coinsurance 47%           Inpatient physicitan fee (waived if admitted)         55% / visit           Emergency services facility fee (waived if admitted)         55% / visit           Corce werds         32000           Upent care services         35% / visit           Other outpatient items and services         35% / visit           Other outpatient items and services         35% /	Breastfeeding support, supplies and counseling	\$0
Valuntary sterilization - women         90           Valuntary sterilization - women         90           Valuntary sterilization - men         90           Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)         90           Durable Medical Equipment and Other Supplies         90% coinsurance <sup>40</sup> Durable medical equipment and other Supplies         90% coinsurance <sup>40</sup> Mental Health Services'         90% coinsurance <sup>40</sup> Office visits         90% coinsurance <sup>40</sup> Office visits         90% coinsurance <sup>40</sup> Inpatient facility fee         40% coinsurance <sup>40</sup> Inpatient facility fee (walved if admitted)         500 / visit           Emergency services folgicitie (walved if admitted)         500           Substance Ube Storder Scrutes'         500 / visit           Office visits         555 / visit           Group therapy         555 / visit           Office visits         550 /	Family Planning Services	
Voluntary sterilization - men     40       Inter-uption of pregnarcy (including but not limited to office visits, outpatient surgery, and inpatient services)     50       Durable medical Equipment and Other Supplies     20% coinsurance <sup>AA</sup> Diabetic supplies     20% coinsurance <sup>AA</sup> Posthelice and othotics     500 / visit       Mental MeditA Services?     600 / visit       Office visits     555 / visit       Group therapy     40% coinsurance <sup>AA</sup> Office visits     555 / visit       Group therapy     40% coinsurance <sup>AA</sup> Inpatient facility fee     40% coinsurance <sup>AA</sup> Inpatient facility fee     40% coinsurance <sup>AA</sup> Inpatient physician fee     40% coinsurance <sup>AA</sup> Non-emergency services physician fee (waived if admitted)     500 / visit       Emergency services physician fee (waived if admitted)     500 / visit       Substance Use Disorder Services     960 / visit       Office visits     555 / visit       Group therapy     55 / visit       Office visits     555 / visit       Group therapy     550 / visit       Substance Use Disorder Services     960 / visit       Substance Use Disorder Services     40% coinsurance <sup>AA</sup> Inpatient facility fee     40% coinsurance <sup>AA</sup> Inpatient facility fee     40% coinsurance <sup>AA</sup> Inpa	Injectable contraceptives (including but not limited to Depo Provera)	\$0
interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services) 50 Durable Medical equipment and Other Supplies Durable medical equipment and Street Supplies 20% coinsurance <sup>40</sup> Diabetic supplies 20% coinsurance <sup>40</sup> Mental Netalit Services Office visits 355 / visit Group therapy 355 / visit Group therapy 355 / visit Offer outpatient items and services 40% coinsurance <sup>40</sup> Mental Netality fee 140% coinsurance <sup>40</sup> 140% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Store autpatient items and services 40% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Store autpatient items and services 40% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Emergency services physicianifee 40% coinsurance <sup>40</sup> Store autpatient items and services 40% coinsurance <sup>40</sup> Coinsurance <sup>40</sup> Emergency services physicianifee (waived if admitted) Store autpatient items and services Office visits 557 / visit Group therapy 577 / visit Store curpatient items and services 577 / visit Inpatient physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol or drug detoxification (waived if admitted) Emergency services physician fee for alcohol	Voluntary sterilization - women	\$0
Durable Medical Equipment         50% coinsuranced <sup>AA</sup> Durable medical equipment         50% coinsuranced <sup>AA</sup> Debate(supplies)         20% coinsuranced <sup>AA</sup> Prosthetics and orthotics         \$60 / visit           Mental Health Service?         50%           Office visits         \$55 / visit           Group therapy         \$55 / visit           Office visits         40% coinsurance up to \$55 / visit           Inpatient facility fee         40% coinsuranced <sup>AA</sup> Inpatient facility fee         40% coinsuranced <sup>AA</sup> Inpatient facility fee (waived if admitted)         \$50 / visit           Emergency services facility fee (waived if admitted)         \$50 / visit           Emergency services facility fee (waived if admitted)         \$200 <sup>o</sup> Urgent care services         \$55 / visit           Substance Use Disorder Services <sup>3</sup> \$55 / visit           Office visits         \$55 / visit           Group therapy         \$27 / visit           Inpatient facility fee         40% coinsuranced <sup>AB</sup> Inpatient facility fee         40% coinsuranced <sup>AB</sup> Inpatient facility fee         40% coinsuranced <sup>AB</sup> Substance Use Disorder Services <sup>3</sup> \$55 / visit           Cher outpatient temas and servic	Voluntary sterilization - men	\$0
