

2021 Summary of Benefits

January 1, 2021 – December 31, 2021

This is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services we cover, call Customer Care and ask for the “Evidence of Coverage.”

Things to know about Sharp Health Plan (HMO)



Sharp Health Plan’s Medicare website
sharpmedicareadvantage.com/CalPERS



Customer Care phone number
1-833-346-4322 (TTY/TDD: 711)



Hours of operation

Calls to this number are free. Hours are 7 a.m. to 8 p.m., 7 days per week.

Calling after hours will direct you to our voicemail system, and a Customer Care representative will return your call the next business day.



Who can join?

To join the Sharp Health Plan (HMO) plan, you must be enrolled in Medicare Part A and B, meet the eligibility requirements established by the employer / union group sponsor’s employment-based health coverage, and live in our service area, which is San Diego County.



H5386_2021 CALPERS SUMMARY OF BENEFITS



Which doctors, hospitals and pharmacies can I use?

Sharp Direct Advantage (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see the complete plan provider and pharmacy directory on our website at sharpmedicareadvantage.com/find-a-doctor-or-pharmacy, or call us for more information.



How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will use the Sharp Direct Advantage formulary to determine the tier your drug is in and the associated cost. The amount you pay depends on the drug’s tier and the pharmacy you use. The amount you pay also depends on the benefit stage you are in: Initial Coverage, Coverage Gap or Catastrophic Coverage. These are explained later in this document.

- You can see the complete plan formulary (list of Part D prescription drugs) and the Evidence of Coverage on our website at sharpmedicareadvantage.com, or call us for more information.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This information is not a complete description of benefits. Contact the plan for more information.

Sharp Direct Advantage is offered by Sharp Health Plan. Sharp Direct Advantage plans are HMO plans with a Medicare contract. Enrollment in Sharp Direct Advantage depends on contract renewal.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments / coinsurance may change each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as large print.

2021 Summary of Benefits

This is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call Customer Care and ask for the "Evidence of Coverage."

| Benefit | Sharp Direct Advantage (HMO) |
|--|---|
| How much is the monthly premium? | \$244.39 per month ¹ . You must continue to pay your Medicare Part B premium. |
| How much is the deductible? | This plan does not have a deductible. |
| Is there any limit on how much I will pay for my covered services? | <p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you will keep getting covered hospital and medical services. We will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p> <p>\$1,500 yearly limit for services you receive from in-network providers.</p> |
| Is there a limit on how much the plan will pay? | No. There are no limits on how much our plan will pay. |
| Inpatient Hospital Care ^{2,3} | <p>\$0 per day</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in an SNF) for 60 days in a row. If you go into a hospital or an SNF after one benefit period has ended, a new benefit period begins. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.</p> |
| Doctor's Office Visits | <p>Primary care physician visit: \$10 copay</p> <p>Specialist visit: \$10 copay</p> |
| Outpatient Hospital Coverage ^{1,2} | \$0 copay |
| Ambulatory Surgery Center ^{1,2} | \$0 copay |

¹ Individual subscriber premium only

² Services may require prior authorization.

³ Services may require a referral from your doctor.

| Benefit | Sharp Direct Advantage (HMO) |
|--------------------------|---|
| Preventive Care* | <p>\$0 copay</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • “Welcome to Medicare” Preventive Visit |
| Emergency Care | <p>\$50 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p> |
| Urgently Needed Services | <p>\$25 copay</p> |

* Some of these exams, vaccines and screenings may require a copayment.

2021 Summary of Benefits, continued

| Benefit | Sharp Direct Advantage (HMO) |
|---|---|
| Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service) ^{1,2} | Diagnostic radiology services (such as MRIs, CT scans): \$0 copay Diagnostic tests and procedures: \$0 copay Lab services: \$0 copay Outpatient X-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay |
| Hearing Services ¹ | Exam to diagnose and treat hearing and balance issues: \$10 copay Hearing aid fitting / evaluations: \$10 copay (up to 2 visits every year) Hearing aid: Our plan pays up to \$1,000 every three years. |
| Dental Services ¹ | Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$30 copay |
| Optional Delta Dental Services Coverage ^{3,4} | \$12 monthly premium \$5 office visits \$15 cleanings \$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.) |
| Vision Services ¹ | Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 copay Routine eye exam (up to 1 every year): \$10 copay Prescription glasses / lenses (every two years): \$20 copay for single vision, lined bifocal and lined trifocal lenses Our Plan pays up to \$200 every two years for eyeglass frames or contact lenses. Eyeglasses or contact lenses after cataract surgery: 0% of the cost |

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

³ Delta Dental refers to Delta Dental of California. Dental benefits are provided through the DeltaCare[®] USA program offered by Delta Dental of California.

