

Part D Explanation of Benefits Guide For Prescription Drug Coverage

Learn how to read and use your Part D explanation of benefits (EOB) with this guide. Review the sample Part D EOB on the following pages and check back to the numbered explanations listed below.

- 1 Member information**
Shows member who received care. All information in the EOB refers to this person.
- 2 Contact information**
Who to contact with questions about your EOB.
- 3 Your prescriptions for covered Part D drugs**
Names, Rx numbers and supply amounts of your prescriptions for covered Part D drugs for the past month. Lower-cost therapeutic alternatives and relevant drug list updates, when applicable, are listed here too.
- 4 Plan paid**
How much Sharp Health Plan paid for each prescription drug.
- 5 You paid**
How much you paid.
- 6 Other payments**
Payments made for your drugs by any of the following programs or organizations: Extra Help from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs.
- 7 Drug Price & Price Change**
The Drug Price shows the cost of each drug. The Price Change shows the percentage of the drug price since it was first filled during the current benefit year.
- 8 Totals for the past month**
Total out-of-pocket and drug costs for the past month as defined by Section 3 of your Part D EOB.
- 9 Year-to-date totals**
Total year-to-date amounts for your out-of-pocket costs and total drug costs as defined by Section 3 of your Part D EOB.
- 10 Drug payment stage**
Your drug payment stage. How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it.
- 11 "Out-of-pocket costs"**
Your out-of-pocket costs for the month and year-to-date.
- 12 "Total drug costs"**
Your total drug costs for the month and year-to-date.
- 13 Updates to the plan's drug list that affect drugs you take**
This shows updates to the drug list that change the coverage or cost of drugs you take.

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APT 101
PHOENIX, AZ 85022

10/18/2021

Your member numbers are:
Member ID: Test094687
Rx PCN: MEDDADV



Your Monthly Prescription Drug Summary For *January, 2022*

This summary is your “Explanation of Benefits” (EOB) for your Medicare prescription drug coverage (Part D). Please review this summary and keep it for your records. This is **not** a bill.

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which “drug payment stage” are you in?
- SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)
- SECTION 4. Updates to the plan’s Drug List that affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

Need large print or another format?

To get this material in other formats, or ask for language translation services, call Sharp Health Plan Customer Care (the number is on this page).

For languages other than English:

Español: 1-855-222-3183
Other language: 1-855-222-3183

2 Sharp Health Plan Customer Care

If you have questions or need help, call us 24 hours, 7 days a week. Calls to these numbers are free.

1-855-222-3183

TTY users call: 711

On the web at: www.sharpmedicareadvantage.com

SECTION 1. Your prescriptions during the past month

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions and check to see that it's correct.** If you have any questions or think there is a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
 - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
 - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

CHART 1. Your prescriptions for covered Part D drugs 3 January, 2022	Plan paid 4	You paid 5	Other payments (made by programs or organizations; see Section 3) 6	Drug Price & Price Change 7
AZATHIOPRINE TAB 50MG 01/01/2022 CVS PHARMACY Rx# 123456789043, 30 days' supply Lower Cost Therapeutic Alternative: Lyrica Cap NOTE: Beginning on January 01, 2022, "prior authorization" will be required for this drug. See Section 4 for details.	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
ELIQUIS TAB 5MG 01/01/2022 CVS PHARMACY Rx# 123456789043, 30 days' supply Lower Cost Therapeutic Alternative: Lyrica Cap	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
GLIPIZIDE ER TAB 5MG 01/01/2022 CVS PHARMACY Rx# 123456789043, 30 days' supply Lower Cost Therapeutic Alternative: Lyrica Cap	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX

continue

CHART 1.

Your prescriptions for covered Part D drugs
January, 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
PANTOPRAZOLE TAB 40MG 01/01/2022 CVS PHARMACY Rx# 123456789043, 30 days' supply Lower Cost Therapeutic Alternative: Lyrica Cap	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
VICTOZA INJ 18MG/3ML 01/01/2022 CVS PHARMACY Rx# 123456789043, 30 days' supply Lower Cost Therapeutic Alternative: Lyrica Cap	\$XX.XX	\$XX.XX	\$XX.XX	\$XX.XX
8 TOTALS for the month of: January, 2022 Your “out-of-pocket costs” amount is \$586.08. (This is the amount you paid this month (\$586.08) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.) Your “total drug costs” amount is \$1,941.26. (This is the total for this month of all payments made for your drugs by the plan (\$1,355.18) and you (\$586.08) plus “other payments” (\$0.00).)	\$XX.XX (total for the month)	\$XX.XX (total for the month)	\$XX.XX (total for the month)	Not Applicable

Year-to-date totals 01/01/2022 through 06/30/2022	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>9 Your year-to-date amount for “out-of-pocket costs” is \$874.58.</p> <p>Your year-to-date amount for “total drug costs” is \$2,253.46.</p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$XX.XX (year-to-date total)</p>	<p>\$XX.XX (year-to-date total)</p>	<p>\$XX.XX (year-to-date total)</p>

