

# 2020 Summary of Benefits

Jan. 1 – Dec. 31, 2020

## Things to know about Sharp Health Plan (HMO)



Sharp Health Plan's  
Medicare website  
[sharpmedicareadvantage.com](http://sharpmedicareadvantage.com)



Customer Care  
1-855-562-8853 (TTY/TDD: 711)  
[customer.service@sharp.com](mailto:customer.service@sharp.com)



Medicare sales email  
[medicaresales@sharp.com](mailto:medicaresales@sharp.com)



Hours of operation  
Oct. 1 – March 31 from 8 a.m. – 8 p.m.  
Pacific time, 7 days a week; April 1 – Sept. 30  
from 8 a.m. – 8 p.m., Monday through Friday.  
Calling after hours will direct you to our  
voicemail system and a Customer Care  
representative will return your call the next  
business day. Customer Care also has free  
language interpreter services available for  
non-English speakers.



Who can enroll?  
To join the Sharp Health Plan (HMO) plan,  
you must be entitled to Medicare Part A,  
be enrolled in Medicare Part B and live in  
our service area, which is San Diego County.  
You cannot have end-stage renal disease.



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## Which doctors, hospitals and pharmacies can I use?

Sharp Health Plan (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

**Some services may require prior authorization and may require a referral from your PCP.**

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

- You can see the complete plan provider and pharmacy directory on our website at [sharpmedicareadvantage.com/findadoctor](http://sharpmedicareadvantage.com/findadoctor), or call us for more information.

## How will I determine my drug costs?

Our plan groups each medication into one of six “tiers.” You will use the Sharp Health Plan formulary to determine the tier your drug is on and the associated cost. The amount you pay depends on the drug’s tier and the pharmacy you use. The amount you pay also depends on the benefit stage you are in: Initial Coverage, Coverage Gap and Catastrophic Coverage. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. These are explained later in this document beginning on page 38.

- You can see the complete plan formulary (list of Part D prescription drugs) and the Evidence of Coverage on our website at [sharpmedicareadvantage.com/druglist](http://sharpmedicareadvantage.com/druglist), or call us for more information.

If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

This information is not a complete description of benefits. Contact the plan for more information.

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

This document is available in other formats such as large print.

## 2020 Summary of Benefits

This is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
How much is the monthly premium? You must continue to pay your Medicare Part B premium.	\$0 per month	\$57 per month
How much is the deductible?	These plans do not have deductibles.	
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</p>	
	\$3,400 yearly limit for services you receive from in-network providers	\$3,300 yearly limit for services you receive from in-network providers
Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.	
Inpatient Hospital Coverage <sup>1,2</sup>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.</p>	
	<p>\$250 per day for days 1 through 7</p> <p>\$0 per day for days 8+</p>	<p>\$150 per day for days 1 through 8</p> <p>\$0 per day for days 9+</p>

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Outpatient Hospital Coverage <sup>1</sup>	Outpatient hospital, including ambulatory surgery center: \$250 copay	Outpatient hospital, including ambulatory surgery center: \$175 copay
Doctor Visits	Primary care physician visit: \$5 copay Specialist visit: \$35 copay <sup>1,2</sup>	Primary care physician visit: \$5 copay Specialist visit: \$30 copay <sup>1,2</sup>
Preventive Care	<p>\$0</p> <p>Our plans cover many preventive services, including:</p> <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Bone mass measurements (bone density)</li> <li>• Cardiovascular disease screenings</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cervical &amp; vaginal cancer screening</li> <li>• Colorectal cancer screenings (colonoscopy<sup>1</sup>, fecal occult blood test, flexible sigmoidoscopy)</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> </ul>	
Emergency Care	<p>\$100 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>	<p>\$90 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.</p>
Urgently Needed Services	<p>\$30 copayment</p> <p>\$100 copayment for worldwide urgent care and emergency coverage.</p> <p>Copayment is waived if you are admitted into the hospital within 24 hours.</p>	<p>\$30 copayment</p> <p>\$90 copayment for worldwide urgent care and emergency coverage.</p> <p>Copayment is waived if you are admitted into the hospital within 24 hours.</p>

