

Early Retiree HMO Plans (Non-Medicare)



Monthly plan premiums

Effective August 1, 2020 through July 31, 2021

Covered family members	Early Retiree Classic Plan monthly premium	NEW! Early Retiree Select Plan monthly premium
Subscriber only	\$1,378.16	\$1,187.97
Subscriber + one dependent with Medicare	\$1,579.16	\$1,388.97
Subscriber + one dependent without Medicare	\$2,756.32	\$2,375.95
Subscriber + one dependent with Medicare + one dependent without Medicare	\$2,957.32	\$2,576.94
Subscriber + two or more dependents without Medicare	\$4,134.48	\$3,563.92



Find a doctor

Visit sharphealthplan.com/findadoctor to select a primary care physician within the within the Choice Network for Early Retiree Classic Plan and Premier Network for Early Retiree Select Plan.



Prescription mail order

To set up a mail-order prescription, visit sharphealthplan.com/mailorder to get started.

For more information

This plan is sponsored by SDPEBA and available to all City of San Diego retirees. Contact SDPEBA Benefits at 1-888-315-8027 or info@sdpeba.org for any questions regarding this plan. If you have any further questions, please visit sharphealthplan.com/SDPEBA or call Sharp Health Plan Customer Care at 1-888-840-4747.

Early retiree 2020-21 benefits at a glance

Two great plans to choose from

All Sharp Health Plan HMO options offer extensive medical coverage. Covered services always include doctor office visits, hospital stays, surgery, outpatient procedures, periodic immunizations, physical exams, prescription drugs and more. Choose the plan that meets your needs and budget.

	Choice Network	Premier Network
	Early Retiree Classic Plan	NEW! Early Retiree Select Plan
Plan Medical Groups	Sharp Community Medical Group (SCMG), Sharp Rees-Stealy, Rady Children's Health Network/CPMG, Greater Tri Cities IPA, Primary Care Associates Medical Group	Sharp Community Medical Group (SCMG), Sharp Rees-Stealy <i>Not all SCMG providers are included in the Premier Network.</i>
Calendar Year Medical Deductible	None	None
Calendar Year Out-of-Pocket Maximum	\$1,500 ¹ per individual / \$3,000 ¹ per family	\$3,000 ¹ per individual / \$6,000 ¹ per family
Preventive Care Visit	\$0	\$0
Primary Care Physician Visit	\$20	\$20
Specialist Physician Visit	\$20	\$30
Urgent Care Services	\$20	\$30
Emergency Room Services	\$75	\$100
Outpatient Surgery	\$0 per procedure	15% coinsurance ²
Inpatient Hospital Services	\$100 per admission	\$500 per admission
Retail Prescriptions (up to a 30-day supply)		
Preferred Generic	\$15	\$20
Preferred Brand	\$30	\$35 (\$150 brand deductible)
Non-preferred	\$50	\$70 (\$150 brand deductible)
Mail-Order Prescriptions (up to a 90-day supply)³		
Preferred Generic	\$30	\$40
Preferred Brand	\$60	\$70 (\$150 brand deductible)
Non-preferred	\$100	\$140 (\$150 brand deductible)
Acupuncture and chiropractic care	\$15, 40 combined visits	Discounts available through the wellness program
Hearing aids (every 36 months)	\$1,000 allowance	N/A
Routine eye exam (every 12 months)	\$0	N/A

Please refer to your plan documents for complete information.

¹ Copayments for supplemental benefits (assisted reproductive technologies, chiropractic services, acupuncture, vision and hearing aids) do not apply to the annual out-of-pocket maximum.

² Of contracted rates. ³ Save money on maintenance medications. Please visit sharphealthplan.com/mailorder for more information.