



# Individual and Family Plans

Choose the right plan for you

	Premier Network				Performance Network			
	Platinum	Gold	Silver	Bronze HDHP <sup>2</sup>	Platinum	Gold	Silver	Bronze
Percentage of Medical Expenses Paid by Sharp Health Plan	90%	80%	70%	60%	90%	80%	70%	60%

### Annual Deductible

Individual	\$0	\$0	\$4,000 <sup>1</sup>	\$6,900	\$0	\$0	\$4,000 <sup>1</sup>	\$6,300 <sup>3</sup>
Family	\$0	\$0	\$8,000 <sup>1</sup>	\$13,800	\$0	\$0	\$8,000 <sup>1</sup>	\$12,600 <sup>3</sup>

### Annual Out-of-Pocket Maximum

Individual	\$4,500	\$7,800	\$7,800	\$6,900	\$4,500	\$7,800	\$7,800	\$7,800
Family	\$9,000	\$15,600	\$15,600	\$13,800	\$9,000	\$15,600	\$15,600	\$15,600

### Medical Copays

Primary Care Visit	\$15	\$30	\$40	0%	\$15	\$30	\$40	\$65 <sup>4</sup>
Specialist Visit	\$30	\$65	\$80	0%	\$30	\$65	\$80	\$95 <sup>4</sup>
Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Visit	\$15	\$30	\$40	0%	\$15	\$30	\$40	\$65 <sup>4</sup>
ER Facility Visit	\$150	\$350	\$400	0%	\$150	\$350	\$400	40%
Hospital Facility Physician	\$250 <sup>6</sup> \$0	\$600 <sup>6</sup> \$0	20% 20%	0% 0%	10% 10%	20% 20%	20% 20%	40% 40%

### Prescription Drugs (up to 30-day supply)

Tier 1	\$5	\$15	\$16	0% <sup>7</sup>	\$5	\$15	\$16	\$18 <sup>7</sup>
Tier 2	\$15	\$55	\$60	0% <sup>7</sup>	\$15	\$55	\$60	40% <sup>7</sup>
Tier 3	\$25	\$80	\$90	0% <sup>7</sup>	\$25	\$80	\$90	40% <sup>7</sup>
Tier 4	10% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	0% <sup>7</sup>	10% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>	40% <sup>7</sup>

**Enroll today!**

Deductible applies to shaded areas

<sup>1</sup> Plan includes a \$200 individual/\$400 family prescription drug deductible.

<sup>2</sup> Health Savings Account-compatible plan (HSA). An HSA is a tax-advantaged medical savings account that allows you to pay for qualified medical expenses as they occur each year. The funds are contributed to an account and are not subject to federal income tax at the time of deposit, and the funds roll over from year to year.

<sup>3</sup> Plan includes a \$500 individual/\$1,000 family prescription drug deductible.

<sup>4</sup> Deductible waived for first three non-preventive office or urgent care visits.

<sup>5</sup> Member cost share after deductible (when applicable) will not exceed \$250 per prescription.

<sup>6</sup> Per day. Five-day maximum.

<sup>7</sup> Member cost share after deductible will not exceed \$500 per prescription.

