

Medical HMO

SHARP Off-Exchange Plans (Include Pediatric Dental) ¹

Enrollee Age	Platinum Coinsurance Network 2	Platinum Copay Network 1	Gold Coinsurance Network 2	Gold Copay Network 1	Silver Network 2	Silver Network 1	Bronze Coinsurance Network 2	Bronze HDHP Network 1	Catastrophic ² Network 2
0-20	\$242.70	\$232.54	\$214.59	\$208.28	\$186.47	\$176.66	\$124.29	\$125.33	\$100.06
21	\$382.21	\$366.20	\$337.93	\$328.00	\$293.65	\$278.21	\$195.73	\$197.38	\$157.57
22	\$382.21	\$366.20	\$337.93	\$328.00	\$293.65	\$278.21	\$195.73	\$197.38	\$157.57
23	\$382.21	\$366.20	\$337.93	\$328.00	\$293.65	\$278.21	\$195.73	\$197.38	\$157.57
24	\$382.21	\$366.20	\$337.93	\$328.00	\$293.65	\$278.21	\$195.73	\$197.38	\$157.57
25	\$383.74	\$367.67	\$339.28	\$329.32	\$294.83	\$279.32	\$196.51	\$198.17	\$158.20
26	\$391.39	\$374.99	\$346.04	\$335.88	\$300.70	\$284.89	\$200.43	\$202.11	\$161.35
27	\$400.56	\$383.78	\$354.15	\$343.75	\$307.75	\$291.56	\$205.12	\$206.85	\$165.13
28	\$415.47	\$398.06	\$367.33	\$356.54	\$319.20	\$302.41	\$212.76	\$214.55	\$171.28
29	\$427.70	\$409.78	\$378.15	\$367.04	\$328.60	\$311.32	\$219.02	\$220.87	\$176.32
30	\$433.81	\$415.64	\$383.55	\$372.28	\$333.29	\$315.77	\$222.15	\$224.02	\$178.84
31	\$442.98	\$424.43	\$391.66	\$380.16	\$340.34	\$322.44	\$226.85	\$228.76	\$182.62
32	\$452.16	\$433.22	\$399.77	\$388.03	\$347.39	\$329.12	\$231.55	\$233.50	\$186.40
33	\$457.89	\$438.71	\$404.84	\$392.95	\$351.79	\$333.29	\$234.48	\$236.46	\$188.77
34	\$464.01	\$444.57	\$410.25	\$398.20	\$356.49	\$337.75	\$237.62	\$239.62	\$191.29
35	\$467.06	\$447.50	\$412.95	\$400.82	\$358.84	\$339.97	\$239.18	\$241.20	\$192.55
36	\$470.12	\$450.43	\$415.66	\$403.44	\$361.19	\$342.20	\$240.75	\$242.77	\$193.81
37	\$473.18	\$453.36	\$418.36	\$406.07	\$363.54	\$344.42	\$242.31	\$244.35	\$195.07
38	\$476.24	\$456.29	\$421.06	\$408.69	\$365.89	\$346.65	\$243.88	\$245.93	\$196.33
39	\$482.35	\$462.15	\$426.47	\$413.94	\$370.59	\$351.10	\$247.01	\$249.09	\$198.85
40	\$488.47	\$468.01	\$431.88	\$419.19	\$375.29	\$355.55	\$250.14	\$252.25	\$201.37
41	\$497.64	\$476.79	\$439.99	\$427.06	\$382.33	\$362.23	\$254.84	\$256.99	\$205.15
42	\$506.43	\$485.22	\$447.76	\$434.60	\$389.09	\$368.63	\$259.34	\$261.53	\$208.78
43	\$518.66	\$496.94	\$458.57	\$445.10	\$398.48	\$377.53	\$265.60	\$267.84	\$213.82
44	\$533.95	\$511.58	\$472.09	\$458.22	\$410.23	\$388.66	\$273.43	\$275.74	\$220.12
45	\$551.91	\$528.80	\$487.97	\$473.64	\$424.03	\$401.73	\$282.63	\$285.01	\$227.53
46	\$573.32	\$549.30	\$506.90	\$492.00	\$440.48	\$417.31	\$293.59	\$296.07	\$236.35
47	\$597.40	\$572.37	\$528.19	\$512.67	\$458.98	\$434.84	\$305.92	\$308.50	\$246.28
48	\$624.92	\$598.74	\$552.52	\$536.29	\$480.12	\$454.87	\$320.02	\$322.71	\$257.62
49	\$652.05	\$624.74	\$576.51	\$559.57	\$500.97	\$474.62	\$333.91	\$336.73	\$268.81
50	\$682.63	\$654.04	\$603.55	\$585.81	\$524.46	\$496.88	\$349.57	\$352.52	\$281.42
51	\$712.83	\$682.97	\$630.24	\$611.73	\$547.66	\$518.86	\$365.04	\$368.11	\$293.87
52	\$746.08	\$714.83	\$659.64	\$640.26	\$573.21	\$543.06	\$382.06	\$385.28	\$307.57
53	\$779.71	\$747.05	\$689.38	\$669.13	\$599.05	\$567.55	\$399.29	\$402.65	\$321.44
54	\$816.02	\$781.84	\$721.48	\$700.29	\$626.94	\$593.98	\$417.88	\$421.40	\$336.41
55	\$852.33	\$816.63	\$753.59	\$731.45	\$654.84	\$620.41	\$436.48	\$440.15	\$351.38
56	\$891.70	\$854.35	\$788.39	\$765.23	\$685.09	\$649.06	\$456.64	\$460.48	\$367.61
57	\$931.45	\$892.43	\$823.54	\$799.34	\$715.63	\$677.99	\$476.99	\$481.01	\$383.99
58	\$973.88	\$933.08	\$861.05	\$835.75	\$748.22	\$708.88	\$498.72	\$502.92	\$401.48
59	\$994.90	\$953.22	\$879.64	\$853.79	\$764.37	\$724.18	\$509.48	\$513.77	\$410.15
60	\$1,037.32	\$993.87	\$917.15	\$890.20	\$796.97	\$755.06	\$531.21	\$535.68	\$427.64
61	\$1,074.02	\$1,029.03	\$949.59	\$921.69	\$825.16	\$781.77	\$550.00	\$554.63	\$442.77
62	\$1,098.10	\$1,052.10	\$970.88	\$942.35	\$843.66	\$799.29	\$562.33	\$567.07	\$452.69
63	\$1,128.29	\$1,081.03	\$997.57	\$968.27	\$866.86	\$821.27	\$577.79	\$582.66	\$465.14
64+	\$1,146.63	\$1,098.60	\$1,013.79	\$984.00	\$880.95	\$834.63	\$587.19	\$592.13	\$472.71

1 - For a complete list of plans available through Sharp Health Plan, log on to www.sharphealthplan.com, or call 1-800-359-2002.

2 - The Catastrophic plan is available to all applicants age 0-29. It's also available to applicants age 30+ whose plans have been canceled. These age 30+ applicants must send their completed **Application** and completed **Hardship Exemption Form** to "Sharp Health Plan for Individuals and Families, Attention: Underwriting, 8520 Tech Way Suite 200, San Diego, CA 92123". All other applicants should apply at sharphealthplan.com.

