The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.sharphealthplan.com or call 1-800-359-2002 to request a copy.

Important Questions	Answers			Why This Matters:
What is the overall deductible?	**Tier 1: Sharp Health Plan Performance HMO Network** $2,100 Individual / $4,200 Family (Deductible resets January 1st)	**Tier 2: Aetna Open Choice PPO Network** $2,650 Individual / $5,300 Family (Deductible resets January 1st)	**Tier 3: Out-of-Network** $4,500 Individual / $9,000 Family (Deductible resets January 1st)	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Preventive care, Primary Care services and certain Mental Health Services are covered before you meet your deductible.			This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventative services without cost sharing before you meet your deductible. See a list of covered services at www.healthcare.gov/coverage/preventative-care-benefits.
Are there other deductibles for specific services?	Yes. Prescription drugs			You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
	Tier 1: Sharp Health Plan Performance HMO Network $250 Individual / $500 Family	**Tier 2: Aetna Open Choice PPO Network** $250 Individual / $500 Family	**Tier 3: Out-of-Network** $250 Individual / $500 Family	
	There are no other specific deductibles.			

SAMPLE

Important Questions	Answers			Why This Matters:
What is the out-of-pocket limit for this plan?	**Tier 1: Sharp Health Plan Performance HMO Network** $2,350 Individual / $4,700 Family	**Tier 2: Aetna Open Choice PPO Network** $7,100 Individual / $14,200 Family	**Tier 3: Out-of-Network** $15,600 Individual / $31,200 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, copayments for supplemental Benefits and health care this plan doesn't cover.			Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. For a list of in-network providers, see www.sharphealthplan.com or call 1-800-359-2002.			You pay the least if you use a provider in Tier 1. You pay more if you use a provider in Tier 2. You will pay the most if you use a Tier 3 provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	**Tier 1: Sharp Health Plan Performance HMO Network** Yes.	**Tier 2: Aetna Open Choice PPO Network** No.	**Tier 3: Out-of-Network** No.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.

SAMPLE

(DT - OMB control number: 1545-0047/Expiration Date: 12/31/2019)(DOL - OMB control number: 1210-0147/Expiration date: 5/31/2022)
(HHS - OMB control number: 0938-1146/Expiration date: 10/31/2022)

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$57 copay/visit; deductible does not apply	$60 copay/visit	50% coinsurance	None
	Specialist visit	$58 copay/visit; deductible does not apply	$65 copay/visit	50% coinsurance	Preauthorization is required, except for obstetric gynecologic services.
	Preventive care/screening/ immunization	No charge; deductible does not apply	No charge; deductible does not apply	No charge; deductible does not apply	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	$15 copay/visit (blood work); deductible does not apply $55 copay/visit (x-rays); deductible does not apply	$15 copay/visit (blood work); $55 copay/visit (x-rays)	50% coinsurance (blood work) 50% coinsurance (x-rays)	None
	Imaging (CT/PET scans, MRIs)	$335 copay/visit; deductible does not apply	$335 copay/visit	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about **prescription drug coverage** is available at www.sharphealthplan.com	Generic drugs	$16/30-day supply $32/90-day supply	$16/30-day supply $32/90-day supply	$16/30-day supply $32/90-day supply	Deductible applies to preferred generic, preferred brand, and non-preferred drugs. Brand drugs are not covered if a generic version is available, unless preauthorization is obtained. Preauthorization is required for certain generic drugs. 90-day supply copay applies to mail order only.
	Preferred brand drugs	$145/30-day supply $290/90-day supply	$145/30-day supply $290/90-day supply	$145/30-day supply $290/90-day supply	
	Non-preferred brand drugs	$155/30-day supply $310/90-day supply	$155/30-day supply $310/90-day supply	$155/30-day supply $310/90-day supply	
	Specialty drugs	Specialty follows the tier structure above	Specialty follows the tier structure above	Specialty follows the tier structure above	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	50% coinsurance	50% coinsurance	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3.
	Physician/surgeon fees	50% coinsurance	50% coinsurance	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you need immediate medical attention	Emergency room care	$540 copay/visit; (facility fee) No charge/visit; (physician fee)	$540 copay/visit; (facility fee) No charge/visit; (physician fee)	$540 copay/visit; (facility fee) No charge/visit; (physician fee)	Cost sharing waived if admitted to the hospital.
	Emergency medical transportation	$200 copay/trip	$200 copay/trip	$200 copay/trip;	None.
	Urgent care	$58 copay/visit; deductible does not apply	$58 copay/visit; deductible does not apply	$58 copay/visit	Urgent Care Services are covered at the Tier 1 cost share if approved by your Primary Care Provider, Plan Medical Group, or the Plan. For Urgent Care Services that are not prior Authorized, the applicable Tier 2 or Tier 3 cost share will apply. Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider and services received under a Community Assistance Recovery and Empowerment (CARE) Agreement or CARE Plan approved by a court, do not require preauthorization and are covered at the Tier 1 cost share.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	50% coinsurance	50% coinsurance	50% coinsurance	Preauthorization is required for non-emergency services Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider and services received under a Community Assistance Recovery and Empowerment (CARE) Agreement or CARE Plan approved by a court, do not require preauthorization and are covered at the Tier 1 cost share. Tier 2 and Tier 3 services are covered at the Tier 1 cost share if the service is for emergency care and Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider. Precertification applies on Tier 2 and Tier 3.
	Physician/surgeon fees	50% coinsurance	50% coinsurance	50% coinsurance	

