



SDPEBA

2025 benefits at a glance

	Classic Plan	Select Plan	Saver Plan
Effective January 1, 2025	Value Network	Performance Network	Premier Network
Plan Medical Groups	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Palomar Health Medical Group, SCMG Graybill North Coastal, SCMG Palomar Health Medical Group Temecula, SCMG Inland North Medical Group, Greater Tri-Cities IPA, Rady Children's Health Network / Children's Physicians Medical Group (CPMG), Optum Care Network-North County SD	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group, SCMG Palomar Health Medical Group, SCMG Graybill North Coastal, SCMG Palomar Health Medical Group Temecula, SCMG Inland North Medical Group, Rady Children's Health Network / Children's Physicians Medical Group (CPMG) <i>Not all SCMG providers are included in the Performance Network.</i>	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group (SCMG) <i>Not all SCMG providers are included in the Premier Network.</i>
Calendar Year Medical Deductible	None	None	\$1,000 per individual / \$2,000 per family
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	\$3,500 ^{1,2} per individual / \$7,000 ^{1,2} per family
Preventive Care Visit	\$0	\$0	\$0
Primary Care Physician Visit	\$20	\$20	\$30
Specialist Physician Visit	\$20	\$30	\$40
Urgent Care Services	\$20	\$30	\$40
Emergency Room Services	\$75 (waived if admitted)	\$100 (waived if admitted)	\$150 ² (waived if admitted)
Outpatient Surgery	\$0 per procedure	15% coinsurance ³	30% coinsurance ^{2,3}
Inpatient Hospital Services	\$100 per admission	\$500 per admission	30% coinsurance ^{2,3}
Retail Prescriptions (up to a 30-day supply)			
Preferred Generic	\$15	\$16	\$16
Preferred Brand	\$30	\$35 (\$150 brand deductible)	\$35 (\$150 brand deductible)
Non-Preferred	\$50	\$70 (\$150 brand deductible)	\$70 (\$150 brand deductible)
Mail-Order Prescriptions (up to a 90-day supply)⁴			
Preferred Generic	\$30	\$32	\$32
Preferred Brand	\$60	\$70 (\$150 brand deductible)	\$70 (\$150 brand deductible)
Non-Preferred	\$100	\$140 (\$150 brand deductible)	\$140 (\$150 brand deductible)
Acupuncture and Chiropractic Care	\$15 (40 combined visits)	\$15 (20 combined visits)	Discounts available through the wellness program
Hearing Aids (every 36 months)	\$1,000 allowance	N/A	N/A
Routine Eye Exam (every 12 months)	\$0	N/A	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 Deductible applies. ³ Of contracted rates. ⁴ Save money on maintenance medications. Please visit sharphealthplan.com/mailorder for more information.