



Individual and Family Plans

Choose the right plan for you

	Premier Network				Performance Network			
	Platinum	Gold	Silver	Bronze HDHP ²	Platinum	Gold	Silver	Bronze
Premium	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX	\$XXX,XXX
Percentage of Medical Expenses Paid by Sharp Health Plan	90%	80%	70%	60%	90%	80%	70%	60%
Annual Deductible								
Individual	\$0	\$0	\$4,000 ¹	\$7,000	\$0	\$0	\$4,000 ²	\$6,300 ³
Family	\$0	\$0	\$8,000 ¹	\$14,000	\$0	\$0	\$8,000 ²	\$12,600 ³
Annual Out-of-Pocket Maximum								
Individual	\$4,500	\$8,200	\$8,200	\$7,000	\$4,500	\$8,200	\$8,200	\$8,200
Family	\$9,000	\$16,400	\$16,400	\$14,000	\$9,000	\$16,400	\$16,400	\$16,400
Medical Copays								
Primary Care Visit	\$15	\$35	\$40	0%	\$15	\$35	\$40	\$65 ⁴
Specialist Visit	\$30	\$65	\$80	0%	\$30	\$65	\$80	\$95 ⁴
Preventive Care Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Visit	\$15	\$35	\$40	0%	\$15	\$35	\$40	\$65 ⁴
ER Facility Visit	\$150	\$350	\$400	0%	\$150	\$350	\$400	40%
Hospital Facility	\$250 ⁶	\$600 ⁶	20%	0%	10%	20%	20%	40%
Hospital Physician	\$0	\$0	20%	0%	10%	20%	20%	40%
Prescription Drugs (up to 30-day supply)								
Tier 1	\$5	\$15	\$16	0%	\$5	\$15	\$16	\$18
Tier 2	\$15	\$55	\$60	0%	\$15	\$55	\$60	40% ⁷
Tier 3	\$25	\$80	\$90	0%	\$25	\$80	\$90	40% ⁷
Tier 4	10% ⁵	20% ⁵	20% ⁵	0%	10% ⁵	20% ⁵	20% ⁵	40% ⁷

Enroll today!

Getting great health coverage is easier than ever. You can enroll by phone at (858) 499-8211, or by email at IFPsales@sharp.com. We're here to make shopping and enrolling as simple as possible.

  Deductible applies to shaded areas

¹ Plan includes a \$300 individual/\$600 family prescription drug deductible.

² 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.

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

⁴ Deductible waived for first three non-preventive office or urgent care visits.

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

⁶ Per day. Five-day maximum.

⁷ Member cost share after deductible will not exceed \$500 per prescription.

