A guide to choosing the right plan for your business

effective January 1, 2017
San Diegans choose Sharp Health Plan

With a range of solutions and provider networks, we have the right plan to meet your unique small business needs. Sharp Health Plan is your first choice for access to high-quality, affordable health care for a healthy San Diego workforce.

Local focus
As the only local, not-for-profit commercial health plan, we not only serve the people of San Diego—we are the people of San Diego. When you join Sharp Health Plan, you’ll have care options close to where you live and work.

Award-winning care
You’ll receive award-winning care from our nationally recognized doctors, medical groups and hospitals.

Customizable
With a multitude of plan designs, four provider networks and a broad range of pricing options, you have the ability to tailor your plan to your business needs.

Additional benefits included with every plan
We know that excellent health care is not enough; it must also be easy to access. The convenience of Sharp Health Plan extends beyond San Diego and standard business hours. All Sharp Health Plan members receive the following value-added benefits:

Best Health®
Best Health is one of only 10 health plan wellness programs to receive national accreditation. The program provides Sharp Health Plan members with a variety of resources from meal plans to exercise routines to one-on-one personalized health coaching.

Sharp Nurse Connection®
We offer an after-hours nurse advice telephone service for Sharp Health Plan members. When you have a health question or concern after regular business hours, a single phone call puts you in touch with a registered nurse.

MinuteClinic®
As the walk-in medical clinic located inside select CVS/pharmacy® stores, MinuteClinic provides convenient access to basic care, without an appointment.¹

Assist America®
Assist America connects Sharp Health Plan members to doctors, hospitals, pharmacies and other services when faced with a medical emergency while traveling 100 miles or more away from home, or out of the country.

¹ 2021 fees not apply to most情形 such as flu shots, which have a 2020 rate.
### Small group Platinum 90 plans effective January 1, 2017

#### Deductibles
- Calendar year deductible (per individual/per family) (applies only to those covered benefits indicated)
  - None

#### Maximums
- There are no lifetime maximums for the plan
- Annual out-of-pocket maximum, including deductible (per individual/per family)
  - Platinum HMO NG 1: $3,000 / $6,000
  - Platinum HMO NG 2: $4,000 / $8,000
  - Platinum HMO NG 3: $2,900 / $5,800
  - Platinum HMO NG 4: $2,500 / $5,000
  - Platinum HMO NG 5: $3,000 / $6,000
  - Platinum HMO NG 6: $2,000 / $4,000
  - Platinum HMO NG 7: $3,000 / $6,000
  - Platinum HMO NG 8: $2,000 / $4,000

#### Professional Services (per visit)
- Primary Care Physician office visit (for consultation, treatment, diagnostic testing, etc.)
  - Platinum HMO NG 1: $10
  - Platinum HMO NG 2: $15
  - Platinum HMO NG 3: $20
  - Platinum HMO NG 4: $20
  - Platinum HMO NG 5: $20
  - Platinum HMO NG 6: $20
  - Platinum HMO NG 7: $20
  - Platinum HMO NG 8: $20

#### Preventive Services²
- Preventive services
  - Platinum HMO NG 1: $0
  - Platinum HMO NG 2: $0
  - Platinum HMO NG 3: $0
  - Platinum HMO NG 4: $0
  - Platinum HMO NG 5: $0
  - Platinum HMO NG 6: $0
  - Platinum HMO NG 7: $0
  - Platinum HMO NG 8: $0

#### Prescription Drug Coverage
- Drugs administered in a practitioner’s office, hospital or outpatient facility
  - Platinum HMO NG 1: $15 / $35 / $50
  - Platinum HMO NG 2: $10 / $25 / $50
  - Platinum HMO NG 3: $15 / $35 / $50
  - Platinum HMO NG 4: $10 / $25 / $50
  - Platinum HMO NG 5: $19 / $35 / $70
  - Platinum HMO NG 6: $19 / $35 / $70
  - Platinum HMO NG 7: $10 / $25 / $50
  - Platinum HMO NG 8: $15 / $35 / $50