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

<p>STAGE 1 Yearly Deductible</p> <p>(Because there is no deductible for the plan, this payment stage does not apply to you.)</p>	<p>You are in this stage:</p> <p>STAGE 2 Initial Coverage 10</p> <ul style="list-style-type: none"> You begin in this payment stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost. You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050.00. As of 06/30/2022, your year-to-date “out-of-pocket costs” were \$874.58. (See definitions in Section 3.) <p>What happens next?</p> <p>Once you (or others on your behalf) have paid an additional \$4,225.42 in “out-of-pocket costs” for your drugs, you move to the next payment stage (stage 4, Catastrophic Coverage).</p>	<p>STAGE 3 Coverage Gap</p> <p>(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)</p>	<p>STAGE 4 Catastrophic Coverage</p> <ul style="list-style-type: none"> During this payment stage, the plan pays for all your covered drugs. You generally stay in this stage for the rest of the calendar year (through December 31, 2022).
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SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

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Your “out-of-pocket costs”

\$586.08 month of January, 2022

\$874.58 year-to-date (since January 01, 2022)

DEFINITION:

“Out-of-pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veterans Administration; Workers’ Compensation; and some other programs.

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Your “total drug costs”

\$1,941.26 month of January, 2022

\$2,253.46 year-to-date (since January 01, 2022)

DEFINITION:

“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

Learn more. Medicare has made the rules about which types of payments count and do not count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs,” see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

SECTION 4. Updates to the plan’s Drug List that affect drugs you take

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AZATHIOPRINE TAB 50MG

About the Drug List and our updates

Sharp Health Plan has a “*List of Covered Drugs (Formulary)*” – or “Drug List” for short. If you need a copy, the Drug List on our website (www.sharpmedicareadvantage.com) is always the most current. Or call Sharp Health Plan Customer Care (phone numbers are on the cover of this summary).

The Drug List tells which Part D prescription drugs are covered by the plan. It also tells which of the 6 “cost-sharing tiers” each drug is in and whether there are any restrictions on coverage for a drug.

During the year, following Medicare rules, we may make changes to our Drug List. We may add new drugs, remove drugs, and add or remove restrictions on coverage for drugs. We are also allowed to change drugs from one cost-sharing tier to another.

- Some changes to the Drug List may happen immediately:
 - We may immediately replace a brand name drug with a new generic that will appear on the same or lower cost-sharing tier and with the same or lower restrictions. Or we may immediately add the new generic and add new restrictions to the brand name drug or move it to a different cost-sharing tier.
 - We will immediately remove drugs from our Drug List for safety reasons or when manufacturers remove them from the market.
- For all other changes to drugs you take, you will have at least 30 days’ notice before any changes take effect.

Updates that affect drugs you take

The list that follows tells *only* about updates to the Drug List that change the coverage or cost of **drugs you take**.

(For purposes of this update list, “drugs you take” means any plan-covered drugs for which you filled prescriptions in 2022 as a member of our plan.)

- ***Date and type of change:*** Beginning January 01, 2022, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you. This sentence will provide additional information regarding the description of the prior authorization change, if required. This sentence will provide additional information regarding the reason for change.
- ***Note:*** See the information later in this section that tells “What you and your doctor can do.” Your choices include asking for prior authorization in order to continue having this drug covered or changing to a formulary alternative. **Consult your Health Care Provider for alternative drugs.**
- If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

• What you and your doctor can do

Depending on the type of change, there may be different options to consider. For example:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you.
 - You can call us at Sharp Health Plan Customer Care to ask for a list of covered drugs that treat the same medical condition.
 - This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- **You and your doctor can ask the plan to make an exception for you.** This means asking us to agree that the change in coverage or cost-sharing tier of a drug does not apply to you.

- Your doctor will need to tell us why making an exception is medically necessary for you.
- To learn what you must do to ask for an exception, see the *Evidence of Coverage* which is posted on our website at www.sharpmedicareadvantage.com. Look for Chapter 9, *What to do if you have a problem or complaint*.
- (Section 6 of this monthly summary tells how to get a copy of the *Evidence of Coverage* if you need it. The Evidence of Coverage is also posted on our website at www.sharpmedicareadvantage.com.)

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Sharp Health Plan Customer Care (phone numbers are on the cover of this summary). You can also find answers to many questions on our website: www.sharpmedicareadvantage.com.

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at Sharp Health Plan Customer Care (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

SECTION 6. Important things to know about your drug coverage and your rights

Your “Evidence of Coverage” and “LIS Rider” have the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage. Your *LIS Rider* (“*Evidence of Coverage Rider for People Who Get Extra Help Paying for their Prescriptions*”) is a short separate document that tells what you pay for your prescriptions.

We have sent you a copy of the *LIS Rider*. A copy of the *Evidence of Coverage* is available on our website: www.sharpmedicareadvantage.com. If you need another copy of either of these, please call us Sharp Health Plan Customer Care (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 7. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal our decision (see Chapter 9 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can take place if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at Sharp Health Plan Customer Care (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

- **“Extra Help” from Medicare.** You may be able to get “Extra Help” to pay for your prescription drug premiums and costs. This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting “Extra Help,” see Section 7 of your *Medicare & You 2022* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Sharp Health Plan’s pharmacy network includes limited lower-cost, preferred pharmacies in San Diego County. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-855-222-3183 (TTY: 711) or consult the online pharmacy directory at sharpmedicareadvantage.com.