

2021 Summary of Benefits

Jan. 1 - Dec. 31, 2021

Things to know about Sharp Health Plan (HMO)



Sharp Health Plan's Medicare website

sharpmedicareadvantage.com



Customer Care

1-855-562-8853 (TTY/TDD: 711)
customer.service@sharp.com



Medicare sales email

medicaresales@sharp.com



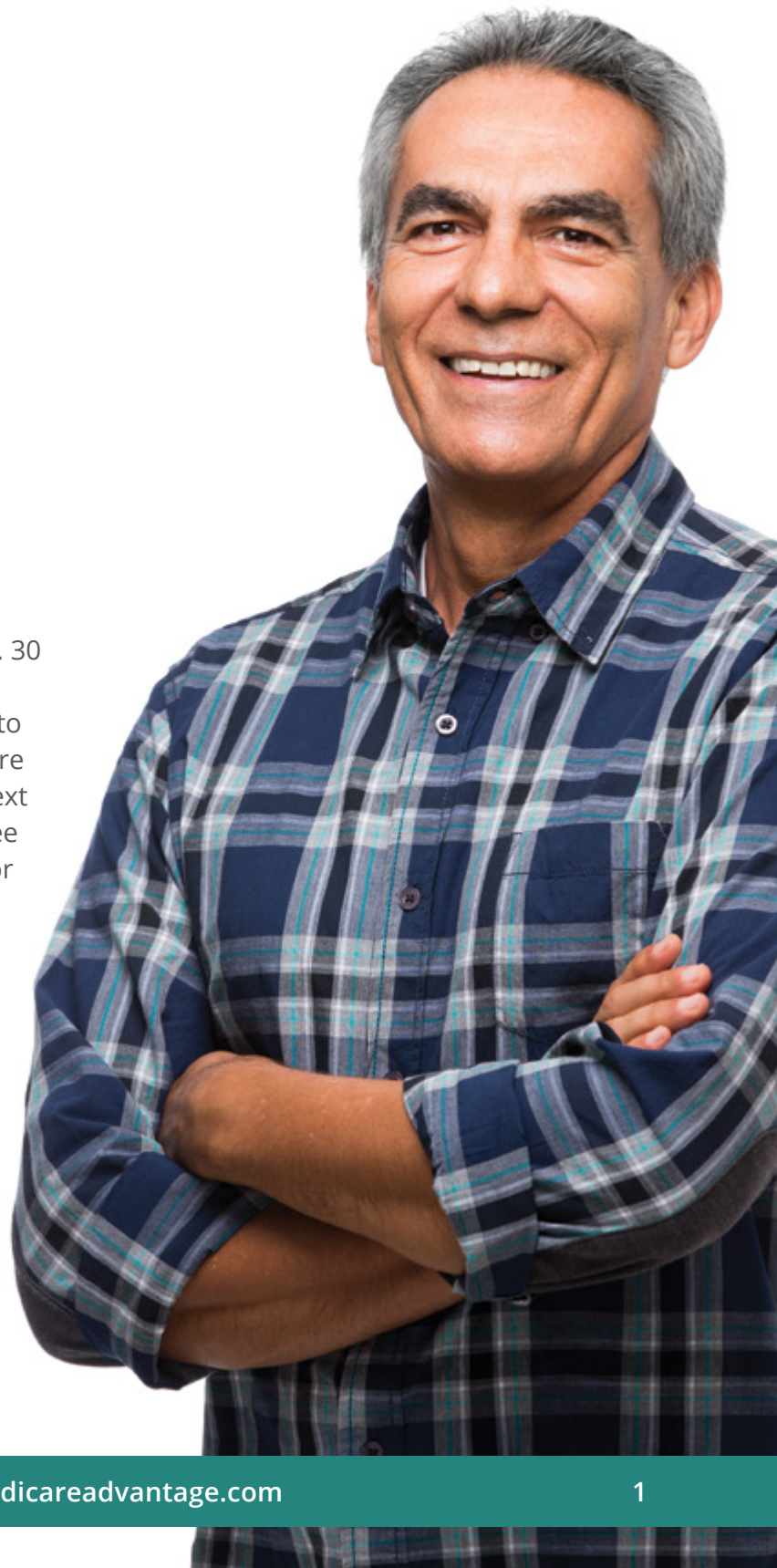
Hours of operation

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.





