Summary of Benefits

Sharp Silver 70 HMO Network 2

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 WWW.SHARPHEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

Covered Benefits	*Copayments*
Annual Deductible for Specific Services[1]	
Medical (per individual/per family) - applies only to those covered benefits indicated	$2,250 / $4,500
Pharmacy (per individual/per family) - applies only to covered formulary and non-formulary brand drugs	$250 / $500
Dental (per individual/per family)	$0 / $0
Annual Out of Pocket Maximum[1]	
Annual out of pocket maximum (per individual/per family)	$6,250 / $12,500
Lifetime Maximum	
There are no lifetime maximums for this plan	
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[SM] 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.	$45 / visit
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	$70 / visit
Other Practitioner office visit, including acupuncture[3]	$45 / visit
Laboratory tests and services	$35 / visit
Radiology services (x-rays and diagnostic imaging)	$65 / visit
Advanced radiology (including but not limited to CT/PET scan, MRI, MRA, MRS, MUGA, SPECT)	$250/procedure
Allergy testing	$70 / visit
Allergy injections	$45 / visit
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient surgery facility fee	20% coinsurance[4]
Physician/Surgeon fees	20% coinsurance[4]
Outpatient visit	20% coinsurance[4]
Infusion therapy (including but not limited to chemotherapy)	20% coinsurance[4]
Dialysis	20% coinsurance[4]
Rehabilitation services: physical, occupational and speech therapy	$45 / visit
Habilitation services	$45 / visit
Radiation therapy	20% coinsurance[4]
Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Facility fee	20% coinsurance[4,7]
Physician/surgeon fee	20% coinsurance[4,7]
Emergency and Urgent Care Services	
Emergency room facility fee (waived if admitted to the hospital)	$250 / visit[7]
Emergency room physician fee (waived if admitted to the hospital)	$50 / visit[7]
Ambulance in connection with hospital admission or emergency services	$250 [7]
Urgent care services	$90 / visit

SHARP HEALTH PLAN
make life better.

Summary of Benefits

Covered Benefits cont.	*Copayments*
Maternity Care	
Prenatal and postpartum office visits	$0 / visit
Delivery and all inpatient services - Hospital	20% coinsurance[4,7]
Delivery and all inpatient services - Professional	20% coinsurance[4,7]
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	variable[5]
Interruption of pregnancy	variable[5]
Durable Medical Equipment and Other Supplies	
Durable medical equipment	20% coinsurance[4]
Diabetic supplies	20% coinsurance[4]
Prosthetics and orthotics	20% coinsurance[4]
Mental Health Services	
Diagnosis and treatment of Severe Mental Illnesses for all members and Serious Emotional Disturbances for children, and other mental health conditions are covered with the cost-sharing listed below.[6]	
Office visits	$45 / visit
Other outpatient items and services	$45 / visit
Inpatient facility fee	20% coinsurance[4,7]
Inpatient physician/surgeon fee	20% coinsurance[4,7]
Emergency services facility fee (waived if admitted)	$250 / visit[7]
Emergency services physician fee (waived if admitted)	$50 / visit[7]
Home-based applied behavioral analysis for treatment of pervasive developmental disorder or autism	$45 / visit
Chemical Dependency Services	
Office visits	$45 / visit
Other outpatient items and services	$45 / visit
Inpatient facility fee	20% coinsurance[4,7]
Inpatient physician/surgeon fee	20% coinsurance[4,7]
Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted)	$250 / visit[7]
Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted)	$50 / visit[7]
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per benefit period)	20% coinsurance[4,7]
Home health services (maximum of 100 visits per calendar year)	$45 / visit
Hospice care - inpatient	$0 / admit
Hospice care - outpatient	$0 / visit
Pediatric Vision Services	
Eye Exam	$0 / visit
Glasses or contact lenses in lieu of glasses	1 pair / year covered in full
Pediatric Dental Services	
Sharp Health Plan's pediatric dental benefits are provided by Access Dental. Please refer to the Access Dental schedule of benefits for applicable cost-sharing information.	

Summary of Benefits

Covered Benefits cont.	*Copayments*
Prescription Drug Coverage[8]	
Tier 1: Most generic drugs and low cost preferred brands (30 day supply/90 day supply).	$15 / $30
Tier 2: Non-preferred generic drugs, or Preferred brand name drugs, or Recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy and cost (30 day supply/90 day supply).	$50[7] / $100[7]
Tier 3: Non-preferred brand name drugs, or Recommended by P&T committee based on drug safety, efficacy and cost, or Generally have a preferred and often less costly therapeutic alternative at a lower tier (30 day supply/90 day supply).	$70[7] / $140[7]
Tier 4: Food and Drug Administration (FDA), or drug manufacturer limits distribution to specialty pharmacies, or Self administration requires training, clinical monitoring, or Drug was manufactured using biotechnology, or Plan cost (net of rebates) is >$600 (30 day supply)	20% coinsurance[4,7] (Up to $250 per 30-day supply after pharmacy deductible)
Preventive prescription drugs: Generic Formulary and prescribed over-the-counter contraceptives for women	$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 in-network services accumulate toward the deductible, if deductible applies to that service, and the out-of-pocket maximum.

[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]Of contracted rates

[5]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).

[6]Severe Mental Illnesses include: schizophrenia, schizoaffective disorder, bi-polar disorder (manic depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa and bulimia nervosa.

[7]Deductible applies

[8]Member cost-share will not exceed $200 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).

SHARP HEALTH PLAN make life better.