



SDEHW Medicare Eligible Employees

Benefits effective April 1, 2022 | Special Open Enrollment: February 1 - 28, 2022

| Benefits at a glance | Sharp Health Plan - Sharp Direct Advantage Extra (HMO) | Kaiser Sr. Advantage |
|-----------------------------------|--|-----------------------------------|
| Deductible | None | N/A |
| Out-of-Pocket Maximum | \$1,500 Individual | \$1,500 Individual |
| Preventive Care Visit | \$0 | \$0 |
| Primary Care Physician Visit | \$5 | \$10 |
| Specialist Physician Visit | \$10 | \$10 |
| Urgent Care Services | \$10 | \$10 |
| Acupuncture and chiropractic care | \$10 / 30 visits | \$10 |
| Std. Diagnostic Lab / X-ray | \$0 | \$0 |
| Advanced Radiology | \$20 | \$0 |
| Inpatient Hospital Services | \$50 | \$0 |
| Outpatient Surgery | \$25 | \$10 |
| Emergency Room Services | \$50 | \$10 |
| Ambulance | \$50 | \$0 |
| Hearing aids | \$3,500 allowance every 36 months | \$2,500 allowance every 36 months |
| Retail Prescriptions | \$2 / \$8 / \$40 / \$95 / 33% / \$0 (30-day supply) | \$5 / \$15 (100-day supply)* |
| Mail Order Prescriptions | \$0 / \$0 / \$80 / \$190 / \$0 (90-day supply) | \$5 / \$15 (100-day supply)* |

Sharp Health Plan enrollment application provided in kit (must be received by February 28, 2022)

Instructions

- Fill out the Sharp Health Plan enrollment application for you and your dependents
- Please elect a Primary Care Physician (PCP) within the Sharp Direct Advantage network
 - Visit sharphealthplan.com/findadoctor to look up your current Sharp provider or choose a PCP within the Sharp Direct Advantage network.
 - Search by network, zip code, mile radius, and PCP name.
 - If left blank we will auto assign.
- Sharp Health Plan is not providing dental coverage.
- You will need your red, white and blue Medicare card to complete the enrollment form.

Submit

Mail:
SDEHW
Attn: Open Enrollment
PO Box 231219
San Diego, CA 92193-1219

Email:
Open Enrollment
Info@569trusts.org

* Not all medications available in 100-day supply.
All members must continue to pay Medicare Part B premiums. ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-562-8853 (TTY/TDD: 711). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame 1-855-562-8853 (TTY/TDD: 711).