# Sharp Individual

Rates Effective January 1, 2020 to December 31, 2020

## Medical HMO

SHARP Off-Exchange

Enrollee Age	Sharp Platinum 90 HMO Performance	Sharp Platinum 90 HMO Premier	Sharp Gold 80 HMO Performance	Sharp Gold 80 HMO Premier	Sharp Silver 70 HMO Performance	Sharp Silver 70 HMO Premier	Sharp Bronze 60 HMO Performance	Sharp Bronze 60 HDHP HMO Premier	Sharp Minimum Coverage HMO Performance <sup>2</sup>
0-14	\$321.21	\$302.88	\$268.43	\$266.10	\$222.27	\$209.74	\$213.01	\$219.98	\$156.45
15	\$349.76	\$329.80	\$292.29	\$289.76	\$242.03	\$228.39	\$231.95	\$239.54	\$170.36
16	\$360.68	\$340.10	\$301.41	\$298.80	\$249.59	\$235.52	\$239.19	\$247.01	\$175.68
17	\$371.60	\$350.39	\$310.54	\$307.85	\$257.14	\$242.65	\$246.43	\$254.49	\$180.99
18	\$383.35	\$361.48	\$320.36	\$317.59	\$265.28	\$250.32	\$254.22	\$262.54	\$186.72
19	\$395.11	\$372.56	\$330.19	\$327.33	\$273.41	\$258.00	\$262.02	\$270.59	\$192.45
20	\$407.29	\$384.04	\$340.36	\$337.41	\$281.84	\$265.95	\$270.10	\$278.93	\$198.38
21	\$419.88	\$395.92	\$350.89	\$347.85	\$290.56	\$274.18	\$278.45	\$287.56	\$204.51
22	\$419.88	\$395.92	\$350.89	\$347.85	\$290.56	\$274.18	\$278.45	\$287.56	\$204.51
23	\$419.88	\$395.92	\$350.89	\$347.85	\$290.56	\$274.18	\$278.45	\$287.56	\$204.51
24	\$419.88	\$395.92	\$350.89	\$347.85	\$290.56	\$274.18	\$278.45	\$287.56	\$204.51
25	\$421.56	\$397.50	\$352.29	\$349.24	\$291.72	\$275.27	\$279.56	\$288.71	\$205.33
26	\$429.96	\$405.42	\$359.31	\$356.20	\$297.53	\$280.76	\$285.13	\$294.46	\$209.42
27	\$440.04	\$414.92	\$367.73	\$364.55	\$304.50	\$287.34	\$291.82	\$301.36	\$214.33
28	\$456.41	\$430.37	\$381.42	\$378.11	\$315.83	\$298.03	\$302.67	\$312.58	\$222.31
29	\$469.85	\$443.03	\$392.64	\$389.24	\$325.13	\$306.80	\$311.59	\$321.78	\$228.85
30	\$476.57	\$449.37	\$398.26	\$394.81	\$329.78	\$311.19	\$316.04	\$326.38	\$232.12
31	\$486.65	\$458.87	\$406.68	\$403.16	\$336.75	\$317.77	\$322.72	\$333.28	\$237.03
32	\$496.72	\$468.37	\$415.10	\$411.51	\$343.73	\$324.35	\$329.41	\$340.18	\$241.94
33	\$503.02	\$474.31	\$420.36	\$416.72	\$348.09	\$328.46	\$333.58	\$344.50	\$245.01
34	\$509.74	\$480.65	\$425.98	\$422.29	\$352.73	\$332.85	\$338.04	\$349.10	\$248.28
35	\$513.10	\$483.81	\$428.79	\$425.07	\$355.06	\$335.04	\$340.27	\$351.40	\$249.92
36	\$516.46	\$486.98	\$431.59	\$427.85	\$357.38	\$337.24	\$342.49	\$353.70	\$251.55
37	\$519.82	\$490.15	\$434.40	\$430.64	\$359.71	\$339.43	\$344.72	\$356.00	\$253.19
38	\$523.18	\$493.32	\$437.21	\$433.42	\$362.03	\$341.62	\$346.95	\$358.30	\$254.82
39	\$529.89	\$499.65	\$442.82	\$438.99	\$366.68	\$346.01	\$351.40	\$362.90	\$258.10
40	\$536.61	\$505.99	\$448.44	\$444.55	\$371.33	\$350.40	\$355.86	\$367.50	\$261.37
41	\$546.69	\$515.49	\$456.86	\$452.90	\$378.30	\$356.98	\$362.54	\$374.40	\$266.28
42	\$556.35	\$524.59	\$464.93	\$460.90	\$384.99	\$363.28	\$368.95	\$381.02	\$270.98
43	\$569.78	\$537.26	\$476.16	\$472.03	\$394.28	\$372.06	\$377.86	\$390.22	\$277.52
44	\$586.58	\$553.10	\$490.19	\$485.95	\$405.91	\$383.02	\$388.99	\$401.72	\$285.71
45	\$606.31	\$571.71	\$506.68	\$502.29	\$419.56	\$395.91	\$402.08	\$415.24	\$295.32
46	\$629.83	\$593.88	\$526.33	\$521.77	\$435.83	\$411.26	\$417.67	\$431.34	\$306.77
47	\$656.28	\$618.82	\$548.44	\$543.69	\$454.14	\$428.54	\$435.22	\$449.46	\$319.65
48	\$686.51	\$647.33	\$573.70	\$568.73	\$475.06	\$448.28	\$455.27	\$470.16	\$334.38
49	\$716.32	\$675.44	\$598.62	\$593.43	\$495.69	\$467.74	\$475.04	\$490.58	\$348.90
50	\$749.91	\$707.11	\$626.69	\$621.26	\$518.93	\$489.68	\$497.31	\$513.58	\$365.26
51	\$783.08	\$738.39	\$654.41	\$648.74	\$541.89	\$511.34	\$519.31	\$536.30	\$381.42
52	\$819.61	\$772.84	\$684.93	\$679.00	\$567.16	\$535.19	\$543.53	\$561.32	\$399.21
53	\$856.56	\$807.68	\$715.81	\$709.61	\$592.73	\$559.32	\$568.04	\$586.62	\$417.21
54	\$896.45	\$845.29	\$749.15	\$742.66	\$620.34	\$585.37	\$594.49	\$613.94	\$436.64
55	\$936.34	\$882.90	\$782.48	\$775.70	\$647.94	\$611.41	\$620.94	\$641.26	\$456.06
56	\$979.59	\$923.68	\$818.62	\$811.53	\$677.87	\$639.65	\$649.62	\$670.88	\$477.13
57	\$1,023.26	\$964.86	\$855.12	\$847.71	\$708.08	\$668.17	\$678.58	\$700.78	\$498.40
58	\$1,069.86	\$1,008.81	\$894.06	\$886.32	\$740.34	\$698.60	\$709.49	\$732.70	\$521.10
59	\$1,092.96	\$1,030.58	\$913.36	\$905.45	\$756.32	\$713.68	\$724.80	\$748.52	\$532.35
60	\$1,139.56	\$1,074.53	\$952.31	\$944.06	\$788.57	\$744.11	\$755.71	\$780.44	\$555.05
61	\$1,179.87	\$1,112.54	\$986.00	\$977.46	\$816.46	\$770.43	\$782.44	\$808.04	\$574.68
62	\$1,206.33	\$1,137.48	\$1,008.10	\$999.37	\$834.77	\$787.71	\$799.99	\$826.16	\$587.57
63	\$1,239.50	\$1,168.76	\$1,035.82	\$1,026.85	\$857.72	\$809.37	\$821.98	\$848.88	\$603.72
64+	\$1,259.64	\$1,187.76	\$1,052.67	\$1,043.55	\$871.67	\$822.53	\$835.35	\$862.68	\$613.53