Durable medical equipment50% coinsurance <sup>44</sup> Diabeti supplies20% coinsurance <sup>44</sup> Porsthetics and orthotics560 / visitMental Health Services <sup>7</sup> 555 / visitOffice visits555 / visitCorcup therapy555 / visitInpatient facility fee40% coinsurance <sup>40</sup> Inpatient facility fee40% coinsurance <sup>40</sup> Inpatient facility fee40% coinsurance <sup>40</sup> Inpatient facility fee40% coinsurance <sup>40</sup> Impatient fysicina fee40% coinsurance <sup>40</sup> Emergency services facility fee (waived if admitted)500 / visitEmergency services facility fee (waived if admitted)520 / visitNon-emergency psychiatric transportation5200 / visitUrgent care services560 / visitSubstance Use Disorder Services <sup>7</sup> 55 / visitOffice visits455 / visitOffice visits555 / visitOne mergency services facility fee for alcohol or drug detoxification (waived if admitted)5200 <sup>11</sup> Inpatient physician fee use on old or drug detoxification (waived if admitted)5200 <sup>11</sup> Inpatient physician fee visit - maximum of 100 visits per calendar year)5200 <sup>11</sup> Non-emergency substance use disorder transportation5200 <sup>11</sup> <td< td=""><td>Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)</td><td>\$0</td></td<>	Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)	\$0
Diabetic supplies     20% coinsurance <sup>4M</sup> Prosthetics and orthotics     \$60 / visit       Mental Health Sevices <sup>7</sup> \$55 / visit       Office visits     \$55 / visit       Group therapy     \$55 / visit       Inpatient facility fee     40% coinsurance <sup>4M</sup> Inpatient facility fee (waived if admitted)     \$500 / visit       Emergency services calcity fee (waived if admitted)     \$2000       Non-emergency services facility fee (waived if admitted)     \$2000       Urgent care services     \$60 / visit       Substance Use Disorder Services <sup>7</sup> \$2000       Office visits     \$55 / visit       Group therapy     \$57 / visit	Durable Medical Equipment and Other Supplies	
Prosthetics and orthotics          Prosthetics and orthotics       \$60 / visit         Mental Health Services/       400         Office visits       \$55 / visit         Group therapy       \$55 / visit         Office visits       400% coinsurance, with the services         Advice coinsurance, with the services       400% coinsurance, with the services         Inpatient fighting fee       400% coinsurance, with the services         Impatient fighting fee       400% coinsurance, with the services         Emergency services physician fee (waived if admitted)       \$2000         Non-emergency services physician fee (waived if admitted)       \$2000         Non-emergency psychiatric transportation       \$2000         Non-emergency psychiatric transportation       \$2000         Non-emergency psychiatric transportation       \$2000         Non-emergency psychiatric transportation       \$2000         Non-emergency services proves       \$60 / visit         Group therapy       \$55 / visit         Inpatient facil	Durable medical equipment	50% coinsurance <sup>6,8</sup>
Metal Health Services?       St57 /visit         Office visits       \$55 /visit         Orber outpatient items and services       40% coinsurance up to \$55 /visit         Inpatient facility fee       40% coinsurance up to \$55 /visit         Inpatient physical fee       40% coinsurance up to \$50 /visit         Emergency services facility fee (waived if admitted)       \$50 / visit         Emergency services facility fee (waived if admitted)       \$50 / visit         Emergency services facility fee (waived if admitted)       \$200 <sup>4</sup> Non-emergency services facility fee (waived if admitted)       \$200 <sup>4</sup> Substance Use Disorder Services <sup>3</sup> \$200 <sup>4</sup> Urgen care services       \$60 / visit         Substance Use Disorder Services <sup>3</sup> \$55 / visit         Office visits       \$55 / visit         Group therapy       \$7 / visit         Office visits       \$55 / visit         Group therapy       \$7 / visit         Office visits       \$55 / visit         Office visits       \$55 / visit         Group therapy       \$7 / visit         Inpatient physician fee       \$40% coinsurance up to \$55 / visit         Inpatient physician fee       \$60 / visit         Emergency services facility fee for alcohol or drug detoxification (waived if admitted) <td>Diabetic supplies</td> <td>20% coinsurance<sup>6,8</sup></td>	Diabetic supplies	20% coinsurance <sup>6,8</sup>