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

## 2020 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service) <sup>1,2</sup>	<p>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</p> <p>Diagnostic tests and procedures: 20% of the cost</p> <p>Lab services: \$0 copay</p> <p>Outpatient X-rays: \$10 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 15% of the cost</p> <p>Diagnostic tests and procedures: 15% of the cost</p> <p>Lab services: \$0 copay</p> <p>Outpatient X-rays: \$5 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 15% of the cost</p>
Hearing Services <sup>1</sup>	<p>Exam to diagnose and treat hearing and balance issues: \$10 copay</p> <p>Hearing aid fitting / evaluations: \$10 copay</p> <p>Hearing aid: Our plan pays up to \$3,000 every 2 years.</p>	<p>Exam to diagnose and treat hearing and balance issues: \$10 copay</p> <p>Hearing aid fitting / evaluations: \$10 copay</p> <p>Hearing aid: Our plan pays up to \$3,500 every 2 years.</p>
Dental Services <sup>1</sup>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$35 copay</p>	
Delta Dental Services <sup>3</sup>	<p>\$12 monthly premium</p> <p>\$5 office visits</p> <p>\$15 cleanings</p> <p>\$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.)</p>	<p>\$0 monthly premium</p> <p>\$5 office visits</p> <p>\$15 cleanings</p> <p>\$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.)</p>

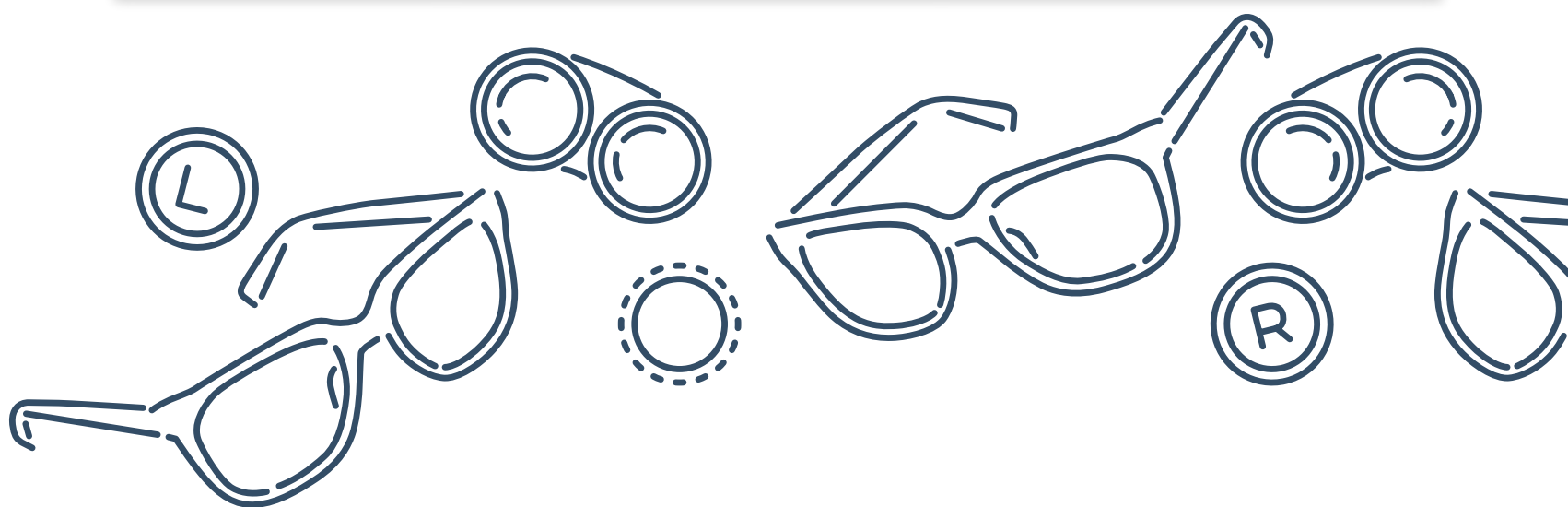
<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

<sup>3</sup> Delta Dental refers to Delta Dental of California. Dental benefits are provided through the DeltaCare<sup>®</sup> USA program offered by Delta Dental of California.

<sup>4</sup> Purchases are limited to the available benefit dollars. At the beginning of each quarter, any unused allowance will reset to the quarterly benefit limit.

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Vision Services <sup>1</sup>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 copay</p> <p>Our plan with VSP pays up to \$200 every two years for eyeglasses (lenses and frames) or contact lenses with a \$20 copay.</p> <p>Routine eye exam (for up to 1 every year): \$10 copay</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0 copay</p> <p>Our plan with VSP pays up to \$250 every two years for eyeglasses (lenses and frames) or contact lenses with a \$20 copay.</p> <p>Routine eye exam (for up to 1 every year): \$0 copay</p>
Inpatient Mental Health Care	<p>The copay for hospital benefit is based on a benefit period. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copayment for each benefit period. There's no limit to the number of benefit periods.</p> <p>\$250 for days 1 through 7 \$0 for days 8+</p>	<p>The copay for hospital benefit is based on a benefit period. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row. If you go into a hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copayment for each benefit period. There's no limit to the number of benefit periods.</p> <p>\$150 per day for days 1 through 7 \$0 per day for days 8+</p>
Outpatient Mental Health Care	<p>Outpatient group therapy visit: \$35 copay</p> <p>Outpatient individual therapy visit: \$35 copay</p>	<p>Outpatient group therapy visit: \$30 copay</p> <p>Outpatient individual therapy visit: \$30 copay</p>





