

# Sharp Gold Small Group

0.90 RAF Rates and Optional Benefits Effective April 1, 2010 to June 30, 2010

## Medical HMO

*SHARP 10 / 10 / 100 - 3 day max*  
 \$10 PCP / \$10 Specialist copayment • \$100 Inpatient per day - 3 day max • \$10 / \$20 / \$40 Pharmacy

Employee's Age	Employee Only	Employee and Spouse	Employee and Children	Employee and Family
0-29	\$244.19	\$613.12	\$602.40	\$947.37
30-39	\$284.63	\$702.57	\$655.52	\$1,016.92
40-49	\$350.62	\$767.54	\$683.17	\$1,070.15
50-54	\$444.76	\$915.96	\$733.42	\$1,236.43
55-59	\$559.06	\$1,166.84	\$838.21	\$1,406.48
60-64	\$718.00	\$1,405.87	\$948.10	\$1,674.19
65+	\$1,026.75	\$1,919.49	\$1,330.90	\$2,165.50

*SHARP 15 / 15 / 250 - 3 day max*  
 \$15 PCP / \$15 Specialist copayment • \$250 Inpatient per day - 3 day max • \$15 / \$35 / \$50 Pharmacy

0-29	\$231.12	\$580.28	\$570.12	\$896.61
30-39	\$269.39	\$664.93	\$620.41	\$962.42
40-49	\$331.85	\$726.41	\$646.57	\$1,012.80
50-54	\$420.95	\$866.87	\$694.13	\$1,170.16
55-59	\$529.12	\$1,104.32	\$793.30	\$1,331.11
60-64	\$679.54	\$1,330.52	\$897.29	\$1,584.46
65+	\$971.72	\$1,816.61	\$1,259.58	\$2,049.44

*SHARP 20 / 30 / 500 - 3 day max*  
 \$20 PCP / \$30 Specialist copayment • \$500 Inpatient per day - 3 day max • \$20 / \$35 / \$70 Pharmacy

0-29	\$222.65	\$559.00	\$549.23	\$863.72
30-39	\$259.52	\$640.55	\$597.66	\$927.13
40-49	\$319.69	\$699.78	\$622.86	\$975.65
50-54	\$405.51	\$835.08	\$668.67	\$1,127.25
55-59	\$509.72	\$1,063.81	\$764.21	\$1,282.28
60-64	\$654.62	\$1,281.73	\$864.39	\$1,526.34
65+	\$936.09	\$1,749.97	\$1,213.37	\$1,974.25

*SHARP 20 / 40 / 1000*  
 \$20 PCP / \$40 Specialist copayment • \$1,000 Inpatient • \$15 / \$35 / \$50 Pharmacy

0-29	\$216.59	\$543.74	\$534.23	\$840.14
30-39	\$252.44	\$623.06	\$581.35	\$901.82
40-49	\$310.97	\$680.67	\$605.86	\$949.01
50-54	\$394.45	\$812.29	\$650.42	\$1,096.47
55-59	\$495.81	\$1,034.77	\$743.34	\$1,247.27
60-64	\$636.75	\$1,246.73	\$840.78	\$1,484.65
65+	\$910.53	\$1,702.18	\$1,180.24	\$1,920.33

*SHARP 30 / 40 / 1000*  
 \$30 PCP / \$40 Specialist copayment • \$1,000 Inpatient • \$20 / \$35 / \$70 Pharmacy

0-29	\$208.57	\$523.59	\$514.43	\$808.99
30-39	\$243.10	\$599.97	\$559.80	\$868.38
40-49	\$299.45	\$655.44	\$583.41	\$913.83
50-54	\$379.84	\$782.17	\$626.31	\$1,055.82
55-59	\$477.43	\$996.40	\$715.79	\$1,201.02
60-64	\$613.14	\$1,200.49	\$809.61	\$1,429.61
65+	\$876.77	\$1,639.06	\$1,136.48	\$1,849.12

*SHARP 30 / 40 / 750 / day*  
 \$30 PCP / \$40 Specialist copayment • \$750 Inpatient / day • \$20 / \$35 / \$70 Pharmacy