Office visits\$\$55 / visitGroup therapy\$\$55 / visitCher ourpatient items and services40% coinsurance eviceInpatient facility fee40% coinsurance eviceInpatient facility fee (waived if admitted)40% coinsurance eviceEmergency services facility fee (waived if admitted)\$500 / visitEmergency services facility fee (waived if admitted)\$2004Urgenc care services\$500 / visitSubstance Use Disorder Services <sup>7</sup> \$2004Office visits\$55 / visitGroup therapy\$57 / visitOffice visits\$55 / visitOffice visits\$55 / visitOffice visits\$55 / visitOffice visits\$55 / visitOrder outpatient items and services\$500 / visitOffice visits\$55 / visitOrder outpatient items and services\$500 / visitInpatient facility fee for alcohol or drug detoxification (waived if admitted)\$500 / visitEmergency services facility fee for alcohol or drug detoxification (waived if admitted)\$2004Inpatient physician fee for alcohol or drug detoxification (waived if admitted)\$2004Urgenc care services\$607 / visitSuited Nursing Home Health and Hospice Services\$607 / visitEmergency substance use disorder transportation\$2009Urgent care services\$607 / visitSuited Nursing Home Health and Hospice Services\$607 / visitSuited Nursing Home Health and Hospice Services\$607 / visitSuited Nursing Home Health and Hospice Services\$607 / visit <td>Prosthetics and orthotics</td> <td>\$60 / visit</td>	Prosthetics and orthotics	\$60 / visit
Group therapy       GSS / visit         Otroup therapy       40% coinsurance (M         Inpatient fights and services       40% coinsurance (M         Inpatient physician fee       40% coinsurance (M         Inpatient physician fee (waived if admitted)       40% coinsurance (M         Emergency services facility fee (waived if admitted)       \$00         Emergency services facility fee (waived if admitted)       \$200 <sup>a</sup> Non-emergency psychiatric transportation       \$200 <sup>a</sup> Non-emergency psychiatric transportation       \$200 <sup>a</sup> Office visits       \$200 <sup>a</sup> Substance Use Disorder Services       \$60 / visit         Group therapy       \$57 / visit         Office visits       \$55 / visit         Group therapy       \$57 / visit         Office visits       \$55 / visit         Group therapy       \$7 / visit         Inpatient physician fee       40% coinsurance M         Inpatient physician fee       40% coinsurance M         Inpatient physician fee for alcohol or drug detoxification (waived if admitted)       \$200 <sup>a</sup> Inpatient physician fee for alcohol or drug detoxification (waived if admitted)       \$200 <sup>a</sup> Non-emergency services facility fee for alcohol or drug detoxification (waived if admitted)       \$200 <sup>a</sup> <td< td=""><td>Mental Health Services<sup>7</sup></td><td></td></td<>	Mental Health Services <sup>7</sup>	
Other outpatient items and services     40% coinsurance up to \$55 / visit       Inpatient facility fee     40% coinsurance       Inpatient physician fee     40% coinsurance       Impatient physician fee (waived if admitted)     \$500 / visit       Emergency services physician fee (waived if admitted)     \$200       Non-emergency psychiatric transportation     \$200       Urgent care services     \$60 / visit       Subtrace Use Disorder Services/     \$55 / visit       Office visits     \$55 / visit       Order autpatient facility fee for alcohol or drug detoxification (waived if admitted)     \$55 / visit       Inpatient physician fee for alcohol or drug detoxification (waived if admitted)     \$500 / visit       Inpatient physician fee for alcohol or drug detoxification (waived if admitted)     \$500 / visit       Emergency services facility fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Inpatient physician fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)     \$200 <sup>a</sup> Urgent care services <td>Office visits</td> <td>\$55 / visit</td>	Office visits	\$55 / visit
Inpatient facility fee       40% coinsurance <sup>AA</sup> Inpatient physician fee       40% coinsurance <sup>AA</sup> Emergency services facility fee (waived if admitted)       \$00         Emergency services physician fee (waived if admitted)       \$200 <sup>A</sup> Emergency psychiatric transportation       \$200 <sup>A</sup> Non-emergency psychiatric transportation       \$200 <sup>A</sup> Urgent care services       \$55 / visit         Substance Use Disorder Services <sup>7</sup> \$55 / visit         Office visits       \$55 / visit         Group therapy       \$71 / visit         Other outpatient items and services       40% coinsurance <sup>AA</sup> Inpatient physician fee       40% coinsurance <sup>AA</sup> Inpatient physician fee       40% coinsurance <sup>AA</sup> Inpatient physician fee       40% coinsurance <sup>AA</sup> Inpatient physician fee for alcohol or drug detoxification (waived if admitted)       \$50 / visit         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$200 <sup>B</sup> Non-emergency substance use disorder transportation       \$200 <sup>B</sup> <	Group therapy	\$55 / visit
Inpatient physician fee       40% coinsurance <sup>4A</sup> Emergency services facility fee (waived if admitted)       \$500 / visité         Emergency services physician fee (waived if admitted)       \$000         Emergency psychiatric transportation       \$2004         Non-emergency psychiatric transportation       \$2004         Urgent care services       \$60 / visité         Substance Use Disorder Services <sup>7</sup> Tome         Office visits       \$55 / visit         Order outpatient ficting per services for services       \$50 / visit         Order outpatient ficting per services for alcohol or drug detoxification (waived if admitted)       \$57 / visit         Emergency services physician fee       40% coinsurance de Ad% coinsurance d	Other outpatient items and services	40% coinsurance up to \$55 / visit
