SHARP HEALTH PLAN

2022 Sharp Direct Advantage®

Annual Notice of Changes

Sharp Direct Advantage (HMO)
Exclusively for CalPERS Medicare-eligible retirees and dependents, sponsored by CalPERS

Sharp Direct Advantage (HMO) offered by Sharp Health Plan

Annual Notice of Changes for 2022

You are currently enrolled as a member of Sharp Direct Advantage (HMO). Next year, there will be some changes to the plan's costs and benefits. This booklet tells about the changes.

- **You have from Sept. 20 until Oct. 15 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK: Which changes apply to you**

☐ **Check the changes to our benefits and costs to see if they affect you.**

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.

☐ **Check the changes in the booklet to our prescription drug coverage to see if they affect you.**

- Will your drugs be covered?
- Are your drugs in a different tier, with different cost-sharing?
- Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
- Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
- Review the 2022 Drug List and look in Section 1.6 for information about changes to our drug coverage.
- Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit go.medicare.gov/drugprices, and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- ☐ **Check to see if your doctors and other providers will be in our network next year.**
  - Are your doctors, including specialists you see regularly, in our network?
  - What about the hospitals or other providers you use?
  - Look in Sections 1.3 and 1.4 for information about our *Provider and Pharmacy Directory*.
- ☐ **Think about your overall health care costs.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How much will you spend on your premium and deductibles?
  - How do your total plan costs compare to other Medicare coverage options?
- ☐ **Think about whether you are happy with our plan.**

2. COMPARE: Learn about other plan choices

- ☐ **Check coverage and costs of plans in your area.**
  - Use the personalized search feature on the Medicare Plan Finder at medicare.gov/plan-compare website.
  - Review the list in the back of your *Medicare & You* handbook.
- ☐ **Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.**

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by Oct. 15, 2021, you will be enrolled in Sharp Direct Advantage (HMO).
- Members enrolled in our plan through a plan sponsor can make plan changes at times designated by your plan sponsor.
- To change to a **different plan** that may better meet your needs, you can switch plans between Sep. 20 and Oct. 15.

Please note: You should consult with your plan sponsor regarding the availability of other "employer sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

4. ENROLL: To change plans, join a plan between Sept. 20 and Oct. 15, 2021

- If you **don't join another plan by Oct. 15, 2021**, you will be enrolled in Sharp Direct Advantage (HMO).
- If you **join another plan by Oct. 15, 2021**, your new coverage will start on Jan. 1, 2022. You will automatically be disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Customer Care number at 1-833-346-4322 for additional information (TTY/TDD users should call 711). Hours are 7 a.m. to 8 p.m., 7 days per week.
- Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- This information is available in large print.
- Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Sharp Direct Advantage (HMO)

- Sharp Direct Advantage (HMO) is an HMO plan with a Medicare contract. Enrollment in Sharp Direct Advantage (HMO) depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Sharp Health Plan. When it says "plan" or "our plan," it means Sharp Direct Advantage.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for our plan in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at calpers.sharphealthplan.com/SDAeoc to see if other benefit or cost changes affect you. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$244.39	$263.85
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$1,500	$1,500
Doctor office visits	**Primary care visits:** $10 per visit **Specialist visits:** $10 per visit	**Primary care visits:** $0 per visit **Specialist visits:** $0 per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	$0 copayment per day	$0 copayment per day

Cost	2021 (this year)	2022 (next year)
Part D prescription drug coverage (See Section 1.6 for details.)	**Deductible:** $0 Copayment/coinsurance as applicable during the Initial Coverage Stage: • **Drug Tier 1:** $5 for a 1-month supply at retail • **Drug Tier 2:** $5 for a 1-month supply at retail • **Drug Tier 3:** $20 for a 1-month supply at retail • **Drug Tier 4:** $50 for a 1-month supply at retail • **Drug Tier 5:** $20 for a 1-month supply at retail • **Drug Tier 6:** $0 for a 1-month supply at retail	**Deductible:** $0 Copayment/coinsurance as applicable during the Initial Coverage Stage: • **Drug Tier 1:** $5 for a 1-month supply at retail • **Drug Tier 2:** $5 for a 1-month supply at retail • **Drug Tier 3:** $20 for a 1-month supply at retail • **Drug Tier 4:** $50 for a 1-month supply at retail • **Drug Tier 5:** $20 for a 1-month supply at retail • **Drug Tier 6:** $0 for a 1-month supply at retail

