

Sharp Health Plan

Your benefits effective August 1, 2016

Your Choice of Plan	Classic 15/15/100	Select 30/40/750
Deductibles		
Calendar Year Deductible (per individual/per family) applies only to those covered benefits indicated	N/A	N/A
Maximums		
Annual out of pocket maximum (per individual/per family)	\$1,500 ¹ /\$3,000 ¹	\$3,000 ¹ /\$6,000 ¹
Professional Services		
Primary Care Physician	\$15/visit	\$30/visit
Specialist Physician	\$15/visit	\$40/visit
Well-Baby (up to age 2)	\$0/visit	\$0/visit
Outpatient Services		
Outpatient Surgery	\$0/procedure	\$325/procedure
Hospitalization Services		
Inpatient	\$100/admission	\$750/admission
Emergency/Urgent Care Services		
Emergency Room	\$50/visit	\$100/visit
Urgent Care	\$15/visit	\$40/visit
Prescription Drug Coverage		
Generic Formulary/Brand Formulary/Non-Formulary medications up to a 30-day supply	\$15/\$30/\$50	\$20/\$35/\$70 (\$150 brand deductible)
Generic Formulary/Brand Formulary/Non-Formulary medications up to a 90-day supply by mail order	\$30/\$60/\$100	\$40/\$70/\$140 (\$150 brand deductible)
Mental Health Services		
Inpatient	\$100/admission	\$750/admission
Outpatient	\$15/visit	\$30/visit
Chemical Dependency Services		
Emergency Services for acute drug or alcohol detoxification	\$50/visit	\$100/visit
Outpatient	\$15/visit	\$30/visit
Inpatient	\$100/admission	\$750/admission

¹ Copayments for supplemental benefits (Assisted Reproductive Technologies, Chiropractic Services, Acupuncture, and Vision) do not apply to the annual out of pocket maximum