Emergency services facility fee (waived if admitted)       \$500 / visité         Emergency services physician fee (waived if admitted)       \$00         Emergency psychiatric transportation       \$2008         Non-emergency psychiatric transportation       \$2008         Urgent care services       \$60 / visit         Subtance Use Disorder Services <sup>7</sup> T         Office visits       \$55 / visit         Group therapy       \$75 / visit         Other outpatient items and services       40% coinsurance up to \$55 / visit         Inpatient facility fee       40% coinsurance up to \$55 / visit         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$500 / visit         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$2008         Urgent care services       \$60 / visit         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$00         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$2008         Urgent care services       \$60 / visit         Suiled nursing facility services (maximum of 100 days per benefit period)       40% coinsurance <sup>40</sup> Urgent care - outpatient       40% coinsurance <sup>40</sup> Home health services (costshare per visit - maximum of 100 visits per calendar y	Inpatient facility fee	40% coinsurance <sup>6,8</sup>
Emergency services physician fee (waived if admitted)\$00Emergency psychiatric transportation\$2008Non-emergency psychiatric transportation\$2008Urgent care services\$600 / visitSubstance Use Disorder Services/\$55 / visitOffice visits\$55 / visitGroup therapy\$77 / visitOther outpatient items and services40% coinsurance <sup>65</sup> Inpatient facility fee40% coinsurance <sup>65</sup> Inpatient facility fee for alcohol or drug detoxification (waived if admitted)\$500 / visitEmergency substance use disorder transportation\$2008Non-emergency substance use disorder transportation\$2008Vugent care services\$600 / visitSkilled Nursing, Home Health and Hospice Services\$600 / visitSkilled Nursing facility services (nasimum of 100 days per benefit period)40% coinsurance <sup>65</sup> Hospice care - outpatient40% coinsurance <sup>65</sup> Vegletaric Vision Services\$100Skilled Nursing facility services (nasimum of 100 visits per calendar year)\$55 / visitHospice care - inpatient40% coinsurance <sup>65</sup> Hospice care - outpatient\$100Services\$2008Eye Exam\$2008Glasses or contact lenses in lieu of glasses\$100 right per year, covered in fall	Inpatient physician fee	40% coinsurance <sup>6,8</sup>
Emergency psychiatric transportation\$2008Non-emergency psychiatric transportation\$2008Urgent care services\$600 / visitSubstance Use Disorder Services7\$55 / visitGroup therapy\$77 / visitOffice visits\$55 / visitGroup therapy\$77 / visitOther outpatient items and services40% coinsurance up to \$55 / visitInpatient facility fee40% coinsurance up to \$55 / visitInpatient physician fee40% coinsurance up to \$55 / visitEmergency services facility fe for alcohol or drug detoxification (waived if admitted)\$600 / visitEmergency substance use disorder transportation\$2008Non-emergency substance use disorder transportation\$2008Vigent care services\$600 / visitSkilled Nursing, Home Health and Hospice Services\$600 / visitSkilled nursing facility services (cost share per visit - maximum of 100 visits per calendar year)\$55 / visitHospice care - inpatient40% coinsurance <sup>6,80</sup> Hospice care - outpatient\$100Pediatric Vision Services\$100Services\$2009Core distity fee for alcohol or for gences\$600 / visitSkilled nursing facility services (maximum of 100 visits per calendar year)\$55 / visitSkilled nursing facility services (cost share per visit - maximum of 100 visits per calendar year)\$55 / visitHospice care - outpatient\$100\$100Hospice care - outpatient\$100\$100Services\$2009\$100Hospice care - outpatient <td< td=""><td>Emergency services facility fee (waived if admitted)</td><td>\$500 / visit<sup>8</sup></td></td<>	Emergency services facility fee (waived if admitted)	\$500 / visit <sup>8</sup>
Non-emergency psychiatric transportation\$2008Urgent care services\$60 / visitSubstance Use Disorder Services'Office visits\$55 / visitGroup therapy\$77 / visitOther outpatient items and services40% coinsurance up to \$55 / visitInpatient physician fee40% coinsurance 40Inpatient physician fee40% coinsurance 40Emergency services facility fee for alcohol or drug detoxification (waived if admitted)\$500 / visitEmergency services physician fee for alcohol or drug detoxification (waived if admitted)\$2008Non-emergency substance use disorder transportation\$2008Non-emergency substance use disorder transportation\$2008Non-emergency substance use disorder transportation\$2008Skilled Nursing, Home Health and Hospice Services\$60 / visitSkilled Nursing facility services (maximum of 100 visits per calendar year)\$55 / visitHospice care - inpatient40% coinsurance <sup>6A</sup> Hospice care - outpatient\$00Pediatric Vision Services\$00Fervices\$00Store outpatient\$00Store outpatient\$00Hospice care - outpatient\$00Pediatric Vision Services\$00Services\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00Store outpatient\$00	Emergency services physician fee (waived if admitted)	\$0 <sup>8</sup>
