



SDPEBA

2026 benefits at a glance

	Classic Plan	Select Plan	Saver Plan
Effective January 1, 2026	Value Network	Performance Network	Premier Network
Plan Medical Groups	Sharp Rees-Stealy Medical Group, Sharp Community Medical Group (SCMG), SCMG Palomar Health Medical Group, SCMG Graybill Medical Group, SCMG Graybill 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), SCMG Palomar Health Medical Group, SCMG Graybill Medical Group, SCMG Graybill 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 American Specialty Health
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.