⁴ This service is only available for public agency retirees.

| Benefit | Sharp Direct Advantage (HMO) |
|---|--|
| Inpatient Mental Health Care ^{1,2} | Our plan covers an unlimited number of days for an inpatient hospital stay. \$0 copay per day |
| Outpatient Mental Health Care | Outpatient group therapy visit: \$10 copay Outpatient individual therapy visit: \$10 copay |
| Skilled Nursing Facility (SNF) ¹ | Our plan covers up to 100 days in a SNF. \$0 per day for days 1 through 100 |
| Rehabilitation Services (including Physical Therapy) ^{1,2} | Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$10 copay Occupational therapy visit: \$10 copay Physical therapy and speech and language therapy visit: \$10 copay |
| Ambulance ¹ | \$0 copay |
| Transportation | Not covered |
| Part B Drugs (including chemotherapy drugs) ¹ | 0% of the cost |
| Foot Care (podiatry services) ² | Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay |
| Medical Equipment / Supplies (wheelchairs, oxygen, etc.) ¹ | \$0 copay |
| Wellness Programs | <p>\$0 wellness programs include:</p> <p>Silver&Fit gym membership Choose from many different facilities throughout San Diego County. Enjoy the flexibility to change facilities monthly with no hassle. If going to a gym isn't for you, don't worry — at-home fitness options are also available. See silverandfit.com to find participating clubs in your area. Participating gyms may change during the year.</p> <p>Health Coaching Up to 30-minute confidential coaching sessions by phone on common health topics, such as healthy weight management, smoking cessation, healthy eating, physical activity and stress management.</p> |

2021 Summary of Benefits, continued

| Benefit | Sharp Direct Advantage (HMO) |
|--|---|
| Acupuncture services | <p>Medicare-covered</p> <p>Up to 12 sessions in 90 days with an additional 8 sessions for those patients with chronic low back pain who demonstrate improvement. Chronic low back pain is defined as:</p> <ul style="list-style-type: none"> • Lasting 12 weeks or longer • Nonspecific, in that it has no identifiable systemic cause • Not associated with surgery or pregnancy <p>\$10 copay</p> |
| | <p>Supplemental^{1,2}</p> <p>Supplemental acupuncture through American Specialty Health: \$10 copay, maximum 30 combined visits with chiropractic per plan year.</p> |
| Chiropractic care | <p>Medicare-covered</p> <p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay</p> |
| | <p>Supplemental^{1,2}</p> <p>Supplemental chiropractic through American Specialty Health: \$10 copay, maximum 30 combined visits with acupuncture per plan year.</p> |
| Diabetes Supplies and Services ^{1,2} | <p>Diabetes monitoring supplies: \$0 copay</p> <p>Diabetes self-management training: \$0 copay</p> <p>Therapeutic shoes or inserts: \$0 copay</p> |
| Telehealth visits | \$10 copay ⁴ |
| Home Health Care ¹ | \$0 copay |
| Prosthetic Devices (braces, artificial limbs, etc.) ¹ | <p>Prosthetic devices: \$0 copay</p> <p>Related medical supplies: \$0 copay</p> |
| Renal Dialysis ¹ | \$0 copay |
| Over-the-counter (OTC) items ³ | <p>Quarterly allowance for eligible over-the-counter (OTC) health products through our OTC catalog.</p> <p>Up to \$100 per calendar quarter</p> |

Medicare Part D Drugs¹

You pay the Initial Coverage amounts until your total yearly drug costs reach \$6,350. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies. These plans do not have a deductible.

| | Initial Coverage | | |
|--------------------------------|----------------------------|-----------------------|--------------------------------|
| | Standard Retail Cost Share | | Standard Mail Order Cost Share |
| | Retail 1-month supply | Retail 3-month supply | Mail Order 3-month supply |
| Tier 1 (Preferred Generic) | \$5 copay | \$15 copay | \$10 copay |
| Tier 2 (Non-preferred Generic) | \$5 copay | \$15 copay | \$10 copay |
| Tier 3 (Preferred Brand) | \$20 copay | \$60 copay | \$40 copay |
| Tier 4 (Non-preferred Brand) | \$50 copay | \$150 copay | \$100 copay |
| Tier 5 (Specialty) | \$20 copay | Not offered | Not offered |
| Tier 6 (Select Care Drugs) | \$0 copay | \$0 copay | \$0 copay |

| Coverage Gap |
|---|
| <p>Most Medicare drug plans have a coverage gap (also called the donut hole). This means that there is a temporary change in what you will pay for your prescription drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,130.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,550, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p> |
| Catastrophic Coverage |
| <p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other Part D drugs |

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

³ Purchases are limited to the available benefit dollars. At the beginning of each quarter, any unused allowance will reset to the quarterly benefit limit.

⁴ Telehealth visits are available for primary care services only.