Summary of Benefits

Sharp Health Plan
Platinum POS NG 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	Tier 1 Sharp Health Plan Performance HMO Network	Tier 2 Aetna Open Choice PPO Network[1]	Tier 3 Out-of-Network[1]
Annual Deductible and Out of Pocket Maximum			
Calendar year medical deductible (per individual/per family) - applies only to those covered benefits indicated	$0/$0	$0/$0	$4,500/$9,000[2,3]
Calendar year pharmacy deductible (per individual/family) - applies only to covered preferred and non-preferred brand drugs	$0/$0	$0/$0	$0/$0
Calendar year dental deductible (per individual/family)	$0/$0	$0/$0	$0/$0
Annual out of pocket maximum - including medical and prescription drugs (per individual/per family)	$4,500/ $9,000[2,3]	$4,500/ $9,000[2,3]	$9,000/$18,000[2,3]
Lifetime Maximum			
There are no lifetime maximums for this plan	Unlimited	Unlimited	Unlimited
Preventive Care[4]			
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	$0	$0	$0
Routine adult physical exams, immunizations and related laboratory services	$0	$0	$0
Laboratory, radiology, and other services for the early detection of disease when ordered by a Physician	$0	$0	$0
Routine gynecological exams, immunizations and related laboratory services	$0	$0	$0
Mammography	$0	$0	$0
Prostate cancer screening	$0	$0	$0
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	$0	$0	$0
Best Health Wellness Services			
On-line health education and wellness workshops and other wellness tools	$0	Not covered[9]	Not covered[9]
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	$0	Not covered[9]	Not covered[9]
Professional Services			
Primary Care Physician office visit for consultation, treatments, diagnostic testing, etc.	$15/visit	$20/visit	50% coinsurance[8]
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$35/visit	$35/visit	50% coinsurance[8]
Other Practitioner office visit, including acupuncture	$15/visit	$20/visit	50% coinsurance[8]
Laboratory tests and services	$20/visit	$20/visit	50% coinsurance[8]
Radiology services (x-rays and diagnostic imaging)	$25/visit	$25/visit	50% coinsurance[8]
Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	$200/visit	$200/visit[7]	50% coinsurance[7,8]
Allergy testing	$35/visit	$35/visit	50% coinsurance[8]
Allergy injections	$15/visit	$20/visit	50% coinsurance[8]
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)			
Outpatient surgery facility fee	$200/visit	$200/visit[7]	50% coinsurance[7,8]
Outpatient Physician/Surgeon fee	$0	$25[7]	50% coinsurance[7,8]
Infusion therapy (including but not limited to chemotherapy)	variable[5]	variable[5,7]	50% coinsurance[7,8]
Dialysis	$0	10% coinsurance[7]	50% coinsurance[7,8]
Rehabilitation services: physical, occupational and speech therapy	$15/visit	$20/visit[7]	50% coinsurance[7,8]
Habilitation services	$15/visit	$20/visit[7]	50% coinsurance[7,8]
Radiation therapy	variable[5]	variable[5,7]	50% coinsurance[7,8]
Hospitalization (Including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)			
Inpatient facility fee	$300 / day (3-day max)	$300 / day (3-day max)[7]	50% coinsurance[7,8]
Physician/surgeon fee	$0	$0[7]	50% coinsurance[7,8]
Emergency and Urgent Care Services			
Emergency room services facility fee (waived if admitted to the hospital)	$200/visit	$200/visit	$200/visit
Emergency room services physician fee (waived if admitted to the hospital)	$0	$0	$0
Urgent care services	$35/visit	$35/visit	$35/visit[8]
Medical Transportation			
Emergency medical transportation	$100	$100	$100
Non-emergency medical transportation	$100	$100	$100
Maternity Care			
Prenatal and postpartum office visits	$0	$0	50% coinsurance[8]
Delivery and all inpatient services - Hospital	$300 / day (3-day max)	$300 / day (3-day max)[7]	50% coinsurance[7,8]
Delivery and all inpatient services - Professional	$0	$0[7]	50% coinsurance[7,8]
Breastfeeding support, supplies and counseling	$0	$0	$0[8]
Family Planning Services			
Contraceptives (including but not limited to all FDA-approved drugs, supplies, devices, implants, injections, and other products)	$0	$0[7]	50% coinsurance[7,8]
Voluntary sterilization - women	$0	$0[7]	50% coinsurance[7,8]
Voluntary sterilization - men	$0	$0[7]	0% coinsurance[7]
Interruption of pregnancy (including but not limited to office visits, outpatient surgery, and inpatient services)	$0	$0	$0
Infertility Services (diagnosis and treatment of underlying condition) and Fertility Services			
Primary Care Physician office visit	$15/visit	$20/visit	50% coinsurance[8]
Specialist Physician office visit	$35/visit	$35/visit	50% coinsurance[8]
Laboratory tests and services	$20/visit	$20/visit	50% coinsurance[8]
Radiology services (x-rays and diagnostic imaging)	$25/visit	$25/visit	50% coinsurance[8]
Outpatient surgery facility fee	$200/visit	$200/visit[7]	50% coinsurance[7,8]
Outpatient Physician/Surgeon fee	$0	$25[7]	50% coinsurance[7,8]
Doula Services[13]			
Prenatal and postpartum visits	$0	$0	$0

