

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 HSA Network 1	Catastrophic ² Network 2
0-20	\$213.35	\$205.46	\$192.98	\$187.72	\$170.95	\$163.03	\$121.03	\$121.65	\$101.76
21	\$335.98	\$323.55	\$303.90	\$295.62	\$269.22	\$256.74	\$190.60	\$191.57	\$160.25
22	\$335.98	\$323.55	\$303.90	\$295.62	\$269.22	\$256.74	\$190.60	\$191.57	\$160.25
23	\$335.98	\$323.55	\$303.90	\$295.62	\$269.22	\$256.74	\$190.60	\$191.57	\$160.25
24	\$335.98	\$323.55	\$303.90	\$295.62	\$269.22	\$256.74	\$190.60	\$191.57	\$160.25
25	\$337.32	\$324.85	\$305.11	\$296.81	\$270.29	\$257.77	\$191.36	\$192.34	\$160.89
26	\$344.04	\$331.32	\$311.19	\$302.72	\$275.68	\$262.90	\$195.18	\$196.17	\$164.10
27	\$352.11	\$339.08	\$318.49	\$309.81	\$282.14	\$269.07	\$199.75	\$200.77	\$167.95
28	\$365.21	\$351.70	\$330.34	\$321.34	\$292.64	\$279.08	\$207.18	\$208.24	\$174.20
29	\$375.96	\$362.05	\$340.06	\$330.80	\$301.25	\$287.29	\$213.28	\$214.37	\$179.32
30	\$381.34	\$367.23	\$344.92	\$335.53	\$305.56	\$291.40	\$216.33	\$217.44	\$181.89
31	\$389.40	\$375.00	\$352.22	\$342.63	\$312.02	\$297.56	\$220.91	\$222.03	\$185.73
32	\$397.46	\$382.76	\$359.51	\$349.72	\$318.48	\$303.73	\$225.48	\$226.63	\$189.58
33	\$402.50	\$387.62	\$364.07	\$354.16	\$322.52	\$307.58	\$228.34	\$229.51	\$191.98
34	\$407.88	\$392.79	\$368.93	\$358.89	\$326.83	\$311.68	\$231.39	\$232.57	\$194.55
35	\$410.57	\$395.38	\$371.36	\$361.25	\$328.98	\$313.74	\$232.91	\$234.10	\$195.83
36	\$413.26	\$397.97	\$373.79	\$363.62	\$331.14	\$315.79	\$234.44	\$235.64	\$197.11
37	\$415.94	\$400.56	\$376.23	\$365.98	\$333.29	\$317.85	\$235.96	\$237.17	\$198.39
38	\$418.63	\$403.15	\$378.66	\$368.35	\$335.44	\$319.90	\$237.49	\$238.70	\$199.68
39	\$424.01	\$408.32	\$383.52	\$373.08	\$339.75	\$324.01	\$240.54	\$241.77	\$202.24
40	\$429.38	\$413.50	\$388.38	\$377.81	\$344.06	\$328.12	\$243.59	\$244.83	\$204.80
41	\$437.45	\$421.26	\$395.68	\$384.90	\$350.52	\$334.28	\$248.16	\$249.43	\$208.65
42	\$445.17	\$428.71	\$402.67	\$391.70	\$356.71	\$340.18	\$252.55	\$253.84	\$212.34
43	\$455.92	\$439.06	\$412.39	\$401.16	\$365.33	\$348.40	\$258.65	\$259.97	\$217.46
44	\$469.36	\$452.00	\$424.55	\$412.99	\$376.09	\$358.67	\$266.27	\$267.63	\$223.87
45	\$485.16	\$467.21	\$438.83	\$426.88	\$388.75	\$370.74	\$275.23	\$276.63	\$231.41
46	\$503.97	\$485.33	\$455.85	\$443.43	\$403.82	\$385.11	\$285.90	\$287.36	\$240.38
47	\$525.14	\$505.71	\$474.99	\$462.06	\$420.78	\$401.29	\$297.91	\$299.43	\$250.48
48	\$549.33	\$529.01	\$496.87	\$483.34	\$440.17	\$419.77	\$311.63	\$313.22	\$262.01
49	\$573.18	\$551.98	\$518.45	\$504.33	\$459.28	\$438.00	\$325.17	\$326.83	\$273.39
50	\$600.06	\$577.86	\$542.76	\$527.98	\$480.82	\$458.54	\$340.41	\$342.15	\$286.21
51	\$626.60	\$603.42	\$566.77	\$551.34	\$502.09	\$478.82	\$355.47	\$357.29	\$298.87
52	\$655.83	\$631.57	\$593.21	\$577.06	\$525.51	\$501.16	\$372.05	\$373.95	\$312.81
53	\$685.40	\$660.05	\$619.95	\$603.07	\$549.20	\$523.75	\$388.83	\$390.81	\$326.92
54	\$717.32	\$690.78	\$648.82	\$631.16	\$574.78	\$548.14	\$406.93	\$409.01	\$342.14
55	\$749.24	\$721.52	\$677.69	\$659.24	\$600.35	\$572.53	\$425.04	\$427.21	\$357.37
56	\$783.84	\$754.85	\$708.99	\$689.69	\$628.08	\$598.98	\$444.67	\$446.94	\$373.87
57	\$818.78	\$788.50	\$740.60	\$720.43	\$656.08	\$625.68	\$464.49	\$466.87	\$390.54
58	\$856.08	\$824.41	\$774.33	\$753.25	\$685.96	\$654.18	\$485.65	\$488.13	\$408.33
59	\$874.56	\$842.21	\$791.05	\$769.51	\$700.77	\$668.30	\$496.13	\$498.67	\$417.14
60	\$911.85	\$878.12	\$824.78	\$802.32	\$730.65	\$696.80	\$517.29	\$519.93	\$434.93
61	\$944.10	\$909.18	\$853.95	\$830.70	\$756.50	\$721.44	\$535.59	\$538.32	\$450.31
62	\$965.27	\$929.56	\$873.10	\$849.33	\$773.46	\$737.62	\$547.60	\$550.39	\$460.41
63	\$991.81	\$955.13	\$897.11	\$872.68	\$794.72	\$757.90	\$562.65	\$565.53	\$473.07
64+	\$1,007.94	\$970.65	\$911.70	\$886.86	\$807.65	\$770.22	\$571.80	\$574.71	\$480.75

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.