#### Other
- Skilled nursing facility services (maximum of 100 days per benefit period)
  - Platinum HMO NG 1: $100 / day (3-day max)
  - Platinum HMO NG 2: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 3: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 4: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 5: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 6: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 7: $200 / admission $200 / day (5-day max)
  - Platinum HMO NG 8: $200 / admission $200 / day (5-day max)

### Hospitalization Services

#### Inpatient
- Inpatient
  - Platinum HMO NG 1: $300 / day (3-day max)
  - Platinum HMO NG 2: $350 / day (5-day max)
  - Platinum HMO NG 3: $250 / day (3-day max)
  - Platinum HMO NG 4: $250 / admission
  - Platinum HMO NG 5: $300 / day (3-day max)
  - Platinum HMO NG 6: $500 / day (3-day max)
  - Platinum HMO NG 7: $500 / admission
  - Platinum HMO NG 8: $1,000 / admission

#### Emergency/Urgent Care Services
- Emergency room (waived if admitted)
  - Platinum HMO NG 1: $100
  - Platinum HMO NG 2: $200
  - Platinum HMO NG 3: $100
  - Platinum HMO NG 4: $100
  - Platinum HMO NG 5: $100
  - Platinum HMO NG 6: $100
  - Platinum HMO NG 7: $150
  - Platinum HMO NG 8: $100

#### Ambulance Services
- Ambulance in connection with hospital admission or emergency services
  - Platinum HMO NG 1: $100
  - Platinum HMO NG 2: $200
  - Platinum HMO NG 3: $200
  - Platinum HMO NG 4: $200
  - Platinum HMO NG 5: $200
  - Platinum HMO NG 6: $200
  - Platinum HMO NG 7: $200
  - Platinum HMO NG 8: $200

#### Outpatient Services
- Outpatient surgery
  - Platinum HMO NG 1: $100 / procedure
  - Platinum HMO NG 2: $250 / procedure
  - Platinum HMO NG 3: $125 / procedure
  - Platinum HMO NG 4: $300 / procedure
  - Platinum HMO NG 5: $500 / procedure
  - Platinum HMO NG 6: $500 / procedure
  - Platinum HMO NG 7: $500 / procedure
  - Platinum HMO NG 8: $500 / procedure

#### Durable Medical Equipment and Other Supplies
- Durable medical equipment
  - Platinum HMO NG 1: 50% coinsurance³
  - Platinum HMO NG 2: 50% coinsurance³
  - Platinum HMO NG 3: 50% coinsurance³
  - Platinum HMO NG 4: 50% coinsurance³
  - Platinum HMO NG 5: 50% coinsurance³
  - Platinum HMO NG 6: 50% coinsurance³
  - Platinum HMO NG 7: 50% coinsurance³
  - Platinum HMO NG 8: 50% coinsurance³

### Mental Health Services
- Inpatient
  - Platinum HMO NG 1: $300 / day (3-day max)
  - Platinum HMO NG 2: $350 / day (5-day max)
  - Platinum HMO NG 3: $250 / day (3-day max)
  - Platinum HMO NG 4: $250 / admission
  - Platinum HMO NG 5: $300 / day (3-day max)
  - Platinum HMO NG 6: $500 / day (3-day max)
  - Platinum HMO NG 7: $500 / admission
  - Platinum HMO NG 8: $1,000 / admission

#### Outpatient
- Outpatient
  - Platinum HMO NG 1: $10 / visit
  - Platinum HMO NG 2: $10 / visit
  - Platinum HMO NG 3: $15 / visit
  - Platinum HMO NG 4: $20 / visit
  - Platinum HMO NG 5: $20 / visit
  - Platinum HMO NG 6: $20 / visit
  - Platinum HMO NG 7: $20 / visit
  - Platinum HMO NG 8: $20 / visit