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Durable Medical Equipment and Other Supplies			
Durable medical equipment	50% coinsurance	50% coinsurance[7]	50% coinsurance[7,8]
Diabetic supplies	20% coinsurance	20% coinsurance[7]	50% coinsurance[7,8]
Prosthetics and orthotics	$35/visit	$35/visit[7]	50% coinsurance[7,8]
Mental Health Services[6]	**Tier 1 Optum Behavioral Health California Network**	**Tier 2 Optum Behavioral Health National Network**	**Tier 3 Out-of-Network**
Office visits	$15/visit	$20/visit	50% coinsurance[8]
Group therapy	$15/visit	$20/visit	50% coinsurance[8]
Other outpatient items and services	$15/visit	$20/visit	50% coinsurance[8]
Inpatient facility fee	$250 / day (3-day max)	$250 / day (3-day max)[7]	50% coinsurance[7,8]
Inpatient physician fee	$0	$0[7]	50% coinsurance[7,8]
Emergency services facility fee (waived if admitted)	$200/visit	$200/visit	$200/visit
Emergency services physician fee (waived if admitted)	$0	$0	$0
Emergency psychiatric transportation	$100	$100	$100
Non-emergency psychiatric transportation	$100	$100	$100
Urgent care services	$35/visit	$35/visit	50% coinsurance[8]
Substance Use Disorder Services[6]	**Tier 1 Optum Behavioral Health California Network**	**Tier 2 Optum Behavioral Health National Network**	**Tier 3 Out-of-Network**
Office visits	$15/visit	$20/visit	50% coinsurance[8]
Group therapy	$7/visit	$7/visit	50% coinsurance[8]
Other outpatient items and services	$15/visit	$20/visit	50% coinsurance[8]
Inpatient facility fee	$250 / day (3-day max)	$250 / day (3-day max)[7]	50% coinsurance[7,8]
Inpatient physician fee	$0	$0[7]	50% coinsurance[7,8]
Emergency services facility fee for alcohol or drug detoxification (waived if admitted)	$200/visit	$200/visit	$200/visit
Emergency services physician fee for alcohol or drug detoxification (waived if admitted)	$0	$0	$0
Emergency substance use disorder transportation	$100	$100	$100
Non-emergency substance use disorder transportation	$100	$100	$100
Urgent care services	$35/visit	$35/visit	50% coinsurance[8]
Skilled Nursing, Home Health and Hospice Services			
Skilled nursing facility services (combined maximum of 100 visits per calendar year across all tiers)	$100/day (3-day max)	$100/day (3-day max)[7]	50% coinsurance[7,8]
Home health services (combined maximum of 100 visits per calendar year across all tiers)	$15/visit	$20/visit[7]	50% coinsurance[7,8]
Hospice care - Inpatient	$100/day (3-day max)	$100/day (3-day max)[7]	50% coinsurance[7,8]
Hospice care - Outpatient	$0	$0[7]	50% coinsurance[7,8]
Pediatric Vision Services			
Eye Exam	$0	Not covered	Not covered
Glasses (1 pair per year) or contact lenses in lieu of glasses	$0	Not covered	Not covered
Pediatric Dental Services			
Sharp Health Plan's pediatric dental benefits are provided at Tier 1 only by Delta Dental.[9] Please refer to the Delta Dental schedule of benefits for applicable cost-sharing information.			
Prescription Drug Coverage[10,11,14,15]			
Tier 1: Most Generic Drugs and low-cost preferred Brand-Name Drugs (30 day supply/90 day supply).	$15/$30	$15/$30	$15/$30
Tier 2: Non-preferred Generic Drugs, preferred Brand-Name Drugs, and any other drugs recommended by the Pharmacy and Therapeutics (P&T) Committee based on drug safety, efficacy and cost (30 day supply/90 day supply).	$35/$70	$35/$70	$35/$70
Tier 3: Non-preferred Brand-Name Drugs or drugs that are recommended by the P&T Committee based on drug safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier (30 day supply/90 day supply).	$50/$100	$50/$100	$50/$100
Tier 4: Drugs that the Food and Drug Administration (FDA) or manufacturer requires to be distributed through a specialty pharmacy, drugs that require the enrollee to have special training or clinical monitoring for self-administration, or drugs that cost the health plan (net of rebates) more than six hundred dollars ($600) for a one-month (30-day) supply.	10% coinsurance up to $250 per 30 day supply	10% coinsurance up to $250 per 30 day supply	10% coinsurance up to $250 per 30 day supply
Preventive prescription drugs including Preferred Generic and over-the-counter contraceptives	$0	$0	$0

Notes

[1] Services prior Authorized by your Primary Care Provider, Plan Medical Group, or the Plan are subject to Tier 1 Cost-Sharing. Emergency Services are subject to Tier 1 Cost-Sharing. For non-emergency services not prior Authorized by your Primary Care Provider, Plan Medical Group, or the Plan, the applicable Tier 2 or Tier 3 Cost-Sharing will apply.