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 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/find-a-doctor-or-pharmacy 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 37.

- 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, 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.

2021 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	\$58 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>	
	\$2,900 yearly limit for services you receive from in-network providers	\$2,900 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 ^{1,2}	<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 an SNF) for 60 days in a row. If you go into a hospital or an 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>	
	\$225 per day for days 1 through 7 \$0 per day for days 8 +	\$150 per day for days 1 through 8 \$0 per day for days 9 +
Outpatient Hospital Coverage ^{1,2}	Outpatient hospital, including ambulatory surgery center: \$225 copay	Outpatient hospital, including ambulatory surgery center: \$175 copay

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Doctor Visits	Primary care physician visit: \$5 copay Specialist visit: \$20 copay ^{1,2}	Primary care physician visit: \$5 copay Specialist visit: \$20 copay ^{1,2}
Preventive Care ³	<p>\$0</p> <p>Our plans cover many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screenings & counseling • Bone mass measurements (bone density) • Cardiovascular disease screenings • Cardiovascular disease (behavioral therapy) • Cervical & vaginal cancer screening • Colorectal cancer screenings (colonoscopy¹, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HIV screening • Lung cancer screening • Mammograms (screening) • Nutrition therapy services • Obesity screenings & counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening & counseling • Tobacco use cessation counseling • Vaccines, including flu shots, hepatitis B shots, pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit 	
Emergency Care	\$90 copay 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.	\$90 copay 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.
Urgently Needed Services	\$30 copayment \$90 copayment for worldwide urgent care and emergency coverage. Copayment is waived if you are admitted into the hospital within 24 hours.	\$30 copayment \$90 copayment for worldwide urgent care and emergency coverage. Copayment is waived if you are admitted into the hospital within 24 hours.

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

³ Some of these exams, vaccines and screenings may require a copayment.

⁴ Telehealth visits are available for primary care services only.

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) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): \$75 copay Diagnostic tests and procedures: 15% of the cost Lab services: \$0 copay Outpatient X-rays: \$10 copay Therapeutic radiology services (such as radiation treatment for cancer): \$60 copay	Diagnostic radiology services (such as MRIs, CT scans): 15% of the cost Diagnostic tests and procedures: 15% of the cost Lab services: \$0 copay Outpatient X-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 15% of the cost
Hearing Services ^{1,2}	Exam to diagnose and treat hearing and balance issues: \$5 copay Hearing aid fitting / evaluations: \$5 copay Hearing aid: Our plan pays up to \$3,000 every 2 years.	Exam to diagnose and treat hearing and balance issues: \$5 copay Hearing aid fitting / evaluations: \$5 copay Hearing aid: Our plan pays up to \$3,500 every 2 years.
Dental Services ¹	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$30 copay	
Optional Delta Dental Services Coverage ^{1,2,3}	\$12 monthly premium \$5 office visits \$15 cleanings \$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.)	\$0 monthly premium \$5 office visits \$15 cleanings \$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.)
Vision Services ^{1,2}	\$20 copayment for Medicare-covered office visits to diagnose and treat diseases and conditions of the eye. This is usually for non-routine eye care rendered by a specialist, such as an ophthalmologist. Eyeglass frames or contact lenses - plan pays up to \$250 every 2 years Eyeglass lenses - \$20 copay every 2 years	\$20 copayment for Medicare-covered office visits to diagnose and treat diseases and conditions of the eye. This is usually for non-routine eye care rendered by a specialist, such as an ophthalmologist. Eyeglass frames or contact lenses - plan pays up to \$250 every 2 years Eyeglass lenses - \$20 copay every 2 years

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Inpatient Mental Health Care ^{1,2}	<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 per day for days 1 through 7 \$0 per day 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 ^{1,2}	<p>Outpatient group therapy visit: \$20 copay</p> <p>Outpatient individual therapy visit: \$20 copay</p>	<p>Outpatient group therapy visit: \$20 copay</p> <p>Outpatient individual therapy visit: \$20 copay</p>
Skilled Nursing Facility (SNF) ^{1,2}	Our plan covers up to 100 days in a SNF.	
	<p>\$0 per day for days 1 – 20 \$125 per day for days 21 – 41 \$0 per day for days 42 – 100</p>	<p>\$0 per day for days 1 – 20 \$125 per day for days 21 – 41 \$0 per day for days 42 – 100</p>
Physical therapy ¹	Physical therapy and speech and language therapy visit: \$30 copay	Physical therapy and speech and language therapy visit: \$30 copay
Ambulance ¹	\$250 copay	\$250 copay
Transportation	Not covered	
Part B Drugs (including chemotherapy drugs) ¹	20% of the cost	20% of the cost
Cardiac Rehab ¹	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

³ Delta Dental refers to Delta Dental of California. Dental benefits are provided through the DeltaCare[®] USA program offered by Delta Dental of California.

