

Benefits-at-a-Glance

Sharp Direct Advantage (HMO)

CaIPERS EGWP HMO NG 1 L + Dental

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

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

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.	\$276.85
Annual Deductible and Out of Pocket Maximum	
There are no deductibles for the medical benefits and pharmacy coverage under this plan	\$0
Annual out of pocket maximum (per individual/per family) ^{1,2}	\$1,500
Lifetime Maximum	
There are no lifetime maximums for this plan	Unlimited
Preventive Care³	
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, treatment, diagnostic testing, etc.	\$0
Specialist Physician office visit for consultation, treatment, diagnostic testing, etc.	\$0
Acupuncture services (Medicare-covered) for chronic low back pain	
Professional services provided by a Physician	\$10 / visit
Professional services provided by a non-Physician or Specialist	\$0
Chiropractic care (Medicare-covered) for manipulation of spine to correct subluxation	\$10 / visit
Eye exams (Medicare-covered) to diagnose and treat diseases and conditions of the eye	\$10 / visit
Hearing exams (Medicare-covered) to diagnose and treat hearing and balance issues	\$10 / visit
Laboratory tests and 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)	
Drugs, equipment and supplies	\$0
Professional services provided by a specialist	\$0
Professional services provided at the home	\$0
Dialysis	\$0
Rehabilitation services: physical, occupational and speech therapy	\$0
Therapeutic Radiology (including but not limited to radiation therapy)	\$0
Hospitalization (including but not limited to inpatient services, organ transplant, and inpatient rehabilitation)	
Inpatient facility	\$0 / day
Emergency and Urgent Care Services	
Emergency room facility fee (waived if admitted to the hospital)	\$50 / visit
Ambulance in connection with hospital admission or emergency services	\$0
Urgent care services	\$0 / visit
Durable Medical Equipment and Other Supplies	
Durable medical equipment	\$0
Diabetic supplies	\$0
Prosthetics and orthotics	\$0

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Mental Health Services	
Inpatient facility	\$0 / day
Office visits (group & individual sessions)	\$0
Substance Use Disorder Services	
Emergency services for acute alcohol or drug detoxification	\$50 / visit
Inpatient facility	\$0 / day
Office visits (group & individual sessions)	\$0
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 ⁶	
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 maintenance medications only):	(for Preferred \$10 / \$10 / \$40 / \$100 / \$0
Generic / Generic / Preferred Brand / Non-Preferred Drugs / Select Care	
Initial Coverage - 90 day supply by retail pharmacy maintenance medications and other eligible medications):	(includes Preferred Generic / \$15 / \$15 / \$60 / \$150 / \$0
Generic / Preferred Brand / Non-Preferred Drugs / Select Care	
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 \$4,430	25% of plan's cost for covered brand name drugs / 25% of plan's cost for covered generic drugs until your costs total \$7,050
Catastrophic Coverage - After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050	You pay the greater of: 5% of the cost, or \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs
Other ²	
Acupuncture/Chiropractic services (maximum of 20 combined visits per benefit year)	\$15 / visit
Dental Advantage by Delta Dental*	For a complete listing of covered dental procedures, visit deltadentalins.com
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 or Contact allowance	\$10 / \$20 / \$200

Notes

¹Only 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.

²Copayments for mandatory supplemental benefits (Acupuncture, Chiropractic Services, Hearing, Silver & Fit, and Vision) do not apply to the annual out-of-pocket maximum. In addition, copayments for the optional supplemental Dental benefit do not apply to the annual out-of-pocket maximum.

³Includes 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.

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