[2] Individuals enrolled in a family plan will reach the annual deductible or Out of Pocket Maximum amount if the member meets the individual deductible or Out of Pocket Maximum amount or any combination of enrolled family members meets the family Deductible or Out of Pocket Maximum amount, whichever comes first. Once an individual in a family reaches the individual out of pocket maximum, the individual is not required to pay any further cost-sharing. Amounts paid toward the Deductible apply toward the Out of Pocket Maximum.

[3] Amounts paid for medical services from Tier 1 or Tier 2 network providers apply to the Tier 1 and Tier 2 Deductible and Out of Pocket Maximum. Amounts paid for medical services from Tier 3 providers apply to the Tier 3 Deductible and Out of Pocket Maximum. Copayments for supplemental benefits (Acupuncture, Chiropractic Services, Hearing Aids, and Adult Vision) do not apply to the annual Out of Pocket Maximum.

[4] 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. If an out-of-network provider is used for contraceptive services because there is no in-network provider available to provide this service, no cost-sharing will be charged.

Notes

[5] The listed copayment only applies if the service is received in the listed setting. If the service is received in a different setting, the copayment and any applicable deductibles for services in that setting will apply instead. For example, if the listed copayment is for a Specialist Physician Office visit, but the service is received in the Emergency Room, the Emergency Room copayment, and any applicable deductibles, will apply instead of the Specialist Physician Office copayment.

[6] All medically necessary treatment of mental health and substance use disorders is covered under this plan. Tier 1 and Tier 2 services are provided through Optum Behavioral Health Solutions of California (Optum Behavioral Health). Tier 3 services are considered out-of-network, providers on this Tier are not contracted with Optum Behavioral Health's California or National networks.

[7] Service requires Precertification as outlined in your Member Handbook. If you fail to obtain Precertification for a service received from a provider outside of your Tier 1 provider network, you will be required to pay a penalty of [up to 50%] of the amount Sharp Health Plan pays the provider for that service rather than the Tier 2 or Tier 3 cost-share coinsurance, deductible, and copayment amount listed for that service. The amount Sharp Health Plan pays the Tier 2 or Tier 3 provider is based on a discounted rate of the provider's billed charges as negotiated between the Plan and the provider.

[8] Deductible applies

[9] Services may only be obtained at Tier 1 and will not be covered if obtained at Tier 2 or Tier 3.

[10] Member cost-share will not exceed $250 per individual prescription of up to a 30-day supply of a covered oral anti-cancer drug.

[11] Out of Pocket Maximums and Deductibles cross apply between the pharmacy costs in Tier 1, Tier 2 and Tier 3.

[12] 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).

[13] Doula Services are covered up to the allowable visit limits at no charge for members enrolled in the Plan's Maternal Mental Health Case Management Program. This program is designed to assist mothers (prenatal, postpartum, and interpregnancy) with needs, such as understanding health care benefits, making appointments, and providing health plan and community resources. The Plan offers case management services to members who qualify, which includes members with a maternal mental health condition. Referrals are accepted from any source, including, but not limited to, treating providers (OB/GYN, PCP), members, and/or a facility utilization reviewer/case manager.

[14] Self-administered outpatient prescription medication for treatment of diagnosed Infertility is covered. Refer to the Sharp Health Plan Formulary to determine the tier placement of each prescribed fertility medication.

[15] Insulin prescription drug cost share will not exceed $35 for a 30 day supply on Tier 1 and Tier 2. At least one insulin for a given drug type in all forms and concentrations shall be on Tier 1 or Tier 2. If there is no Tier 1 or Tier 2 insulin prescription drug that is clinically appropriate, the Plan will limit the cost sharing for a higher tier drug to no more than $35 for a 30-day supply for an individual enrollee.
Note: Coinsurance values are based on contracted rates.

Note: "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.

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 Tier 1, Tier 2 or Tier 3 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 Tier 1, Tier 2 or Tier 3 provider. You will only pay the Tier 1 cost sharing amount for any Tier 2 or Tier 3 Medically Necessary treatment of a Mental Health or Substance Use Disorder for Behavioral Health Crisis Services, provided by a 988 center, mobile crisis team or other provider of Behavioral Health Crisis Services.