Urgent care services       \$60 / visit         Substance Use Disorder Services'       \$55 / visit         Office visits       \$55 / visit         Group therapy       \$7 / visit         Other outpatient items and services       40% coinsurance 40%         Inpatient facility fee       40% coinsurance40%         Inpatient physician fee       40% coinsurance40%         Emergency services facility fee for alcohol or drug detoxification (waived if admitted)       \$500 / visit*         Emergency services physician fee for alcohol or drug detoxification (waived if admitted)       \$000         Non-emergency substance use disorder transportation       \$2000         Vigent care services       \$60 / visit         Skilled Nursing, Home Health and Hospice Services       \$60 / visit         Hospice care - inpatient       40% coinsurance40%         Hospice care - outpatient       \$000	Emergency psychiatric transportation	\$200 <sup>8</sup>
Substance Use Disorder Services <sup>7</sup> Office visits       \$55 / visit         Group therapy       \$7 / visit         Other outpatient items and services       40% coinsurance up to \$55 / visit         Inpatient facility fee       40% coinsurance ite \$55 / visit         Inpatient facility fee       40% coinsurance ite \$55 / visit         Inpatient facility fee       40% coinsurance <sup>68</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)       \$500 / visit*         Emergency services facility fee for alcohol or drug detoxification (waived if admitted)       \$200 <sup>8</sup> Non-emergency substance use disorder transportation       \$200 <sup>8</sup> Non-emergency substance use disorder transportation       \$200 <sup>8</sup> Skilled Nursing Hone Health and Hospice Services       \$60 / visit         Skilled Nursing Facility services (maximum of 100 days per benefit period)       40% coinsurance <sup>68</sup> Hospice care - inpatient       40% coinsurance <sup>68</sup> Hospice care - inpatient       40% coinsurance <sup>68</sup> Pediatric Vision Services       \$0         Pediatric Vision Services       \$0         Pediatric Vision Services       \$0         Reser - outpatient       40% coinsurance <sup>68</sup> Biges or contact lenses in lieu of glasses       \$0	Non-emergency psychiatric transportation	\$200 <sup>8</sup>
Office visits\$55 / visitGroup therapy\$7 / visitOther outpatient items and services40% coinsurance up to \$55 / visitInpatient facility fee40% coinsurance 40%Inpatient facility fee40% coinsurance 40%Inpatient physician fee40% coinsurance 40%Emergency services facility fee for alcohol or drug detoxification (waived if admitted)\$50 / visitEmergency services physician fee for alcohol or drug detoxification (waived if admitted)\$200 <sup>4</sup> Senvergency substance use disorder transportation\$200 <sup>4</sup> Non-emergency substance use disorder transportation\$200 <sup>4</sup> Urgent care services\$60 / visitSkilled nursing, Home Health and Hospice Services\$60 / visitSkilled nursing facility services (maximum of 100 visits per calendar year)\$55 / visitHospice care - inpatient40% coinsurance 40Hospice care - outpatient\$60Pediatric Vision Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Pediatric Vision Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60Services\$60	Urgent care services	\$60 / visit
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Inpatient facility fee40% coinsurance <sup>6.8</sup> Inpatient physician fee40% coinsurance <sup>6.8</sup> Emergency services facility fee for alcohol or drug detoxification (waived if admitted)\$500 / visit*Emergency services physician fee for alcohol or drug detoxification (waived if admitted)\$00Emergency substance use disorder transportation\$200 <sup>8</sup> Non-emergency substance use disorder transportation\$200 <sup>8</sup> Vergent care services\$200 <sup>8</sup> Skilled Nursing, Home Health and Hospice Services\$200 <sup>8</sup> Skilled nursing facility services (maximum of 100 days per benefit period)40% coinsurance <sup>6.8</sup> Hospice care - inpatient40% coinsurance <sup>6.8</sup> Hospice care - outpatient\$00Pediatric Vision Services\$0Eye Exam\$0Glasses or contact lenses in lieu of glasses\$1 pair per year, covered in full	Group therapy	\$7 / visit
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Hospice care - outpatient \$0 Pediatric Vision Services Eye Exam Glasses or contact lenses in lieu of glasses	Home health services (cost share per visit - maximum of 100 visits per calendar year)	\$55 / visit
Pediatric Vision Services         Eye Exam         Glasses or contact lenses in lieu of glasses         Covered in full	Hospice care - inpatient	40% coinsurance <sup>6,8</sup>
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Glasses or contact lenses in lieu of glasses       1 pair per year, covered in ful	Pediatric Vision Services	
Glasses or contact lenses in lieu of glasses covered in ful	Eye Exam	\$C
	Glasses or contact lenses in lieu of glasses	
	Pediatric Dental Services	

