Benefits-at-a-Glance

Sharp Direct Advantage (HMO)

CalPERS EGWP HMO NG 1 L

Exclusively for CalPERS Medicare-eligible retirees and dependents, sponsored by CalPERS

This information is not a complete description of benefits. Call 1-833-346-4322 (TTY/TDD 711) for more information. The Evidence of Coverage should be consulted for a detailed description of benefits and limitations.

Covered Benefits	*Copayments*
Sharp Health Plan Monthly Premium	
You must have Medicare Part A and be enrolled in Medicare Part B, and continue to pay your Part B premiums.	$244.39 per month
Annual Deductible and Out of Pocket Maximum	
There are no deductibles for the medical benefits under this plan	$0
Annual out of pocket maximum[1,2]	$1,500
Lifetime Maximum	
There are no lifetime maximums for this plan	Unlimited
Preventive Care[3]	
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
Professional Services	
Primary Care Physician office visit for consultation, treatments, diagnostic testing, etc.	$10 / visit
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$10 / visit
Chiropractic care (manipulation of spine to correct subluxation)	$10 / visit
Medicare-covered eye exams (to diagnose and treat diseases and conditions of the eye)	$10 / visit
Laboratory services	$0
X-rays	$0
Diagnostic radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	$0
Allergy testing	$0
Allergy injections	$0
Outpatient Services (including but not limited to surgical, diagnostic and therapeutic services)	
Outpatient surgery	$0
Home Infusion therapy (including but not limited to chemotherapy)	Variable[4]
Dialysis	$0
Physical, occupational and speech therapy	$10 / visit
Therapeutic Radiology (including but not limited to radiation therapy)	$0

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SHARP HEALTH PLAN
make life better.

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Covered Benefits, continued	*Copayments*
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	$25 / visit
Hospitalization Services (Including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Inpatient services	$0 / day
Durable Medical Equipment and Other Supplies	
Durable medical equipment	$0
Diabetic supplies	$0
Prosthetics and orthotics	$0
Mental Health Services	
Inpatient	$0 / day
Office visits (group & individual sessions)	$10 / visit
Chemical Dependency Services	
Emergency services for acute alcohol or drug detoxification	$50 / visit
Inpatient	$0 / day
Office visits (group & individual sessions)	$10 / visit
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per benefit period)	$0 / day for days 1-20 $0 / day for days 21-41 $0 / day for days 42-100
Home health services	$0
Hospice care - inpatient	$0
Hospice care - outpatient	$0
Prescription Drug Coverage	
Initial Coverage - 30 day supply: Preferred Generic / Generic / Preferred Brand / Non-Preferred Drugs / Specialty / Select Care	$5 / $5 / $20 / $50 / $20 / $0
Initial Coverage - 90 day supply by mail order (for maintenance medications only): Preferred Generic / Generic / Preferred Brand / Non-Preferred Drugs / Select Care	$10 / $10 / $40 / $100 / $0
Initial Coverage - 90 day supply by retail pharmacy (includes maintenance medications and other eligible medications): Preferred Generic / Generic / Preferred Brand / Non-Preferred Drugs / Select Care	$15 / $15 / $60 / $150 / $0

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Covered Benefits, continued	*Copayments*
Prescription Drug Coverage, continued	
Part D Coverage Gap - The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,130	25% of plan's cost for covered brand name drugs / 25% of plan's cost for covered generic drugs until your costs total $6,550
Catastrophic Coverage - 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: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copay for all other drugs
Other[2]	
Acupuncture/Chiropractic services (maximum of 30 combined visits per benefit year)	$10 / visit
Hearing aids or ear molds allowance	$1,000 / 36 months
Silver & Fit Gym Membership or Silver & Fit At Home Fitness Program	$0
Vision Services: Routine eye exam copay / Lens copay / Frame allowance / Contact allowance	$10 / $20 / $200 / $200

Notes

[1] Only Medicare covered services (Medical and Hospital care) accumulate towards the out-of-pocket maximum. Paying your monthly premiums and cost-sharing for your Part D prescription drugs is still required.

[2] Copayments for mandatory supplemental benefits (Acupuncture, Chiropractic Services, Hearing, Silver & Fit, and Vision) do not apply to the annual out-of-pocket maximum.

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

[4] Cost-sharing depends on type and location of service.

Sharp Health Plan is an HMO with a Medicare contract. Enrollment with Sharp Health Plan depends on contract renewal.