0-29	\$204.09	\$512.35	\$503.39	\$791.62
30-39	\$237.89	\$587.09	\$547.79	\$849.74
40-49	\$293.03	\$641.37	\$570.88	\$894.20
50-54	\$371.69	\$765.38	\$612.86	\$1,033.14
55-59	\$467.19	\$975.00	\$700.42	\$1,175.23
60-64	\$599.98	\$1,174.71	\$792.23	\$1,398.90
65+	\$857.94	\$1,603.85	\$1,112.07	\$1,809.40

• over •



# Sharp Gold Small Group

0.90 RAF Rates and Optional Benefits Effective April 1, 2010 to June 30, 2010

## Medical HMO

	Employee's Age	Employee Only	Employee and Spouse	Employee and Children	Employee and Family
<b>SHARP 40 / 40 / 750 / day</b>					
\$40 PCP / \$40 Specialist copayment • \$750 Inpatient / day • \$20 / \$35 / \$70 Pharmacy (with \$150 annual brand ded.)					
	0-29	\$195.27	\$490.16	\$481.59	\$757.33
	30-39	\$227.59	\$561.65	\$524.06	\$812.93
	40-49	\$280.34	\$613.58	\$546.16	\$855.47
	50-54	\$355.60	\$732.22	\$586.32	\$988.37
	55-59	\$446.96	\$932.76	\$670.08	\$1,124.31
	60-64	\$573.99	\$1,123.81	\$757.91	\$1,338.28
	65+	\$820.77	\$1,534.36	\$1,063.89	\$1,730.99
<b>SHARP 1000ded/30/40</b>					
\$30 PCP / \$40 Specialist copayment • \$1,000 Deductible • 30% coinsurance • \$20 / \$35 / \$70 Pharmacy (with \$150 annual brand ded.)					
	0-29	\$186.55	\$468.24	\$460.05	\$723.45
	30-39	\$217.42	\$536.54	\$500.63	\$776.56
	40-49	\$267.81	\$586.14	\$521.73	\$817.20
	50-54	\$339.70	\$699.46	\$560.10	\$944.15
	55-59	\$426.97	\$891.03	\$640.11	\$1,074.00
	60-64	\$548.33	\$1,073.53	\$724.01	\$1,278.40
	65+	\$784.05	\$1,465.70	\$1,016.29	\$1,653.53
<b>SHARP 1500ded/40/40</b>					
\$40 PCP / \$40 Specialist copayment • \$1,500 Deductible • 40% coinsurance • \$20 / \$35 / \$70 Pharmacy (with \$150 annual brand ded.)					
	0-29	\$180.96	\$454.19	\$446.25	\$701.73
	30-39	\$210.91	\$520.43	\$485.60	\$753.25
	40-49	\$259.79	\$568.55	\$506.07	\$792.67
	50-54	\$329.51	\$678.47	\$543.29	\$915.81
	55-59	\$414.16	\$864.28	\$620.89	\$1,041.76
	60-64	\$531.86	\$1,041.30	\$702.27	\$1,240.01
	65+	\$760.52	\$1,421.69	\$985.78	\$1,603.87

## Small Group Optional Benefits

	Employee Only	Employee and Spouse	Employee and Children	Employee and Family
<b>Vision</b>				
Plan A0	\$1.64	\$3.26	\$4.51	\$6.67
Plan A2	\$6.61	\$13.22	\$18.25	\$26.98
Plan A8	\$0.58	\$1.19	\$1.64	\$2.42
<b>Chiropractic Services</b>				
Plan B	\$3.53	\$7.05	\$9.73	\$14.38
Plan D	\$3.33	\$6.67	\$9.21	\$13.61
<b>Chemical dependency</b>				
Plan CD1	\$6.43	\$12.86	\$17.76	\$26.24
<b>Assisted reproductive technologies (ART)</b>				
Plan C	\$11.16	\$22.33	\$30.81	\$45.53

\*For a complete list of plans available through Sharp Health Plan, log on to [www.sharphealthplan.com](http://www.sharphealthplan.com), or call (619)228-2300 or 1-800-359-2002.

4305 University Ave., Ste. 200 | San Diego, CA 92105 | Tel: (619) 228-2300 or 1-800-359-2002 | Fax: (619) 228-2444 | [www.sharphealthplan.com](http://www.sharphealthplan.com)  
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