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



### **Summary of Benefits**

### Covered Benefits

Cos	t S	ha	re

Prescription Drug Coverage <sup>9</sup>	
Preferred Generic/Preferred Brand/Non-preferred medications up to a 30 day supply	\$16 / \$90 <sup>8</sup> / \$120 <sup>8</sup>
Preferred Generic/Preferred Brand/Non-preferred medications for a 90 day supply by mail order (for maintenance medications only)	\$32 / \$180 <sup>8</sup> / \$240 <sup>8</sup>
Preventive prescription drugs including Preferred Generic and over-the-counter contraceptives	\$0

#### Notes

<sup>1</sup> 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.

<sup>2</sup> Copayments for supplemental benefits (Assisted Reproductive Technologies, Chiropractic Services, Adult Vision, etc.) do not apply to the annual out of pocket maximum.

<sup>3</sup> 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.

<sup>4</sup> "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.

<sup>5</sup> 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).

<sup>6</sup> Of contracted rates

<sup>7</sup>All medically necessary treatment of mental health and substance use disorders is covered under this plan.

<sup>8</sup> Deductible applies

<sup>9</sup> 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.

Note: The cost of developing an evaluation and the provisions of all health care services required or recommended pursuant to a Community Assistance, Recovery and Empowerment (CARE) Agreement or CARE Plan are covered whether the service is provided by a Plan provider or non-Plan provider. All services are covered without prior authorization and Cost Sharing, except prescription drugs.

Note: Medically Necessary treatment of a Mental Health or Substance Use Disorder including but not limited to, Behavioral Health Crisis Services provided by a 988 center, or mobile crisis team or other provider of Behavioral Health Crisis Services can be provided by Plan providers or non-Plan providers. You will only pay the in-network cost sharing amount for any out-of-network Medically Necessary treatment of a Mental Health or Substance Use Disorder, provided by a 988 center, mobile crisis team or other provider of Behavioral Health Crisis Services.