Annual Notice of Changes for 2022

Table of Contents

SECTION 1
Changes to Benefit and Cost for Next Year

Section 1.1 Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$244.39	$263.85

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more, if you enroll in Medicare prescription drug coverage in the future.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs. Please see Section 5 regarding "Extra Help" from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2021 (this year)	2022 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$1,500 Once you have paid $1,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.	$1,500 Once you have paid $1,500 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at calpers.sharphealthplan.com/SDAfindadoctor. You may also call Customer Care for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory.* **Please review the *2022 Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Provider and Pharmacy Directory* is located on our website at calpers.sharphealthplan.com/SDApharmacysearch. You may also call Customer Care for updated pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the *2022 Provider and Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.5 Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Acupuncture for chronic low back pain	$10 copayment when seen by a physician for Medicare-covered acupuncture services. $10 copayment when seen by a non-physician or specialist for Medicare-covered acupuncture services. *Referral may be required from your network provider*	$10 copayment when seen by a physician for Medicare-covered acupuncture services. $0 copayment when seen by a non-physician or specialist for Medicare-covered acupuncture services. Services may be subject to verification of medical necessity. Your American Specialty Health Plans (ASH Plans) Acupuncturist will obtain any required approvals for services provided.
Acupuncture services (Supplemental)	$10 copayment for each office visit. Up to 30 visits per benefit year (combined with Supplemental Chiropractic services) of acupuncture services for the treatment or diagnoses of Neuromusculoskeletal and related disorders, nausea, or pain. Services are subject to verification of medical necessity. Your ASH Plans Acupuncturist will obtain any required approvals for services provided.	$15 copayment for each office visit. Up to 20 visits per benefit year (combined with Supplemental Chiropractic services) of acupuncture services for the treatment or diagnoses of Neuromusculoskeletal and related disorders, nausea, or pain.

Cost	2021 (this year)	2022 (next year)
Cardiac rehabilitation services	$10 copayment for each specialist visit.	$0 copayment for each specialist visit.
Chiropractic services (Medicare-covered)	*Referral from your PCP and prior authorization from our plan or American Specialty Health Plans (ASH Plans) may be required.*	Services may be subject to verification of medical necessity. Your American Specialty Health Plans (ASH Plans) Chiropractor will obtain any required approvals for services provided.
Chiropractic services (Supplemental)	$10 copayment for each office visit. Up to 30 visits (combined with Supplemental Acupuncture services) per benefit year for the treatment or diagnosis of musculoskeletal and related disorders and pain. Services are subject to verification of medical necessity. Your ASH Plans Chiropractor will obtain any required approvals for services provided.	$15 copayment for each office visit. Up to 20 visits (combined with Supplemental Acupuncture services) per benefit year for the treatment or diagnosis of musculoskeletal and related disorders and pain.
Health and wellness education program	Up to two (2) Home Fitness Kits, which may contain a DVD, an instructional booklet, and a quick start guide.	You are eligible to receive one (1) Home Fitness Kit per benefit year from a variety of fitness categories.
Home infusion therapy	$10 copayment for home infusion professional services provided by a specialist.	$0 copayment for home infusion professional services provided in an office setting by a specialist.

Cost	2021 (this year)	2022 (next year)
Inpatient stay: Covered services received in a hospital or SNF during a non-covered inpatient stay	**Physical therapy, speech therapy & occupational therapy services:** $10 copayment	**Physical therapy, speech therapy & occupational therapy services:** $0 copayment
Opioid treatment program services	$10 copayment for each visit for covered opioid treatment services.	$0 copayment for each visit for covered opioid treatment services.
Outpatient hospital services	**Partial hospitalization (including drugs & biologicals):** $10 copayment for each visit.	**Partial hospitalization (including drugs & biologicals):** $0 copayment for each visit.
Outpatient mental health care	$10 copayment for each individual/group therapy visit.	$0 copayment for each individual/group therapy visit.
Outpatient rehabilitation services	$10 copayment for each specialist visit.	$0 copayment for each specialist visit.
Outpatient substance abuse services	$10 copayment for each authorized individual/group therapy visit.	$0 copayment for each authorized individual/group therapy visit.
Partial hospitalization services	$10 copayment for each visit.	$0 copayment for each visit.
Physician/Practitioner services, including doctor's office visits	**Primary care physician visit:** $10 copayment **Primary care physician telehealth services:** $10 copayment for each visit. **Specialist visit:** $10 copayment	**Primary care physician visit:** $0 copayment **Primary care physician telehealth services:** $0 copayment for each visit. **Specialist visit:** $0 copayment

Cost	2021 (this year)	2022 (next year)
Podiatry services	$10 copayment for each visit.	$0 copayment for each visit.
Pulmonary rehabilitation services	$10 copayment for each specialist office visit.	$0 copayment for each specialist office visit.
Supervised Exercise Therapy (SET)	$10 copayment for each visit.	$0 copayment for each visit.
Urgently needed services	$25 copayment Copayment is waived if you are admitted into the hospital within 24 hours.	$0 copayment Copayment is waived if you are admitted into the hospital within 24 hours.

