

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. PLEASE CONTACT YOUR EMPLOYER FOR SPECIFIC INFORMATION ON YOUR COVERAGE OR VISIT WWW.SHARPEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

Covered Benefits

Copayments

Deductibles

- There are no deductibles for the medical benefits covered under this plan N/A

Lifetime Maximums

- There are no lifetime maximums for this plan N/A
- Annual Copayment Maximum (per individual/per family) \$1,500¹ / \$3,000¹

Professional Services

- Primary Care Physician consultation, treatment, diagnostic testing, etc. \$15 / visit
- Specialist Physician office visit for consultation, treatment, diagnostic testing, etc. \$25 / visit
- Well baby (to age 2) physical exams, periodic immunizations and related laboratory services \$15 / visit
- Prenatal and postpartum office visits \$25 / visit
- Allergy injections provided by Primary Care Physician \$15 / visit
- Allergy injections provided by Specialist Physician \$25 / visit

Outpatient Services

- Outpatient surgery \$0 / procedure
- Radiology, pathology, hemodialysis, etc. \$0 / procedure
- Advanced radiology (including MRI, CT Scan, PET Scan, MRA, MRS, MUGA, SPECT) \$100 / procedure
- Physical, occupational and speech therapy (maximum of 30 visits combined per calendar year) \$25 / visit

Hospitalization Services

- Inpatient services \$0

Emergency / Urgent Care Services

- Emergency room services (waived if admitted for inpatient hospital stay) \$100 / visit
- Urgent care services \$25 / visit

Ambulance Services

- Ambulance services in connection with hospital admission or emergency services \$100

Prescription Drug Coverage

- Drugs administered in a practitioner's office, hospital, or outpatient facility \$0
- Generic Formulary / Brand Formulary / Non-Formulary medications up to a 30-day supply \$15 / \$35 / \$50
- Generic Formulary / Brand Formulary / Non-Formulary medications up to a 90-day supply by mail order (for maintenance medications only) \$30 / \$70 / \$100

Durable Medical Equipment

- Durable medical equipment (maximum payment of \$2,000 per calendar year) 20% coinsurance²
- Diabetic supplies 20% coinsurance²
- Prosthetics, orthotics \$25 / visit

Mental Health Services

Services for the diagnosis and treatment of Severe Mental Illnesses for all members and of Severe Emotional Disturbances for children are covered under the same terms and conditions as medical conditions.

- Inpatient Not covered
- Outpatient (maximum of 20 visits per calendar year) \$25 / visit

Chemical Dependency Services

- Emergency services for acute drug or alcohol detoxification \$100 / visit

Home Health Services

- Skilled nursing facility services (short-term) \$0 / admission
- Home health services (maximum of 100 visits per calendar year) \$0 / visit
- Hospice care \$0 / visit

Other

- Health education classes \$0
- Health intervention programs Variable
- Voluntary sterilization (male/female) \$75 / \$150
- Interruption of pregnancy \$150
- Infertility services (diagnosis and treatment of underlying condition) 50% coinsurance²

Notes

¹ Copayments for supplemental benefits (Assisted Reproductive Technologies, Chiropractic Services, Mind-Body Medicine, Outpatient Prescription Drugs, Vision, and Chemical Dependency) do not apply to the annual copayment maximum

² Of contracted rates