Benefits-at-a-Glance

Sharp Direct Advantage Premium (HMO) + Dental

Former Sharp HealthCare Employees And Dependents

This information is not a complete description of benefits. Call 1-855-562-8853 (TTY/TDD 711) for more information. 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.	$74 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[1]	$3,400
Lifetime Maximum	
There are no lifetime maximums for this plan	Unlimited
Preventive Care[2]	
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.	$5 / visit
Specialist Physician office visit for consultation, treatments, diagnostic testing, etc.	$10 / visit
Chiropractic care (manipulation of spine to correct subluxation)	$10 / visit
Medicare-covered eye exams (to diagnose and treat diseases and conditions of the eye)	$10 / visit
Laboratory services	$0
X-rays	$0
Diagnostic radiology (including but not limited to MRI, MRA, MRS, CT scan, PET, MUGA, SPECT)	5% coinsurance[3]
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[4]
Dialysis	$0
Physical, occupational and speech therapy	$10 / visit
Therapeutic Radiology (including but not limited to radiation therapy)	5% coinsurance[3]

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Covered Benefits, continued	*Copayments*
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	$200
Urgent care services	$10 / visit
Hospitalization Services	
Inpatient services	$50 / day for days 1-6 $0 / day for days 7+
Organ transplant	$50 / day for days 1-6 $0 / day for days 7+
Inpatient rehabilitation	$50 / day for days 1-6 $0 / day for days 7+
Durable Medical Equipment and Other Supplies	
Durable medical equipment	15% coinsurance[3]
Diabetic supplies	15% coinsurance[3]
Prosthetics and orthotics	15% coinsurance[3]
Mental Health Services	
Inpatient	$50 / day for days 1-6 $0 / day for days 7+
Office visits (group & individual sessions)	$5 / visit
Chemical Dependency Services	
Emergency services for acute alcohol or drug detoxification	$50 / visit
Inpatient	$50 / day for days 1-6 $0 / day for days 7+
Office visits (group & individual sessions)	$5 / visit
Skilled Nursing, Home Health and Hospice Services	
Skilled nursing facility services (maximum of 100 days per benefit period)	$0 / day for days 1-20 $75 / day for days 21-48 $0 / day for days 49-100
Home health services	$0
Hospice care - inpatient	$0
Hospice care - outpatient	$0
Prescription Drug Coverage	
Initial Coverage - 30 day supply: Preferred Generic / Generic / Preferred Brand / Non-Preferred Drugs / Specialty / Select Care	$2 / $6 / $40 / $90 / 33% / $0
Initial Coverage - 90 day supply by mail order (for maintenance medications only): Preferred Generic / Generic / Preferred Brand / Non-Preferred Drugs / Select Care	$4 / $12 / $80 / $180 / $0

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Covered Benefits, continued	*Copayments*
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 $4,020	25% of plan's cost for covered brand name drugs / 25% of plan's cost for covered generic drugs until your costs total $6,350
Catastrophic Coverage - After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $6,350	You pay the greater of: 5% of the cost, or $3.60 copay for generic (including brand drugs treated as generic) and a $8.95 copay for all other drugs
Other	
Chiropractic services (maximum of 30 visits per benefit year)	$10 / visit
Hearing aids or ear molds allowance	$1,000 / 36 months
Vision Services: Routine eye exam copay / Lens copay / Frame allowance / Contact allowance	$20 / $20 / $95 / $105
Silver & Fit Gym Membership or Silver & Fit At Home Fitness Program	$0
Dental Advantage by Delta Dental*	For a complete listing of covered dental procedures, visit deltadentalins.com

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] Of contracted rates

[4] Cost-sharing depends on type and location of service

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