Summary of Benefits

CalPERS
Sharp Performance Plus HMO
15/15/0 - L

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.SHARPHEALTHPLAN.COM TO VIEW THE MEMBER HANDBOOK.

Covered Benefits	*Copayments*
Annual Deductible and Out of Pocket Maximum	
There are no deductibles for the medical benefits under this plan	$0
Annual out of pocket maximum (per individual/per family)[1]	$1,500[1] / $3,000[1]
Lifetime Maximum	
There are no lifetime maximums for this plan	$0
Preventive Care[2]	
Well-baby and well-child (to age 18) physical exams, immunizations and related laboratory services	$0
Routine adult physical exams, immunizations and related laboratory services	$0
Laboratory, radiology, and other services for the early detection of disease when ordered by a Physician	$0
Routine gynecological exams, immunizations and related laboratory services	$0
Mammography	$0
Prostate cancer screening	$0
Colorectal cancer screenings including sigmoidoscopy and colonoscopy	$0
Best Health[SM] Wellness Services	
On-line health education and wellness workshops and other wellness tools	$0
Telephonic health coaching (weight management, tobacco cessation, stress management, physical activity, nutrition)	$0
Professional Services	
Primary Care Physician office visit for consultation, treatments, diagnostic testing, etc.	$15 / visit
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$15 / visit
Laboratory services	$0
Radiology services (x-rays)	$0
Advanced radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	$0 / procedure
Allergy testing	$0 / visit
Allergy injections	$0 / visit
Hearing Exam	$0
Audiological Exam	$0
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient surgery	$0 / procedure
Infusion therapy (including but not limited to chemotherapy)	Variable[3]
Dialysis	$0
Physical, occupational and speech therapy	$15 / visit
Radiation therapy	Variable[3]
Hospitalization	
Inpatient services	$0 / admission
Organ transplant	$0 / admission
Inpatient rehabilitation	$0 / admission
Emergency and Urgent Care Services	
Emergency room services (waived if admitted to the hospital)	$50 / visit
Ambulance in connection with hospital admission or emergency services	$0
Urgent care services	$15 / visit

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Covered Benefits, continued	*Copayments*
Maternity Care	
Prenatal and postpartum office visits	$0 / visit
Hospitalization	$0 / admission
Breastfeeding support, supplies and counseling	$0
Family Planning Services	
Injectable contraceptives (including but not limited to Depo Provera)	$0
Voluntary sterilization - women	$0
Voluntary sterilization - men	Variable[3]
Interruption of pregnancy	Variable[3]
Infertility services (diagnosis and treatment of underlying condition)	50% coinsurance[4]
Durable Medical Equipment and Other Supplies	
Durable medical equipment	0% coinsurance
Diabetic supplies	0% coinsurance
Prosthetics and orthotics	$15 / visit
Mental Health Services	
Diagnosis and treatment of Severe Mental Illnesses for all members, Serious Emotional Disturbances for children, and other mental health conditions are covered with the copayments listed below.[5]	
Inpatient	$0 / admission
Office visits	$15 / visit
Home-based applied behavioral analysis for treatment of autism	$0 / visit
Chemical Dependency Services	
Emergency services for acute alcohol or drug detoxification	$50/ visit
Inpatient	$0 / admission
Office visits	$15 / visit
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per calendar year)	$0 /admission
Home health services (maximum of 100 visits per calendar year)	$0 / visit
Hospice care - inpatient	$0 / visit
Hospice care - outpatient	$0 / visit
Prescription Drug Coverage[1] *(More information about prescription drug coverage is available at www.caremark.com/calpers)*	
Generic Formulary/Brand Formulary/Non-Formulary medications up to 30 day supply	$5 / $20 / $50
Generic Formulary/Brand Formulary/Non-Formulary medications up to 90 day supply by mail order (for maintenance medications only)	$10 / $40 / $100
Generic Formulary and prescribed over-the-counter contraceptives for women	$0
Supplemental Benefits	
Artificial Insemination	50% coinsurance[4]
Hearing aids or ear molds (maximum up to $1000 every 36 months)	Variable[6]
Vision services (once every 12 months / Exam only)	$0 / visit

Notes

[1] Copayments for supplemental benefits (Artificial Insemination, Hearing Aids, Outpatient Prescription Drugs, and Vision) do not apply to the annual Out-of-Pocket Maximum.

[2] Includes preventive services with a rating of A or B from the US Preventive Services Task Force; immunizations for children, adolescents and adults recommended by the Centers of Disease Control; and preventive care and screenings supported by the Health Resources and Services Administration for infants, children, adolescents and women. If preventive care is received at the time of other services, the applicable copayment for such services other than preventive care may apply.

[3] Copayment depends on type and location of service.

[4] Of contracted rates

[5] Severe Mental Illnesses include: schizophrenia, schizoaffective disorder, bi-polar disorder (manic depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive development disorder or autism, anorexia nervosa and bulimia nervosa.

[6] Maximum benefit of $1,000. Member is responsible for any charges over $1,000.