1 - For a complete list of plans available through Sharp Health Plan, please see Plans sheet

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".



# Health insurance terms and definitions

We've created this list with common terms and definitions to help you better understand our plans and how they work.

**Benefit Plan** — A list of the health care items or services provided by your health insurer.

**Coinsurance** — The percentage of costs you pay (20%, for example) after you've paid your deductible, on a covered health care service.

**Copayment (copay)** — A fixed amount you pay (\$15, for example) for a covered health care service after you've paid your deductible.

**Deductible** — The amount you pay for covered health care services before your insurance plan starts to pay. With a \$4,000 deductible, for example, you pay the first \$4,000 of covered services.

**Health Maintenance Organization (HMO)** — A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. An HMO generally won't cover out-of-network care except in an emergency, and may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

**Health Savings Account (HSA)** — A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you can lower your overall health care costs. An HSA can be used only if you have a high-deductible health plan.

**High-Deductible Health Plan (HDHP)** — A plan with a higher deductible than a traditional insurance plan. The monthly premium is lower, but you pay more health care costs yourself (your deductible) before the insurance company starts to pay its share. An HDHP can be combined with an HSA, allowing you to pay for certain medical expenses with money free from federal taxes.

**Network** — The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

**Out-of-Pocket Maximum** — The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

**Plan Medical Group (PMG)** — A designated group of physicians and hospitals associated with your network.

**Premium** — The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments and coinsurance when you access care.

# Additional benefits included with every plan

The convenience of Sharp Health Plan extends beyond San Diego and standard business hours. All Sharp Health Plan members receive these value-added benefits.



## After-Hours Nurse Advice

Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns.

Call 1-800-359-2002, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends



## MinuteClinic®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.<sup>10</sup>

[sharphealthplan.com/minuteclinic](http://sharphealthplan.com/minuteclinic)



## Emergency Travel Services

When faced with a medical emergency while traveling 100 miles or more away from home or in another country, we can connect you to doctors, hospitals, pharmacies and other services.

[sharphealthplan.com/travel](http://sharphealthplan.com/travel)



## Best Health® wellness program

Best Health is one of just a few health plan wellness programs to receive national accreditation. This program provides you with a variety of resources from meal plans to exercise routines to one-on-one personalized health coaching.

[yourbesthealth.com](http://yourbesthealth.com)

<sup>10</sup> Your share of the cost for a MinuteClinic visit is equal to what you pay for a PCP office visit (deductible may apply). There is no copayment for flu vaccinations.

