

# SHARP Health Plan

## 2027 Sharp Direct Advantage® benefits at a glance

Exclusively for CalPERS Medicare-eligible retirees and their dependents | Effective Jan. 1, 2027

|                                                                                                                                               | Sharp Direct Advantage (HMO)                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Deductible                                                                                                                                    | \$0                                                             |
| Annual Out-of-Pocket Maximum (medical)                                                                                                        | \$1,500                                                         |
| Inpatient Hospital Care                                                                                                                       | \$0 per day                                                     |
| Outpatient Hospital Care                                                                                                                      | \$0 copay                                                       |
| Primary Care Physician Visit                                                                                                                  | \$0 copay                                                       |
| Telehealth Physician Visit <sup>1</sup>                                                                                                       | \$0 copay                                                       |
| Specialist Physician Visit                                                                                                                    | \$0 copay                                                       |
| Preventive Care                                                                                                                               | \$0 copay                                                       |
| Emergency Room                                                                                                                                | \$50 (waived if admitted to the hospital)                       |
| Urgently Needed Services                                                                                                                      | \$0 copay                                                       |
| Diagnostic Radiology Services (such as MRIs, CT scans)                                                                                        | \$0 copay                                                       |
| Lab Services / X-rays                                                                                                                         | \$0 copay                                                       |
| Hearing Aids                                                                                                                                  | \$1,000 maximum allowance every 3 years                         |
| Routine Eye Exam (every 12 months)                                                                                                            | \$10                                                            |
| Skilled Nursing Facility                                                                                                                      | \$0 per day for days 1 – 100                                    |
| Ambulance                                                                                                                                     | \$0 copay                                                       |
| Durable Medical Equipment                                                                                                                     | \$0 copay                                                       |
| Supplemental Acupuncture and Supplemental Chiropractic Care                                                                                   | \$15 (up to 20 acupuncture and/or chiropractic visits per year) |
| Over-the-Counter (OTC) Allowance                                                                                                              | Up to \$100 per quarter                                         |
| <b>Retail Prescriptions (up to 30 days)</b><br>Preferred Generic / Generic<br>Preferred Brand / Non-preferred<br>Specialty / Select Care      | \$5 / \$5<br>\$20 / \$50<br>\$20 / \$0                          |
| <b>Mail-Order Prescriptions (up to 100 days)</b><br>Preferred Generic / Generic<br>Preferred Brand / Non-preferred<br>Specialty / Select Care | \$10 / \$10<br>\$40 / \$100<br>Not offered / \$0                |

This information is not a complete description of benefits. Call 1-833-346-4322 (TTY/TDD: 711) for more information.

<sup>1</sup>Available for primary care services only.