

# Benefits-at-a-Glance

**Sharp Direct Advantage (HMO)**

**SDPEBA EGWP HMO NG 1 L**

*City of San Diego Medicare-eligible Retirees & Dependents*

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. \$194 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<sup>1</sup> \$1,500

### Lifetime Maximum

There are no lifetime maximums for this plan Unlimited

### Preventive Care<sup>2</sup>

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 / visit

Infusion therapy (including but not limited to chemotherapy) Variable<sup>3</sup>

Dialysis \$0

Physical, occupational and speech therapy \$10 / visit

Therapeutic Radiology (including but not limited to radiation therapy) Variable<sup>3</sup>



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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 \$5,000

You pay the greater of:  
5% of the cost, or \$3.35  
copay for generic (including  
brand drugs treated as  
generic) and a \$8.35 copay  
for all other drugs

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*Covered Benefits, continued*

*Copayments*

<b>Other</b>	
Chiropractic/Acupuncture 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

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Cost-sharing depends on type and location of service

Sharp Direct Advantage is an HMO plan with a Medicare contract. Enrollment in Sharp Direct Advantage depends on contract renewal.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-562-8853 for additional information (TTY users should call 711). Hours are 8 a.m. to 6 p.m., Monday through Friday.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Si desea más información, llame 1-855-562-8853 (los usuarios de TTY deben llamar al 711). El horario es de 8 de la mañana a 6 de la tarde de lunes a viernes.