# The Sharp Experience

For over 25 years, Sharp Health Plan has been San Diego's own nationally recognized, high-quality health insurance. We're dedicated to delivering truly personalized service, with direct access to Sharp Healthcare. We're passionate about making a positive difference in each and every interaction you have with us — that's what it means to be a part of The Sharp Experience.



## Highest member-rated health plan

We're proud to say we are the highest member-rated health plan in California for the fifth year in a row. In 2019, we had the highest member ratings for health care, personal doctor and specialist among reporting California health plans.<sup>11</sup>



## Affordable options

We offer nine different individual and family plan options, so you and your family can find a plan that fits your lifestyle and budget. Our plans are designed to give you the flexibility you need and deliver the value you deserve.



## Quick and easy access to care

Whether you're home or traveling the world, we've got you covered. Get the care you need right away through a number of options, including video and phone visits, MinuteClinic® and Emergency Travel Services.



## Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're a locally based not-for-profit commercial health plan, and we're honored to serve you.

## Tell a Friend

We have affordable plans for San Diegans of all ages, including Medicare plans. If you are happy with Sharp Health Plan, please tell a friend!

All information in this brochure reflects Premier and Performance Network as of August 2019.

<sup>11</sup> The source for this data is Quality Compass® 2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2019 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 57.30 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.23; 65.25 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 51.87; 74.47 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 65.60 and 75.68 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 63.50.



## 2020 Quick Guide Individual and Family Plans





# Important questions to consider before you enroll



## Do you qualify for financial help?

Individuals with incomes up to \$74,940 and households with incomes up to \$154,500\* can qualify for state-based financial help. Our Covered California plans offer some of San Diego's lowest rates (reduced up to 15% on select plans)



## Do you want to keep your personal doctor?

To keep your current doctor, browse our provider directory at [sharphealthplan.com/findadoctor](http://sharphealthplan.com/findadoctor). After you find their listing, make note of their network and medical group. Then when you're ready to enroll, select your doctor's network and medical group.



## Do you have children?

If you'd like your child to access Rady Children's Health Network, you'll want to consider choosing the Performance Network. If you'd like your child to have the same doctor as you, find your doctor's listing in our provider directory at [sharphealthplan.com/findadoctor](http://sharphealthplan.com/findadoctor) to see their network and medical group.



## Where do you live or work?

Find out if you live or work in a ZIP code that's within the network you're considering. Visit [sharphealthplan.com/networks-by-zip](http://sharphealthplan.com/networks-by-zip) to see which network is the best fit for you. If you live or work in North County, for example, the Performance Network might be right for you.

## 2020 health insurance requirement

Next year, California will have a statewide coverage mandate, resulting in a tax penalty for those who do not have health insurance.

\*Based on a family of four



# 3 simple steps to enroll

## ① Select a provider network

Through our networks, you can access award-winning doctors, hospitals, medical groups and much more. Both offer the same quality care, but with different coverage to fit your needs and budget.

Premier Network	Performance Network
A smaller, more select network offering the most value, and covering a portion of San Diego County. <b>1,200+ Doctors</b>	A broad network in San Diego County offering more choice for people living in North County. <b>1,700+ Doctors</b>



## Acute care hospitals<sup>1</sup>

	Premier Network	Performance Network
Sharp Chula Vista Medical Center	●	●
Sharp Coronado Hospital and Healthcare Center	●	●
Sharp Grossmont Hospital	●	●
Sharp Mary Birch Hospital for Women & Newborns	●	●
Sharp Memorial Hospital	●	●
Palomar Medical Center	●	●
Palomar Medical Center Poway	●	●
Rady Children's Hospital (2 locations)	●	●
Temecula Valley Hospital	●	●
Inland Valley Medical Center		●
Rancho Springs Medical Center		●
Tri-City Medical Center		●



## Medical groups

	Premier Network	Performance Network
Sharp Rees-Stealy Medical Group	●	●
Sharp Community Medical Group	●	●
Sharp Community Medical Group Arch Health Medical Group		●
Sharp Community Medical Group Graybill		●
Sharp Community Medical Group Graybill Temecula		●
Sharp Community Medical Group Inland North		●
Rady Children's Health Network/Children's Physicians Medical Group		●

<sup>1</sup> General acute care facility locations only. These networks also include Sharp Mesa Vista Hospital and Sharp McDonald Center.

## ② Choose the right plan for you

From lower copays to lower monthly payments, we have a plan for you. If you are under 30 years old, or if you've received a certificate of exemption from Covered California due to affordability or hardship, you also may choose a plan option called a minimum coverage plan.