#### Chemical Dependency Services
- Inpatient
  - Platinum HMO NG 1: $300 / day (3-day max)
  - Platinum HMO NG 2: $350 / day (5-day max)
  - Platinum HMO NG 3: $250 / day (3-day max)
  - Platinum HMO NG 4: $250 / day (5-day max)
  - Platinum HMO NG 5: $300 / day (5-day max)
  - Platinum HMO NG 6: $500 / day (5-day max)
  - Platinum HMO NG 7: $500 / day (5-day max)
  - Platinum HMO NG 8: $500 / day (5-day max)

#### Hospice care - inpatient
- Platinum HMO NG 1: $0 / admission
  - Platinum HMO NG 2: $250 / day (3-day max)
  - Platinum HMO NG 3: $200 / admission
  - Platinum HMO NG 4: $200 / admission

- Hospice care - outpatient (per visit)
  - Platinum HMO NG 1: $0
  - Platinum HMO NG 2: $0
  - Platinum HMO NG 3: $0
  - Platinum HMO NG 4: $0

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1. Copayments and deductibles are limited to beneficiaries aged 65 or older. Deductibles and copayments apply only to those covered benefits indicated.
2. Preventive services include a comprehensive checkup at regular intervals, checkups for women, mammograms, Pap smears, etc., screenings for men, immunizations, etc.
3. Out-of-pocket maximums are subject to inflation adjustments.
## Deductibles

- **Gold**: None
- **Silver**: None
- **Bronze**: None

**Calendars and Per Individual/Per Family**:
- **Gold**: None
- **Silver**: None
- **Bronze**: None

**Calendar Year Deductible (Per Individual/Per Family)**:
- **Gold**: $0
- **Silver**: $500
- **Bronze**: $500

**Allotted Prescription Drugs**:
- **Gold**: None
- **Silver**: None
- **Bronze**: None

## Maximums

- **Calendar Year Deductible**:
  - None
  - None
  - None

**Allotted Prescription Drugs**:
- **Gold**: None
- **Silver**: None
- **Bronze**: None

## Professional Services (per visit)

### Primary Care Physician
- **Office Visit**:
  - $30
  - $40

### Specialist Physician
- **Office Visit**:
  - $30
  - $40

### Preventive Services
- **Preventive Services**: $0

### Prescription Drug Coverage
- **Preferred Generic/Preferred Brand/Non-preferred**
  - **30-Day Supply**:
    - $15 / $50 / $70
    - $19 / $35 / $70
    - $19 / $35 / $70
    - $19 / $35 / $70
    - $10 / $40 / $70
    - $19 / $35 / $70
  - **90-Day Supply**:
    - $30 / $100 / $140
    - $38 / $70 / $140

### Other Services
- **Skilled Nursing Facility**:
  - **100 Days**:
    - $150 / day
    - $175 / admission
  - **Home Health Care**:
    - $30 / visit
  - **Hospice Care**:
    - **Inpatient**:
      - $150 / day
      - $150 / admission
    - **Inpatient (Outpatient)**:
      - $0 / visit
      - $0 / admission