Performance is the larger network
Premier is the smaller network

Please see network brochures for complete details

Sharp Individual

Rates Effective January 1, 2021 to December 31, 2021

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 ²
0-14	\$324.81	\$305.11	\$266.47	\$266.20	\$222.97	\$210.34	\$216.05	\$226.84	\$160.69
15	\$353.69	\$332.23	\$290.15	\$289.86	\$242.79	\$229.04	\$235.25	\$247.00	\$174.97
16	\$364.73	\$342.60	\$299.21	\$298.90	\$250.37	\$236.19	\$242.60	\$254.71	\$180.43
17	\$375.77	\$352.97	\$308.27	\$307.95	\$257.95	\$243.34	\$249.94	\$262.42	\$185.89
18	\$387.65	\$364.14	\$318.02	\$317.69	\$266.11	\$251.04	\$257.85	\$270.72	\$191.77
19	\$399.54	\$375.30	\$327.77	\$327.44	\$274.27	\$258.74	\$265.76	\$279.03	\$197.65
20	\$411.86	\$386.87	\$337.87	\$337.53	\$282.72	\$266.71	\$273.95	\$287.63	\$203.75
21	\$424.59	\$398.83	\$348.32	\$347.97	\$291.46	\$274.96	\$282.42	\$296.52	\$210.05
22	\$424.59	\$398.83	\$348.32	\$347.97	\$291.46	\$274.96	\$282.42	\$296.52	\$210.05
23	\$424.59	\$398.83	\$348.32	\$347.97	\$291.46	\$274.96	\$282.42	\$296.52	\$210.05
24	\$424.59	\$398.83	\$348.32	\$347.97	\$291.46	\$274.96	\$282.42	\$296.52	\$210.05
25	\$426.29	\$400.43	\$349.72	\$349.36	\$292.63	\$276.06	\$283.55	\$297.71	\$210.89
26	\$434.78	\$408.41	\$356.68	\$356.32	\$298.46	\$281.56	\$289.20	\$303.64	\$215.09
27	\$444.97	\$417.98	\$365.04	\$364.67	\$305.45	\$288.16	\$295.97	\$310.76	\$220.13
28	\$461.53	\$433.53	\$378.63	\$378.24	\$316.82	\$298.88	\$306.99	\$322.32	\$228.32
29	\$475.12	\$446.30	\$389.77	\$389.38	\$326.15	\$307.68	\$316.03	\$331.81	\$235.04
30	\$481.91	\$452.68	\$395.35	\$394.94	\$330.81	\$312.08	\$320.54	\$336.55	\$238.40
31	\$492.10	\$462.25	\$403.71	\$403.29	\$337.81	\$318.68	\$327.32	\$343.67	\$243.44
32	\$502.29	\$471.82	\$412.07	\$411.65	\$344.80	\$325.28	\$334.10	\$350.79	\$248.48
33	\$508.66	\$477.80	\$417.29	\$416.87	\$349.17	\$329.40	\$338.34	\$355.23	\$251.64
34	\$515.46	\$484.19	\$422.86	\$422.43	\$353.84	\$333.80	\$342.86	\$359.98	\$255.00
35	\$518.85	\$487.38	\$425.65	\$425.22	\$356.17	\$336.00	\$345.11	\$362.35	\$256.68
36	\$522.25	\$490.57	\$428.44	\$428.00	\$358.50	\$338.20	\$347.37	\$364.72	\$258.36
37	\$525.65	\$493.76	\$431.22	\$430.78	\$360.83	\$340.40	\$349.63	\$367.09	\$260.04
38	\$529.04	\$496.95	\$434.01	\$433.57	\$363.16	\$342.60	\$351.89	\$369.47	\$261.72
39	\$535.84	\$503.33	\$439.58	\$439.14	\$367.83	\$347.00	\$356.41	\$374.21	\$265.08
40	\$542.63	\$509.71	\$445.16	\$444.70	\$372.49	\$351.40	\$360.93	\$378.96	\$268.44
41	\$552.82	\$519.28	\$453.52	\$453.05	\$379.49	\$358.00	\$367.71	\$386.07	\$273.48
42	\$562.59	\$528.46	\$461.53	\$461.06	\$386.19	\$364.32	\$374.20	\$392.89	\$278.31
43	\$576.17	\$541.22	\$472.67	\$472.19	\$395.52	\$373.12	\$383.24	\$402.38	\$285.03
44	\$593.16	\$557.17	\$486.61	\$486.11	\$407.18	\$384.12	\$394.54	\$414.24	\$293.43
45	\$613.11	\$575.92	\$502.98	\$502.47	\$420.87	\$397.04	\$407.81	\$428.18	\$303.31
46	\$636.89	\$598.25	\$522.48	\$521.95	\$437.20	\$412.44	\$423.63	\$444.78	\$315.07
47	\$663.64	\$623.38	\$544.43	\$543.87	\$455.56	\$429.76	\$441.42	\$463.46	\$328.30
48	\$694.21	\$652.09	\$569.51	\$568.93	\$476.54	\$449.56	\$461.75	\$484.81	\$343.43
49	\$724.36	\$680.41	\$594.24	\$593.63	\$497.24	\$469.08	\$481.81	\$505.87	\$358.34
50	\$758.33	\$712.32	\$622.10	\$621.47	\$520.56	\$491.08	\$504.40	\$529.59	\$375.14
51	\$791.87	\$743.83	\$649.62	\$648.96	\$543.58	\$512.80	\$526.71	\$553.01	\$391.74
52	\$828.81	\$778.53	\$679.93	\$679.23	\$568.94	\$536.72	\$551.28	\$578.81	\$410.01
53	\$866.17	\$813.62	\$710.58	\$709.85	\$594.59	\$560.92	\$576.13	\$604.91	\$428.49
54	\$906.51	\$851.51	\$743.67	\$742.91	\$622.28	\$587.04	\$602.96	\$633.07	\$448.45
55	\$946.84	\$889.40	\$776.76	\$775.97	\$649.97	\$613.16	\$629.79	\$661.24	\$468.40
56	\$990.58	\$930.48	\$812.64	\$811.81	\$679.99	\$641.48	\$658.88	\$691.79	\$490.04
57	\$1,034.74	\$971.96	\$848.86	\$848.00	\$710.30	\$670.08	\$688.25	\$722.62	\$511.88
58	\$1,081.87	\$1,016.23	\$887.53	\$886.62	\$742.65	\$700.60	\$719.60	\$755.54	\$535.20
59	\$1,105.22	\$1,038.17	\$906.68	\$905.76	\$758.68	\$715.72	\$735.13	\$771.85	\$546.75
60	\$1,152.35	\$1,082.44	\$945.35	\$944.38	\$791.03	\$746.24	\$766.48	\$804.76	\$570.07
61	\$1,193.11	\$1,120.73	\$978.79	\$977.79	\$819.02	\$772.64	\$793.59	\$833.23	\$590.23
62	\$1,219.86	\$1,145.85	\$1,000.73	\$999.71	\$837.38	\$789.96	\$811.39	\$851.91	\$603.46
63	\$1,253.40	\$1,177.36	\$1,028.25	\$1,027.20	\$860.40	\$811.68	\$833.70	\$875.33	\$620.06
64+	\$1,273.77	\$1,196.49	\$1,044.96	\$1,043.90	\$874.38	\$824.88	\$847.25	\$889.56	\$630.14

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.