## 2020 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Skilled Nursing Facility (SNF) <sup>1</sup>	Our plan covers up to 100 days in a SNF.	
	\$0 per day for days 1 – 20 \$155 per day for days 21 through 100	\$0 per day for days 1 – 20 \$155 per day for days 21 – 41 \$0 per day for days 42 – 100
Physical Therapy <sup>1</sup>	Physical therapy and speech and language therapy visit: \$35 copay	Physical therapy and speech and language therapy visit: \$30 copay
Ambulance <sup>1</sup>	\$250 copay	\$250 copay
Transportation	Not covered	
Part B Drugs (including chemotherapy drugs) <sup>1</sup>	20% of the cost	20% of the cost
Cardiac Rehab <sup>1</sup>	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$30 copay
Foot Care (podiatry services) <sup>2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: \$35 copay	Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: \$30 copay
Medical Equipment / Supplies (wheelchairs, oxygen, etc.) <sup>1</sup>	20% of the cost	15% of the cost
Wellness Programs	<p>\$0</p> <p>Wellness programs include:</p> <p><b>Silver&amp;Fit Gym Access</b> Choose from many different facilities throughout San Diego County. Enjoy the flexibility to change facilities monthly with no hassle. If you prefer to exercise at home, at-home fitness options are available as well.</p> <p><b>Health Coaching</b> Up to 30-minute confidential coaching sessions by phone on common health topics such as healthy weight management, smoking cessation, healthy eating, physical activity and stress management.</p>	

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Chiropractic Care <sup>2,3</sup>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay Supplemental Chiropractic through American Specialty Health: \$10 copay, maximum 30 office visits per year (Combined with Acupuncture for Platinum Card members)	
Acupuncture <sup>3</sup>	Not covered	Supplemental Acupuncture through American Specialty Health: \$10 copay, maximum 30 office visits per year (combined with Chiropractic Care)
Diabetes Supplies and Services <sup>1,2</sup>	Diabetes monitoring supplies: \$0 Diabetes self-management training: \$0 Therapeutic shoes or inserts: 20% of the cost	Diabetes monitoring supplies: \$0 Diabetes self-management training: \$0 Therapeutic shoes or inserts: 15% of the cost
Home Health Care <sup>1</sup>	\$0	
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	Prosthetic devices: 20% of cost Related medical supplies: 20% of the cost	Prosthetic devices: 15% of cost Related medical supplies: 15% of the cost
Renal Dialysis <sup>1</sup>	\$0	
Over-the-counter (OTC) items <sup>4</sup>	Quarterly allowance for eligible over-the-counter (OTC) health products through our OTC catalog.	
	Up to \$80 per calendar quarter	Up to \$100 per calendar quarter

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

<sup>3</sup> Services with a <sup>3</sup> are subject to medical necessity review.



## Part D Drugs<sup>1</sup>

You pay the Initial Coverage amounts until your total yearly prescription drug costs reach \$4,020. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail order pharmacies. These plans do not have a deductible.

	Initial Coverage					
	Sharp Direct Advantage Gold Card (HMO)			Sharp Direct Advantage Platinum Card (HMO)		
	Standard Retail Cost Share		Standard Mail-Order Cost Share	Standard Retail Cost Share		Standard Mail-Order Cost Share
	Retail 1-month supply	Retail 3-month supply	Mail-Order 3-month supply	Retail 1-month supply	Retail 3-month supply	Mail-Order 3-month supply
Tier 1 (Preferred Generic)	\$4 copay	\$12 copay	\$0 copay	\$4 copay	\$12 copay	\$0 copay
Tier 2 (Generic)	\$8 copay	\$24 copay	\$0 copay	\$8 copay	\$24 copay	\$0 copay
Tier 3 (Preferred Brand)	\$47 copay	\$141 copay	\$94 copay	\$47 copay	\$141 copay	\$94 copay
Tier 4 (Non-preferred Brand)	\$100 copay	\$300 copay	\$200 copay	\$100 copay	\$300 copay	\$200 copay
Tier 5 (Specialty)	33% of cost	Not offered	Not offered	33% of cost	Not offered	Not offered
Tier 6 (Select Care)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay

Costs may differ based on pharmacy type or status (e.g., preferred/non-preferred, mail order, long-term care (LTC) or home infusion and 30 or 90 day supply)

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

### Coverage Gap

Most Medicare drug plans have a coverage gap (also called the donut hole). This means that there is a temporary change in what you will pay for your prescription drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,020.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

### Catastrophic Coverage

After your yearly out-of-pocket prescription 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 an \$8.95 copay for all other Part D drugs