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Section 1.6 Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or "Drug List." A copy of our Drug List is located on our website at calpers.sharphealthplan.com/SDAdruglist. You can also get a copy of our Drug List mailed to you by calling Customer Care (phone numbers are printed on the back cover of this booklet).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Care.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Customer Care to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If we make an exception and cover a drug that is not on our drug list, this coverage will expire at the end of your plan benefit year, unless you were otherwise informed at the time the exception was made. See Chapter 9 of your Evidence of Coverage for details on how to request an exception.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. Because you receive "Extra Help," if you haven't received this insert, please call Customer Care and ask for the "LIS Rider."

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in the *Evidence of Coverage*,

which is located on our website at calpers.sharphealthplan.com/SDAeoc. You may also contact Customer Care to ask us to mail you an *Evidence of Coverage.)*

Changes to the Deductible Stage

Cost	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Your cost-sharing in the initial coverage stage may be changing from a copayment to coinsurance or a coinsurance to copayment. Please see the following chart for the change from 2021 to 2022.

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage.*

Cost	2021 (this year)	2022 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply; or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage.* We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Tier 1 – Preferred Generic Drugs:*** You pay $5 per prescription ***Tier 2 – Generic Drugs:*** You pay $5 per prescription ***Tier 3 – Preferred Brand Name Drugs:*** You pay $20 per prescription ***Tier 4 – Non-Preferred Drugs:*** You pay $50 per prescription ***Tier 5 – Specialty Drugs:*** You pay $20 per prescription ***Tier 6 – Select Care Drugs:*** You pay $0 per prescription –––––––––––––––––––– Once your total drug costs have reached $4,130, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: ***Tier 1 – Preferred Generic Drugs:*** You pay $5 per prescription ***Tier 2 – Generic Drugs:*** You pay $5 per prescription ***Tier 3 – Preferred Brand Name Drugs:*** You pay $20 per prescription ***Tier 4 – Non-Preferred Drugs:*** You pay $50 per prescription ***Tier 5 – Specialty Drugs:*** You pay $20 per prescription ***Tier 6 – Select Care Drugs:*** You pay $0 per prescription –––––––––––––––––––– Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.** For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2
Deciding Which Plan to Choose

Section 2.1 If you want to stay in Sharp Direct Advantage (HMO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by Oct. 15, you will automatically be enrolled in Sharp Direct Advantage (HMO) for 2022.

Section 2.2 If you want to change plans

You should consult with your plan sponsor regarding the availability of other "employer sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- *OR*—You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 2.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2022 handbook*, call the California Health Insurance Counseling and Advocacy Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Sharp Direct Advantage (HMO).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Sharp Direct Advantage (HMO).
- To **change to Original Medicare without a prescription drug plan,** you must either:
    - Send us a written request to disenroll. Contact Customer Care if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY/TDD users should call 1-877-486-2048.

SECTION 3
Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **Sep. 20 until Oct. 15**. The change will take effect on Jan. 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 10, Section 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for Jan. 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage). For more information, see Chapter 10, Section 2.2 of the *Evidence of Coverage*.

Important Note: You may join or leave a plan only at certain times designated by your plan sponsor. If you choose to enroll in a Medicare health plan or Medicare prescription drug plan that is not offered by your plan sponsor, you may lose the option to enroll in a plan offered by your plan sponsor in the future. You could also lose coverage for other retirement benefits you may currently have through your plan sponsor. Once enrolled in our plan, if you choose to end your membership outside of your plan sponsor's open enrollment period, re-enrollment in any plan your plan sponsor offers may not be permitted, or you may have to wait until their next open enrollment period.

You should consult with your plan sponsor regarding the availability of other "employer sponsored" coverage before you enroll in a plan not offered by your plan sponsor, or before ending your membership in our plan outside of your plan sponsor's open enrollment period. It is important to understand your plan sponsor's eligibility policies, and the possible impact to your retiree health care coverage options and other retirement benefits before submitting a request to enroll in a plan not offered by your plan sponsor, or a request to end your membership in our plan.

SECTION 4
Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP).

HICAP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare. HICAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call HICAP at 1-858-565-1392. You can learn more about HICAP by visiting their website (seniorlaw-sd.org/programs/health-insurance-counseling-advocacy-program-hicap/).

SECTION 5
Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug cost including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the AIDS Drug Assistance Program.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call ADAP at 1-844-421-7050.

SECTION 6 Questions?

Section 6.1 Getting Help from *Sharp Direct Advantage (HMO)*

Questions? We're here to help. Please call Customer Care at 1-833-346-4322, (TTY/TDD only, call 711). We are available for phone calls 8 a.m. to 8 p.m., Monday through Friday. Calls to these numbers are free.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for your plan. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at calpers.sharphealthplan.com/SDAeoc. You may also call Customer Care to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at calpers.sharphealthplan.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our list of covered drugs (Formulary/Drug List).

Section 6.2 Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)
You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

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