

Benefits-at-a-Glance

Sharp Advantage Medicare HMO City of San Diego Retirees / Sharp 10/10/0 - EGWP

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change each year. 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.	\$179 per month
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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	\$1,500

Lifetime Maximum

There are no lifetime maximums for this plan	Unlimited
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Preventive Care²

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
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	\$50 / procedure
Infusion therapy (including but not limited to chemotherapy)	Variable ³
Dialysis	\$0
Physical, occupational and speech therapy	\$10 / visit
Therapeutic Radiology (including but not limited to radiation therapy)	Variable ³

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Covered Benefits, continued

Copayments

Hospitalization Services

Inpatient services	\$0
Organ transplant	\$0
Inpatient rehabilitation	\$0

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	\$10 / visit

Durable Medical Equipment and Other Supplies

Durable medical equipment	\$0
Diabetic supplies	\$0
Prosthetics and orthotics	\$0

Mental Health Services

Inpatient	\$0
Office visits (group & individual sessions)	\$10 / visit

Chemical Dependency Services

Emergency services for acute alcohol or drug detoxification	\$50 / visit
Inpatient	\$0
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
Home health services	\$0
Hospice care - inpatient	\$0
Hospice care - outpatient	\$0

Prescription Drug Coverage

Initial Coverage - 30 day supply: Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand / Specialty	\$10 / \$10 / \$20 / \$20 / 25%
Initial Coverage - 90 day supply by mail order (for maintenance medications only): Preferred Generic / Non-Preferred Generic / Preferred Brand / Non-Preferred Brand	\$20 / \$20 / \$40 / \$40
Part D Coverage Gap	No Coverage Gap

Catastrophic Coverage - After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850	You pay the greater of: 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copay for all other drugs
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Covered Benefits, continued

Copayments

Other

Chiropractic services (maximum of 30 visits per calendar year)	\$10 / visit
Hearing aids or ear molds allowance	\$1,000 / 36 months
Vision Services: Exam copay / Lens copay / Frame allowance / Contact allowance	\$20 / \$20 / \$130 / \$130
Silver & Fit Gym Membership or Silver & Fit At Home Fitness Program	\$0

Notes

¹ Only 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 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.

³ Cost-sharing depends on type and location of service

Sharp Advantage is offered by Sharp Health Plan. Sharp Advantage is an HMO plan with a Medicare contract. Enrollment in Sharp Advantage depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care number at 1-855-820-2112 for additional information. (TTY users should call 711). Hours are 8 a.m. to 6 p.m. Pacific Standard Time, Monday through Friday. Customer Care also has free language interpreter services available for non-English speakers.

Esta información puede obtenerse sin cargo en otros idiomas. Si desea más información, llame a nuestro servicio de atención a los miembros al 1-855-820-2112 (los usuarios de TTY deben llamar al 711). El horario es de 8 de la mañana a 6 de la tarde (horario del Pacífico) de lunes a viernes. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.