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Mental Health/Substance Use Disorder Office visits: $57 copay/visit (MH); deductible does not apply $42 copay/visit (SUD); deductible does not apply Group therapy: $25 copay/visit (MH); deductible does not apply $7 copay/visit (SUD); deductible does not apply Other outpatient services*: No charge/visit (MH/SUD); deductible does not apply	Mental Health/Substance Use Disorder Office visits: $57 copay/visit (MH/SUD); Group therapy: $25 copay/visit (MH); deductible does not apply $7 copay/visit (SUD); deductible does not apply Other outpatient services*: No charge/visit (MH/SUD); deductible does not apply	Mental Health/Substance Use Disorder Office visits: 50% coinsurance (MH/SUD) Group therapy: 50% coinsurance (MH/SUD) Other outpatient services*: 50% coinsurance (MH/SUD)	Preauthorization is required. Preauthorization is not required for Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider and services received under a Community Assistance Recovery and Empowerment (CARE) Agreement or CARE Plan approved by a court. *Applies to intensive outpatient program and partial hospitalization program.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	What You Will Pay Tier 2: Aetna Open Choice PPO Network	What You Will Pay Tier 3: Out-of-Network (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Inpatient services	Mental Health/Substance Use Disorder 50% coinsurance (facility fee/physician fee)	Mental Health/Substance Use Disorder 50% coinsurance (facility fee/physician fee)	Mental Health/Substance Use Disorder 50% coinsurance (facility fee/physician fee)	Preauthorization is required for non-emergency services, except for Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider and services received under a Community Assistance Recovery and Empowerment (CARE) Agreement or CARE Plan approved by a court. Tier 2 and Tier 3 services are covered at the Tier 1 cost share if the service is for emergency care and Medically Necessary treatment of a Mental Health or Substance Use Disorder, including, but not limited to, Behavioral Health Crisis Services provided by a 988 center or mobile crisis team or other provider. Precertification applies on Tier 2 and Tier 3.
If you are pregnant	Office visits	No charge/visit; deductible does not apply	No charge/visit; deductible does not apply	50% coinsurance	Cost sharing does not apply to preventive services. Depending on the type of services, a copayment, coinsurance, or deductible (if applicable) may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Out-of-network services are covered for emergency care only. Tier 2 and Tier 3 services are covered at the Tier 1 cost share if the service is for emergency care. Precertification applies for childbirth/delivery professional services and facility services on Tier 2 and Tier 3.
	Childbirth/delivery professional services	50% coinsurance	50% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	50% coinsurance	50% coinsurance	50% coinsurance	

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	$57 copay/visit; deductible does not apply	$57 copay/visit; deductible does not apply	50% coinsurance	Preauthorization is required. Coverage is limited to short-term, intermittent services, a combined maximum of 100 visits per calendar year across all tiers. Precertification applies on Tier 2 and Tier 3.
	Rehabilitation services	$57 copay/visit; deductible does not apply	$57 copay/visit	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3 for inpatient service.
	Habilitation services	$57 copay/visit; deductible does not apply	$57 copay/visit; deductible does not apply	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3 for inpatient service.
	Skilled nursing care	50% coinsurance	50% coinsurance	50% coinsurance	Preauthorization is required. Coverage is limited to a combined maximum of 100 days per calendar year across all tiers. Precertification applies on Tier 2 and Tier 3.
	Durable medical equipment	50% coinsurance	50% coinsurance	50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3 for inpatient service.
	Hospice services	Inpatient: 50% coinsurance Outpatient: No charge/visit; deductible does not apply	Inpatient: 50% coinsurance Outpatient: No charge/visit; deductible does not apply	Inpatient: 50% coinsurance Outpatient: 50% coinsurance	Preauthorization is required. Precertification applies on Tier 2 and Tier 3 for inpatient service.
If your child needs dental or eye care	Children's eye exam	No charge/visit; deductible does not apply	Not covered	Not covered	Eye exams are covered once every 12 months. Sharp Health Plan's pediatric vision benefits are provided by VSP. Please refer to the VSP schedule of

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tier 1: Sharp Health Plan Performance HMO Network (You will pay the least)	Tier 2: Aetna Open Choice PPO Network	Tier 3: Out-of-Network (You will pay the most)	
					benefits for further details about your pediatric eye benefits.
	Children's glasses	No charge/visit; deductible does not apply	Not covered	Not covered	Frames/lenses are covered once every 12 months. Sharp Health Plan's pediatric vision benefits are provided by VSP. Please refer to the VSP schedule of benefits for further details about your pediatric eye benefits.
	Children's dental check-up	No charge/visit; deductible does not apply	Not covered	Not covered	Limited to once every six months. Sharp Health Plan's pediatric dental benefits are provided by Delta Dental. Please refer to the Delta Dental schedule of benefits for further details about your pediatric dental benefits.

