



## Early Retiree HMO Plan (Non-Medicare)

### Monthly Plan Premiums

Effective August 1, 2019 through July 31, 2020

Covered Family Members	Total Monthly Premium
Subscriber only	\$1,327.76
Subscriber + one dependent with Medicare	\$1,528.76
Subscriber + one dependent without Medicare	\$2,655.52
Subscriber + one dependent with Medicare + one dependent without Medicare	\$2,856.52
Subscriber + two or more dependents without Medicare	\$3,983.28



#### Choice of doctor and hospital

Visit [sharphealthplan.com/findadoctor](http://sharphealthplan.com/findadoctor) to select a primary care physician within the Choice Network.



#### Prescription mail order

To set up a mail-order prescription, visit [sharphealthplan.com/pharmacybymail](http://sharphealthplan.com/pharmacybymail) to get started.

#### For more information

This plan is sponsored by SDPEBA and available to all City of San Diego retirees. All questions regarding this plan should be directed to SDPEBA Benefits at 888-315-8027 or [info@sdpeba.org](mailto:info@sdpeba.org). If you have any further questions, please visit [sharphealthplan.com/SDPEBA](http://sharphealthplan.com/SDPEBA) or call Sharp Health Plan Customer Care at 1-888-840-4747.

# Early retiree 2019-20 benefits at a glance\*

<b>Early Retiree HMO City of San Diego Retiree Plan Benefits</b>	
Monthly Plan Premium	\$1,327.76 individual
Deductible	\$0
Out-of-Pocket Maximum (medical)	\$1,500 individual / \$3,000 family
Inpatient Hospital Care	\$100 per admission
Outpatient Hospital Care	\$0
Primary Care Physician Visit	\$20
Specialist Physician Visit	\$20
Preventive Care	\$0
Emergency Room	\$75 (waived if admitted to the hospital)
Urgently Needed Services	\$20
Diagnostic Radiology Services (such as MRIs, CT scans)	\$0
Lab Services	\$0
X-rays	\$0
Hearing Aid	\$1,000 maximum allowance per 36 months
Routine Eye Exam (1 every 12 months)	\$0
Inpatient Mental Health Care	\$100 per admission
Outpatient Mental Health Care	\$20
Skilled Nursing Facility	\$0 per day for days 1-100
Ambulance	\$0
Durable Medical Equipment	\$0
Acupuncture and Chiropractic Care	\$15 (up to 40 acupuncture and/or chiropractic visits per year)
Home Health Care	\$0
Hospice Care	\$0
Retail Prescriptions <sup>1</sup> (up to 30 days)	\$15 / \$30 / \$50
Mail-Order Prescriptions <sup>1</sup> (up to 90 days)	\$30 / \$60 / \$100

## Network: Choice

\* This information is not a complete description of benefits. Contact the plan for more information.

<sup>1</sup> Drug Tiers: Preferred generic / Preferred brand / Non-preferred