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Occupational therapy ²	\$30 copay	\$30 copay
Foot Care (podiatry services) ^{1,2}	Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: \$30 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.) ¹	20% of the cost	15% of the cost
Wellness Programs	<p>\$0 Health and wellness education program</p> <p>Silver&Fit is a fitness and healthy aging program designed to help you achieve better health through regular physical activity.</p> <p>The following are available at no cost to you:</p> <ul style="list-style-type: none"> • Fitness Center Access: Enjoy access to a single fitness facility of your choice among a broad network of participation locations. You may change fitness centers once per month by calling Silver&Fit to transfer your membership effective the first of the following month. • Home Fitness Kit: Up to two (2) Home Fitness Kits, which may contain a DVD, an instructional booklet, and a quick start guide. • Stay Fit Kit: One (1) Stay Fit Kit, which may include a wearable activity tracker or other fitness equipment. <p>Additional benefits include online tools, like a fitness center search, classes, newsletters and more.</p>	
Chiropractic Care ^{2,3}	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay</p> <p>Supplemental Chiropractic through American Specialty Health: \$10 copay, maximum 30 office visits per year (Combined with Acupuncture for Gold Card and Platinum Card members)</p>	
Acupuncture ³	<p>Supplemental Acupuncture through American Specialty Health: \$10 copay, maximum 30 office visits per year (combined with Chiropractic Care)</p>	

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Acupuncture services (Medicare covered) ^{1,2}	Up to 12 sessions in 90 days with an additional 8 sessions for those patients with chronic low back pain who demonstrate improvement. Chronic low back pain is defined as: <ul style="list-style-type: none"> • Lasting 12 weeks or longer • Nonspecific, in that it has no identifiable systemic cause • Not associated with surgery or pregnancy \$10 copay	
Diabetes Supplies and Services ^{1,2}	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
Telehealth visits	\$5 copay ⁵	
Home Health Care ^{1,2}	\$0	
Prosthetic Devices (braces, artificial limbs, etc.) ¹	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 ^{1,2}	20% of the cost	
Over-the-counter (OTC) items ⁴	<ul style="list-style-type: none"> • Quarter allowance (every 3 months) for eligible over-the-counter health products through our OTC catalog, such as aspirin, vitamins, common cold medicine and other non-prescription items. • The price of an item may not exceed your quarterly benefit amount. Other limits and restrictions may apply. • Unused benefit amounts do not carry over. At the beginning of each quarter, your allowance will reset to your quarterly benefit limit. This benefit is offered through OTC Health Solutions. You can place your order online or over the phone. To find our OTC catalog and ordering instructions, visit cvs.com/otchs/sharp or call 1-888-628-2770 (TTY: 711). There is no coinsurance, copayment or deductible for covered OTC items.	
	Up to \$80 per calendar quarter	Up to \$100 per calendar quarter

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

³ Services with a ³ are subject to medical necessity review.

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

⁵ Only available for Primary Care Visits

Medicare Part D Drugs¹

You pay the Initial Coverage amounts until your total yearly prescription drug costs reach \$4,130. 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)	\$2 copay	\$6 copay	\$0 copay	\$2 copay	\$6 copay	\$0 copay
Tier 2 (Generic)	\$8 copay	\$24 copay	\$0 copay	\$8 copay	\$24 copay	\$0 copay
Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	\$80 copay	\$40 copay	\$120 copay	\$80 copay
Tier 4 (Non-preferred Brand)	\$95 copay	\$285 copay	\$190 copay	\$95 copay	\$285 copay	\$190 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)

¹ Services may require prior authorization.

² 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 \$4,130.

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 \$6,550, 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 \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including brand drugs treated as generic) and an \$9.20 copay for all other Part D drugs