## Prescription Drug Coverage

- **Preferred Generics/Preferred Brands/Non-preferred**
  - **30-Day Supply**:
    - $15 / $50 / $70
    - $19 / $35 / $70
    - $19 / $35 / $70
    - $19 / $35 / $70
    - $10 / $40 / $70
    - $19 / $35 / $70
  - **90-Day Supply**:
    - $30 / $100 / $140
    - $38 / $70 / $140
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Additional Platinum 90</th>
<th>Gold 80</th>
<th>Additional Platinum 90</th>
<th>Gold 80</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductibles</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calendar year deductible for multiple/family (applicable only to those covered benefits indicated)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum, including deductible for individual (per family)</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td><strong>Professional Services (per visit)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician office visit for consultation, diagnostic testing, etc. (per visit)</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Specialist Physician office visit for consultation, diagnostic testing, etc. (per visit)</td>
<td>$40</td>
<td>$40</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Non-preferred and preferred office visits (per visit)</td>
<td>$5</td>
<td>$5</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient facility / physician</td>
<td>15% coinsurance* / 15% coinsurance*</td>
<td>$50 per procedure / $100 per visit</td>
<td>20% coinsurance* / 20% coinsurance*</td>
<td>$60 per procedure / $120 per visit</td>
</tr>
<tr>
<td>Radiation services (x-rays and diagnostic imaging)</td>
<td>$50</td>
<td>$50</td>
<td>$65</td>
<td>$65</td>
</tr>
<tr>
<td>Advanced radiology (including MRI, CT scans, PET scans, MRA, MUGA, SPECTs)</td>
<td>$150</td>
<td>$150</td>
<td>$275</td>
<td>$275</td>
</tr>
<tr>
<td>Physical, occupational, and speech therapy</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Hospitalization Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient facility / physician</td>
<td>15% coinsurance* / 15% coinsurance*</td>
<td>$50 per day (5-day max) / $100 per visit</td>
<td>20% coinsurance* / 20% coinsurance*</td>
<td>$600 per day / $1200 per visit</td>
</tr>
<tr>
<td>Emergency room facility / physician (waived if admitted)</td>
<td>$150</td>
<td>$150</td>
<td>$325</td>
<td>$325</td>
</tr>
<tr>
<td>Urgent care physician</td>
<td>$15</td>
<td>$15</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td><strong>Ambulance Services</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulance in connection with hospital admission or emergency services</td>
<td>$150</td>
<td>$150</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs administered to a practitioner’s office, hospital or outpatient facility</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 1: Generic</td>
<td>$5 / $15 / $25 / $10</td>
<td>$5 / $15 / $25 / $10</td>
<td>$15 / $55 / $75 / $20</td>
<td>$15 / $55 / $75 / $20</td>
</tr>
<tr>
<td>Tier 2: Tier 3 medications up to a 30-day supply</td>
<td>$51 / $151 / $251 / $101</td>
<td>$51 / $151 / $251 / $101</td>
<td>$151 / $551 / $751 / $201</td>
<td>$151 / $551 / $751 / $201</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient facility / physician</td>
<td>15% coinsurance* / 15% coinsurance*</td>
<td>$50 per day (5-day max) / $100 per visit</td>
<td>20% coinsurance* / 20% coinsurance*</td>
<td>$600 per day / $1200 per visit</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$15 / visit</td>
<td>$15 / visit</td>
<td>$30 / visit</td>
<td>$30 / visit</td>
</tr>
<tr>
<td>Chemical Dependency Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient facility / physician</td>
<td>15% coinsurance* / 15% coinsurance*</td>
<td>$50 per day (5-day max) / $100 per day</td>
<td>20% coinsurance* / 20% coinsurance*</td>
<td>$600 per day (5-day max) / $1200 per day</td>
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<tr>
<td>Outpatient</td>
<td>$15 / visit</td>
<td>$15 / visit</td>
<td>$30 / visit</td>
<td>$30 / visit</td>
</tr>
<tr>
<td>Emergency services for acute drug or alcohol detoxification</td>
<td>$150 per visit / $0</td>
<td>$150 per visit / $0</td>
<td>$325 per visit / $0</td>
<td>$325 per visit / $0</td>
</tr>
</tbody>
</table>

*These plans are also available through Covered California on either the Performance or Premier network only.

1: Generic and non-preferred services for inpatient care in the Covered California Performance and Premier Networks. **Preferred services for inpatient care in the Covered California Performance and Premier Networks. Services covered under the Performance and Preferred networks may be covered at a lesser rate for services covered under the Preferred network.

2: Out-of-network inpatient care.