SAMPLE

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Acupuncture • Bariatric surgery • Chiropractic care	• Hearing aids	• Routine eye care (Adult) • Weight loss programs

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or https://www.dol.gov/ebsa/contactEBSA/consumerassistance.html: California Department of Managed Health Care at 1-888-466-2219 or http://www.HealthHelp.ca.gov: Office of Personnel Management Multi State Plan Program at 1-800-318-2596 or https://www.opm.gov/healthcare-insurance/multi-state-plan-program.. Other coverage options may be available to you, too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim appeal or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: California Department of Managed Health Care at 1-888-466-2219 or http://www.HealthHelp.ca.gov.

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Language Access Services:

English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.
Call 1-800-359-2002 (TTY:711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-359-2002 (TTY:711).

繁體中文 (Chinese)

注意 ： 如果您使用繁體中文， 您可以免費獲得語言援助服務。請致電 1-800-359-2002 (TTY:711)。

Tiế ng Việ t (Vietnamese)

CHÚ Ý: Nế u bạ n nói Tiế ng Việ t, có các dịch vụ hỗ trợ ngôn ngữ miễ n phí dành cho bạ n. Gọ i số 1-800-359-2002 (TTY:711).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오.

Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ)՝ 711).

فارسی (Farsi):

توجه :اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما تماس بگیرید (TTY:711) 1-800-359-2002 با. باشد می فراهم.

Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-800-359-2002 (телетайп: 711).

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Language Access Services (Cont.):

日本語 (Japanese):
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-359-2002 (TTY:711) まで、お電話にてご連絡ください。

ةيبرعلا (Arabic):
ملحوظة :إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. تصل برقم 1-800-359-2002 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi):
ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਪੰ ਜਾਬੀ ਬੋਲਿ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਧਿੱ ਚ ਸਹਾਇਤਾ ਸੇਿ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਿ ਹੈ। 1-800-359-2002 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon Khmer, Cambodian):
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ
1-800-359-2002 (TTY: 711)។

Hmoob (Hmong):
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

हिंदी (**Hindi):**
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai):
เรียน: ถ้าคณพดภาษาไทยคณสามารถใช้บริการช่วยเหลือทางภาษาได้ ฟรี โทร 1-800-359-2002 (TTY:711).

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

Notice of Nondiscrimination

Sharp Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (such as large print, audio, accessible electronic formats, or other formats) free of charge

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Care at 1-800-359-2002. If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with our Civil Rights Coordinator at:

Sharp Health Plan
Attn: Appeal/Grievance Department
8520 Tech Way, Suite 200
San Diego, CA 92123-1450
Telephone: 1-800-359-2002 (TTY: 711)
Fax: (619) 740-8572

You can file a grievance in person or by mail, fax, or you can also complete the online Grievance/Appeal form on the Plan's website sharphealthplan.com. Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability, or sex with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

SAMPLE

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

The California Department of Managed Health Care is responsible for regulating health care service plans. If your Grievance has not been satisfactorily resolved by Sharp Health Plan or your Grievance has remained unresolved for more than 30 days, you may call toll-free the Department of Managed Care for assistance:

- 1-888-HMO-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Care's Internet Web site has complaint forms and instructions online: *http://www.hmohelp.ca.gov*.

SAMPLE

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

* For more information about limitations and exceptions, see the plan or policy document at www.sharphealthplan.com.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

The plan's overall deductible	$2,350
Specialist copayment	$58
Hospital (facility) coinsurance	50%
Other coinsurance	0%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	**$12,700**

In this example, Peg would pay:

Cost Sharing	
Deductibles	$2,350
Copayments	$400
Coinsurance	$300
What isn't covered	
Limits or exclusions	$60
The total Peg would pay is	**$3,060**

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

The plan's overall deductible	$2,350
Specialist copayment	$58
Hospital (facility) coinsurance	50%
Other coinsurance	20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	**$2,800**

In this example, Joe would pay:

Cost Sharing	
Deductibles	$200
Copayments	$2,600
Coinsurance	$200
What isn't covered	
Limits or exclusions	$20
The total Joe would pay is	**$3,020**

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

The plan's overall deductible	$2,350
Specialist copayment	$58
Hospital (facility) coinsurance	50%
Other coinsurance	50%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	**$2,800**

In this example, Mia would pay:

Cost Sharing	
Deductibles	$1,300
Copayments	$500
Coinsurance	$100
What isn't covered	
Limits or exclusions	$0
The total Mia would pay is	**$1,900**

SAMPLE

The plan would be responsible for the other costs of these EXAMPLE covered services.