



Sharp Health Plan is proud to be selected as a Covered California health insurance plan. Our successful track record in San Diego County for providing innovative and affordable health coverage aligns with Covered California's goal of providing coverage options that offer the optimal combination of choice, value, quality and service. As a not-for-profit organization that is wholly owned by Sharp HealthCare, Sharp Health Plan is part of an award-winning, integrated health care delivery system that exists solely to serve our members in the local San Diego market. We offer a unique integrated model of care that ensures access to high-quality, cost-effective care and an unparalleled health care experience. This partnership with Covered California gives us the opportunity to expand our role in improving access to affordable, high quality health care coverage for San Diegans.

Bronze HSA Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Bronze 60 HSA HMO

\$4,500 deductible for medical & drugs

Family Deductible

\$9,000 deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

40%

Specialty Care Visit Copay

40%

Urgent Care Visit Copay

40%

Generic Medication Copay

40%

Lab Testing Copay

40%

X-Ray Copay

40%

Emergency Room Copay

40%

High cost and infrequent services (e.g. Hospital Stay)

40% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

40%

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Bronze 60 HMO 2

\$5,000 deductible for medical & drugs

Family Deductible

\$10,000 deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$60₂

Specialty Care Visit Copay

\$70

Urgent Care Visit Copay

\$120 ₂

Generic Medication Copay

\$19

Lab Testing Copay

30%

X-Ray Copay

30%

Emergency Room Copay

\$300

High cost and infrequent services (e.g. Hospital Stay)

30% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

² First 3 visits each year are not subject to the deductible

Silver 70 Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Silver 70 HMO 1

\$2,000 medical deductible

\$250 brand drug deductible

Family Deductible

\$4,000 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$45

Specialty Care Visit Copay

\$65

Urgent Care Visit Copay

\$90

Generic Medication Copay

\$19

Lab Testing Copay

\$45

X-Ray Copay

\$65

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Silver 70 Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Silver 70 HMO 2

\$2,000 medical deductible

\$250 brand drug deductible

Family Deductible

\$4,000 medical deductible

\$500 brand drug deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$45

Specialty Care Visit Copay

\$65

Urgent Care Visit Copay

\$90

Generic Medication Copay

\$19

Lab Testing Copay

\$45

X-Ray Copay

\$65

Emergency Room Copay

\$250

High cost and infrequent services (e.g. Hospital Stay)

20% of your plan's negotiated rate

Preferred brand copay after Drug Deductible (if any)

\$50

Maximum Out-of-Pocket For One

\$6,350

Maximum Out-of-Pocket For Family

\$12,700

¹ in-network only

Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Gold 80 HMO 1

no deductible

no deductible

no cost at least 1 yearly visit

\$30

\$50

\$60

\$19

\$30

\$50

\$250

HMO

Outpatient Surgery - \$600

Hospital - \$600/day up to 5 days

PPO - 20%

\$50

\$6,350

\$12,700

Gold Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Family Deductible

Preventative Care Copay¹

Primary Care Visit Copay

Specialty Care Visit Copay

Urgent Care Visit Copay

Generic Medication Copay

Lab Testing Copay

X-Ray Copay

Emergency Room Copay

High cost and infrequent services (e.g. Hospital Stay)

Preferred brand copay after Drug Deductible (if any)

Maximum Out-of-Pocket For One

Maximum Out-of-Pocket For Family

¹ in-network only

Gold 80 HMO 2

no deductible

no deductible

no cost at least 1 yearly visit

\$30

\$50

\$60

\$19

\$30

\$50

\$250

HMO

Outpatient Surgery - \$600

Hospital - \$600/day up to 5 days

PPO - 20%

\$50

\$6,350

\$12,700

Platinum Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Platinum 90 HMO 1
Individual Deductible	no deductible
Family Deductible	no deductible
Preventative Care Copay ¹	no cost at least 1 yearly visit
Primary Care Visit Copay	\$20
Specialty Care Visit Copay	\$40
Urgent Care Visit Copay	\$40
Generic Medication Copay	\$5
Lab Testing Copay	\$20
X-Ray Copay	\$40
Emergency Room Copay	\$150
High cost and infrequent services (e.g. Hospital Stay)	HMO Hospital - \$250/day up to 5 days PPO - 10%
Preferred brand copay after Drug Deductible (if any)	\$15
Maximum Out-of-Pocket For One	\$4,000
Maximum Out-of-Pocket For Family	\$8,000

¹ in-network only

Platinum Plan Details

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits

Individual Deductible

Platinum 90 HMO 2

no deductible

Family Deductible

no deductible

Preventative Care Copay¹

no cost at least 1 yearly visit

Primary Care Visit Copay

\$20

Specialty Care Visit Copay

\$40

Urgent Care Visit Copay

\$40

Generic Medication Copay

\$5

Lab Testing Copay

\$20

X-Ray Copay

\$40

Emergency Room Copay

\$150

High cost and infrequent services (e.g. Hospital Stay)

HMO

Hospital - \$250/day up to 5 days

PPO - 10%

Preferred brand copay after Drug Deductible (if any)

\$15

Maximum Out-of-Pocket For One

\$4,000

Maximum Out-of-Pocket For Family

\$8,000

¹ in-network only