Summary of Benefits

Sharp Bronze 60 HSA Network 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 WWW.SHARPHEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

Covered Benefits	*Copayments*
Overall Annual Deductible [1]	
Integrated Medical and Pharmacy deductible - applies only to those covered benefits indicated	Self-Only Coverage: $4,500 Family Coverage: $4,500/Individual $9,000/Family
Annual Out of Pocket Maximum[1]	
Annual out of pocket maximum	Self-Only Coverage: $6,500 Family Coverage: $6,500/Individual $13,000/Family
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.	40% coinsurance[4,7]
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	40% coinsurance[4,7]
Other Practitioner office visit, including acupuncture[3]	40% coinsurance[4,7]
Laboratory tests and services	40% coinsurance[4,7]
Radiology services (x-rays and diagnostic imaging)	40% coinsurance[4,7]
Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	40% coinsurance[4,7]
Allergy testing	40% coinsurance[4,7]
Allergy injections	40% coinsurance[4,7]
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient surgery facility fee	40% coinsurance[4,7]
Outpatient Physician/Surgeon fee	40% coinsurance[4,7]
Outpatient Visit	40% coinsurance[4,7]
Infusion therapy (including but not limited to chemotherapy)	40% coinsurance[4,7]
Dialysis	40% coinsurance[4,7]
Rehabilitation services: physical, occupational and speech therapy	40% coinsurance[4,7]
Habilitation services	40% coinsurance[4,7]
Radiation therapy	40% coinsurance[4,7]

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Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Facility Fee	40% coinsurance[4,7]
Physician/surgeon fee	40% coinsurance[4,7]
Emergency and Urgent Care Services	
Emergency room services (waived if admitted to the hospital)	40% coinsurance[4,7]
Emergency room physician fee (waived if admitted to the hospital)	40% coinsurance[4,7]
Ambulance in connection with hospital admission or emergency services	40% coinsurance[4,7]
Urgent care services	40% coinsurance[4,7]
Maternity Care	
Prenatal and postpartum office visits	$0 / visit
Delivery and all inpatient services - Hospital	40% coinsurance[4,7]
Delivery and all inpatient services - Professional	40% 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[5,7]
Interruption of pregnancy	variable[5,7]
Durable Medical Equipment and Other Supplies	
Durable medical equipment	40% coinsurance[4,7]
Diabetic supplies	40% coinsurance[4,7]
Prosthetics and orthotics	40% coinsurance[4,7]
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	40% coinsurance[4,7]
Other outpatient items and services	40% coinsurance[4,7]
Inpatient facility fee	40% coinsurance[4,7]
Inpatient physician/surgeon fee	40% coinsurance[4,7]
Emergency services facility fee (waived if admitted)	40% coinsurance[4,7]
Emergency services physician fee (waived if admitted)	40% coinsurance[4,7]
Home-based applied behavioral analysis for treatment of pervasive developmental disorder or autism	40% coinsurance[4,7]
Chemical Dependency Services	
Office visits	40% coinsurance[4,7]
Other outpatient items and services	40% coinsurance[4,7]
Inpatient facility fee	40% coinsurance[4,7]
Inpatient physician/surgeon fee	40% coinsurance[4,7]
Emergency services facility fee for acute alcohol or drug detoxification (waived if admitted)	40% coinsurance[4,7]
Emergency services physician fee for acute alcohol or drug detoxification (waived if admitted)	40% coinsurance[4,7]
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per benefit period)	40% coinsurance[4,7]
Home health services (maximum of 100 visits per calendar year)	40% coinsurance[4,7]
Hospice care - inpatient	$0 / admission[7]
Hospice care - outpatient	$0 / visit[7]

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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.	
Prescription Drug Coverage[8]	
Tier 1: Most generic drugs and low cost preferred brands (30 day supply/90 day supply).	40% coinsurance[4,7]
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).	40% coinsurance[4,7]
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).	40% coinsurance[4,7]
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)	40% coinsurance[4,7]
Preventive prescription drugs: generic Formulary and prescribed over-the-counter contraceptives for women	$0

Notes

[1]In high deductible health plans (HDHPs) linked to Health Savings Accounts (HSAs), in other than self-only coverage, an individual's payment toward a deductible, if requried, must be the higher of the specified deductible amount for individual coverage or $2.600 for Plan Year 2016. In coverage other than self-only coverage, an individual's Out-of-Pocket contribution is limited to the individual's annual Out of Pocket Maximum amount.

[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. Deductible is waived for the first three non-preventative visits, which includes primary care visits, other practitioner office visits, specialist visits, urgent care visits and outpatient mental health/substance use visits.

[8]Once the deductible is met, 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).

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