	Premier Network				Performance Network			
	Platinum	Gold	Silver	Bronze HDHP <sup>3</sup>	Platinum	Gold	Silver	Bronze
Percentage of Medical Expenses Paid by Sharp Health Plan	90%	80%	70%	60%	90%	80%	70%	60%

### Annual Deductible

	Platinum	Gold	Silver	Bronze HDHP <sup>3</sup>	Platinum	Gold	Silver	Bronze
Individual	\$0	\$0	\$4,000 <sup>2</sup>	\$6,900	\$0	\$0	\$4,000 <sup>2</sup>	\$6,300 <sup>4</sup>
Family	\$0	\$0	\$8,000 <sup>2</sup>	\$13,800	\$0	\$0	\$8,000 <sup>2</sup>	\$12,600 <sup>4</sup>

### Annual Out-of-Pocket Maximum

	Platinum	Gold	Silver	Bronze HDHP <sup>3</sup>	Platinum	Gold	Silver	Bronze
Individual	\$4,500	\$7,800	\$7,800	\$6,900	\$4,500	\$7,800	\$7,800	\$7,800
Family	\$9,000	\$15,600	\$15,600	\$13,800	\$9,000	\$15,600	\$15,600	\$15,600

### Medical Copays

	Platinum	Gold	Silver	Bronze HDHP <sup>3</sup>	Platinum	Gold	Silver	Bronze
Primary Care Visit	\$15	\$30	\$40	0%	\$15	\$30	\$40	\$65 <sup>5</sup>
Specialist Visit	\$30	\$65	\$80	0%	\$30	\$65	\$80	\$95 <sup>5</sup>
Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Visit	\$15	\$30	\$40	0%	\$15	\$30	\$40	\$65 <sup>5</sup>
ER Facility Visit	\$150	\$350	\$400	0%	\$150	\$350	\$400	40%
Hospital Facility Physician	\$250 <sup>7</sup>	\$600 <sup>7</sup>	20%	0%	10%	20%	20%	40%
	\$0	\$0	20%	0%	10%	20%	20%	40%

### Prescription Drugs (up to 30-day supply)

	Platinum	Gold	Silver	Bronze HDHP <sup>3</sup>	Platinum	Gold	Silver	Bronze
Tier 1	\$5	\$15	\$16	0% <sup>8</sup>	\$5	\$15	\$16	\$18 <sup>8</sup>
Tier 2	\$15	\$55	\$60	0% <sup>8</sup>	\$15	\$55	\$60	40% <sup>8</sup>
Tier 3	\$25	\$80	\$90	0% <sup>8</sup>	\$25	\$80	\$90	40% <sup>8</sup>
Tier 4	10% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	0% <sup>8</sup>	10% <sup>6</sup>	20% <sup>6</sup>	20% <sup>6</sup>	40% <sup>8</sup>

Deductible applies to shaded areas

<sup>2</sup> Plan includes a \$200 individual/\$400 family prescription drug deductible.

<sup>3</sup> Health Savings Account-compatible plan (HSA). An HSA is a tax-advantaged medical savings account that allows you to pay for qualified medical expenses as they occur each year. The funds are contributed to an account and are not subject to federal income tax at the time of deposit, and the funds roll over from year to year.

<sup>4</sup> Plan includes a \$500 individual/\$1,000 family prescription drug deductible.

<sup>5</sup> Deductible waived for first three non-preventive office or urgent care visits.

<sup>6</sup> Member cost share after deductible (when applicable) will not exceed \$250 per prescription.

<sup>7</sup> Per day. Five-day maximum.

<sup>8</sup> Member cost share after deductible will not exceed \$500 per prescription.

## ③ Enroll today!

Getting great health coverage is easier than ever. We're here to make shopping and enrolling as simple as possible.



Download and complete the application and return to the Capital Benefits office. Please give us a call direct with any questions 619-681-1910

## Enrollment dates

You can apply for your plan of choice during our yearly open enrollment period from Oct. 15, 2019, to Jan. 15, 2020.<sup>9</sup>

## Open enrollment application deadlines<sup>9</sup>

If you want your coverage to start on:	Your application must be received by:
Jan. 1, 2020	Dec. 15, 2019
Feb. 1, 2020	Jan. 15, 2020

## Do you know about special enrollment?

There are certain qualifying events that make you eligible to enroll in Sharp Health Plan outside of the open enrollment period.

<sup>9</sup> Dates for the yearly open enrollment period are subject to change. Please call for the latest deadline information.