4: These rates are applicable to Tier 1 medications only. The Tier 2 and Tier 3 medication rates may vary, depending on the patient's insurance plan. The Tier 2 and Tier 3 medication rates may be higher than the Tier 1 medication rates.
### Deductibles
- Calendar year deductible for individual/family: Apply only to those covered benefits indicated.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Silver 70 HMO</td>
<td>$2,000 / $4,000</td>
</tr>
<tr>
<td>Sharp Silver 70 HMO-40%</td>
<td>$2,000 / $4,000</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$4,000 / $8,000</td>
</tr>
</tbody>
</table>

### Maximaums
- Annual out-of-pocket maximum, including deductible for individual/family:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Silver 70 HMO</td>
<td>$6,800 / $13,600</td>
</tr>
<tr>
<td>Sharp Silver 70 HMO-40%</td>
<td>$6,800 / $13,600</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$6,800 / $13,600</td>
</tr>
</tbody>
</table>

### Professional Services (per visit)
- Outpatient Services (facility / physician):

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Silver 70 HMO</td>
<td>$200 / $400</td>
</tr>
<tr>
<td>Sharp Silver 70 HMO-40%</td>
<td>$200 / $400</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$400 / $800</td>
</tr>
</tbody>
</table>

### Hospitalizations Services
- Outpatient Services (facility / physician):

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</thead>
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<tr>
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<td>$200 / $400</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$400 / $800</td>
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</tbody>
</table>

### Emergency/Urgent Care Services
- Outpatient Services (facility / physician):

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<th>Individual Max.</th>
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<tbody>
<tr>
<td>Sharp Silver 70 HMO</td>
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<tr>
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<td>$200 / $400</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
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</tr>
</tbody>
</table>

### Prescription Drug Coverage
- Drug administration in practitioner's office, hospital or outpatient facility:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Max.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharp Silver 70 HMO</td>
<td>$250 / $500</td>
</tr>
<tr>
<td>Sharp Silver 70 HMO-40%</td>
<td>$250 / $500</td>
</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$500 / $1,000</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment
- Durable (medication equipment):

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual Max.</th>
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<tr>
<td>Sharp Silver 70 HMO</td>
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<tr>
<td>Sharp Silver 70 HMO-40%</td>
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</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$400 / $800</td>
</tr>
</tbody>
</table>

### Chemical Dependency Services
- Outpatient Services (facility / physician):

<table>
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<th>Individual Max.</th>
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<tr>
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<td>Sharp Silver 70 HDHP HMO</td>
<td>$400 / $800</td>
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</tbody>
</table>

### Other
- Skilled nursing facility services (maximum of 100 days per benefit period):

<table>
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<tr>
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<th>Individual Max.</th>
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<tr>
<td>Sharp Silver 70 HMO</td>
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<tr>
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</tr>
<tr>
<td>Sharp Silver 70 HDHP HMO</td>
<td>$400 / $800</td>
</tr>
</tbody>
</table>

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* These prices are available through Covered California as either the Performance or Premier network only.

* These plans do not apply to the children's health insurance program.

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Provider Networks
Sharp Health Plan offers four provider networks for flexibility while delivering high-quality health services:
Choice, Value, Performance and Premier.

- 2,235+ Doctors
- 13 Hospitals
- 6 Medical Groups
- 40+ Urgent Care Centers
- 500+ Pharmacies

Supplemental benefits available with every plan
All plans include pediatric vision and dental benefits for members up to age 19. A portfolio of dental HMO and PPO plans, provided through Premier Access Dental, is also available.

<table>
<thead>
<tr>
<th>Chiropractic services: American Specialty Health (ASH) Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>CH 6</td>
</tr>
<tr>
<td>CH 1</td>
</tr>
<tr>
<td>CH 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acupuncture services: ASH Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC 55</td>
</tr>
<tr>
<td>AC 57</td>
</tr>
<tr>
<td>AC 59</td>
</tr>
<tr>
<td>AC 54</td>
</tr>
<tr>
<td>AC 62</td>
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<tr>
<td>AC 53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chiropractic + Acupuncture services: ASH Plans</th>
</tr>
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<tbody>
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<th>Vision services: Vision Service Plan (VSP)</th>
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Assisted Reproductive Technologies (ART): for employers with 20+ employees
INF 6  Copayments equal to 50% coinsurance of covered fertility services
Provider Network Comparison

At Sharp Health Plan, we offer four provider networks to deliver cost-effective solutions to meet the unique needs of every employer.

With access to more than 2,235 Physicians, we have an option that's right for you.1

### Hospitals
- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital
- Sharp Grossmont Hospital
- Sharp Mary Birch Hospital for Women & Newborns
- Sharp Memorial Hospital
- Sharp Mesa Vista Hospital
- Rady Children's Hospital
- Palomar Downtown
- Palomar Medical Center
- Pomerado Hospital
- Tri-City Medical Center
- Inland Valley Medical Center
- Rancho Springs Medical Center

### Pharmacies
- Albertsons Sav-on Pharmacy™
- Costco® Pharmacy
- CVSpharmacy®
- Participating Independent Neighborhood Pharmacies
- Ralphs® Pharmacy
- Rite Aid® Pharmacy
- Sharp Rees-Stealy Pharmacy
- Target® Pharmacy
- Vons® Pharmacy
- Walgreens® Pharmacy
- Walmart® Pharmacy

### Participating physicians are subject to change; for the most current information, please visit sharphealthplan.com.

#### Network 1 - Premier
A high-performing, select network and our most affordable option.

#### Network 2 - Performance
An affordable network in San Diego County offering more choice for people living in the North County area.

#### Network 3 - Value
A large network of medical professionals devoted to giving you the best possible care and value.

#### Network 4 - Choice
Our largest network, offering the most choice and convenience.

### Physician Networks
**Sharp Rees-Stealy (SRS)**
- Carmel Valley
- Chula Vista
- Del Mar
- Downtown San Diego
- El Cajon
- Frost Street
- Genesee
- La Mesa/La Mesa West
- Mt. Helix
- Murphy Canyon
- San Carlos
- San Diego
- Scripps Ranch
- Sorrento Mesa

**Sharp Community Medical Group (SCMG)**
- Lakeside
- Mira Mesa
- National City
- Point Loma
- San Diego
- San Dieguito
- University City

**SCMG Inland North**
- Escondido
- Oceanside
- Poway
- Vista

**SCMG Graybill**
- Carlsbad
- Escondido
- Fallbrook
- Murrieta
- Oceanside
- Ramona
- San Marcos
- Temecula
- Valley Center
- Vista

**SCMG Arch Health Partners**
- Escondido
- Oceanside
- Poway
- Ramona

**Rady Children's Health Network/Children's Physicians Medical Group (CPMG)**
- Carlsbad
- Chula Vista
- Claremont
- Del Mar Heights
- Downtown San Diego
- Eastlake
- East San Diego
- El Cajon
- Encinitas
- Escondido
- Fallbrook
- Hillcrest
- La Jolla
- La Mesa
- Linda Vista
- Mira Mesa
- Mission Valley
- National City
- Oceanside
- Poway
- Pt. Loma
- Rancho Bernardo
- San Diego
- San Marcos
- Scripps Ranch
- Solana Beach
- Temecula
- University City

**Greater Tri-Cities IPA**
- Carlsbad
- Escondido
- Oceanside
- Solana Beach
- Vista

**Primary Care Associates Medical Group**
- Carlsbad
- Escondido
- Fallbrook
- Murrieta
- Oceanside
- San Marcos
- Solana Beach
- Vista

**Independent Physician Network**
More than 1,065 Primary Care Physicians and specialists are independently contracted.

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1. Terms and include local cost of living, if applicable. The location of the practice may have been included with any other network and is available to select zip codes throughout San Diego County.

To join, your business must be in a zip code in the list above. Please visit your Sharp Health Plan account manager.
Consider us your personal health care assistant

1-858-499-8300 or 1-800-359-2002

sharphealthplan.com