

2019 Summary of Benefits

Jan. 1 – Dec. 31, 2019

Things to know about Sharp Health Plan (HMO)



Sharp Health Plan's
Medicare website
sharpmedicareadvantage.com/sharpretirees



Customer Care phone number
1-855-562-8853 (TTY/TDD 711)



Hours of operation
Monday – Friday, 8 a.m – 6 p.m.



Who can join?

To join the Sharp Health Plan (HMO) plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, meet the eligibility requirements established by the employer / union group sponsor's employment-based health coverage, and live in our service area, which is San Diego County.



H5386_2019 SHC Summary of Benefits

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, 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 or Catastrophic Coverage. These are explained later in this document beginning on page 10.

- 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 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.



2019 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 Basic (HMO)	Sharp Direct Advantage Premium (HMO)
How much is the monthly premium? You must continue to pay your Medicare Part B premium.	\$0 per month	\$59 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.	
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 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>\$125 per day for days 1 through 5 \$0 per day for days 6 and beyond</p>	<p>\$50 per day for days 1 through 6 \$0 per day for days 7 and beyond</p>

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Outpatient Hospital Coverage ¹	Ambulatory surgical center: \$150 copay Outpatient hospital: \$150 copay	Ambulatory surgical center: \$50 copay Outpatient hospital: \$50 copay
Doctor Visits	Primary Care Physician visit: \$5 copay Specialist visit: \$20 copay	Primary Care Physician visit: \$5 copay Specialist visit: \$10 copay
Preventive Care	<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 (colonoscopy, 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	<p>\$50 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	\$25 copay	\$10 copay

Note: Services with a ¹ may require prior authorization.
Services with a ² may require a referral from your doctor.

2019 Summary of Benefits, continued

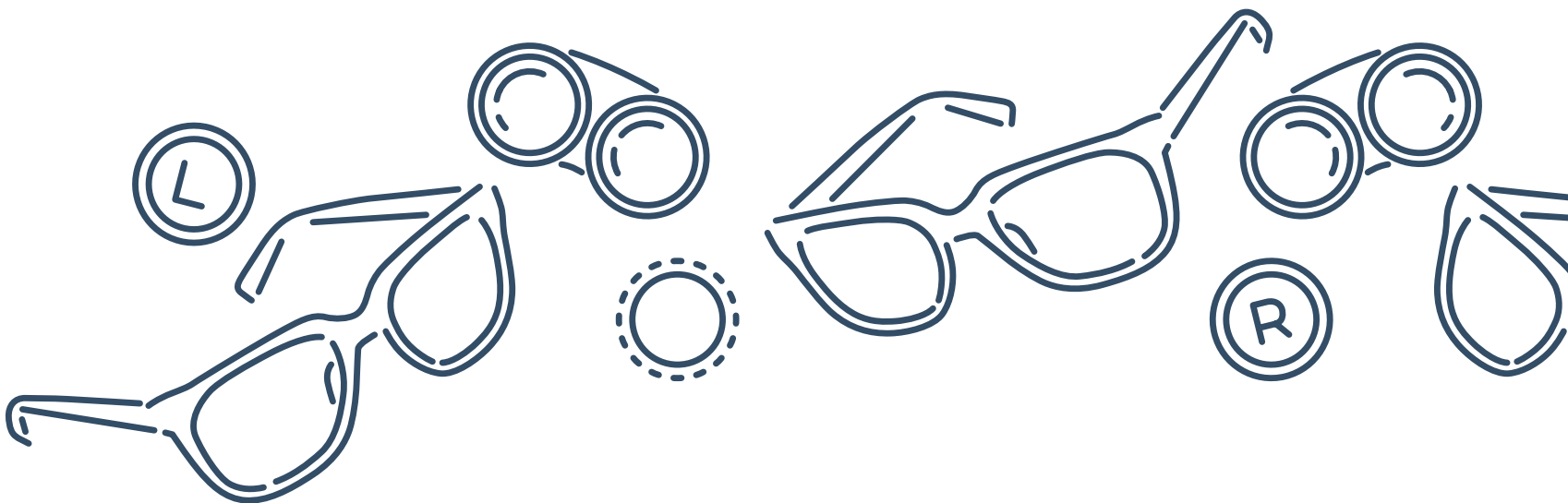
Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): 10% of the cost Diagnostic tests and procedures: \$5 Lab services: \$5 copay Outpatient X-rays: \$5 copay Therapeutic radiology services (such as radiation treatment for cancer): 10% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 5% of the cost Diagnostic tests and procedures: \$0 Lab services: \$0 copay Outpatient X-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): 5% of the cost
Hearing Services ¹	Exam to diagnose and treat hearing and balance issues: \$20 copay Hearing aid fitting / evaluations: \$20 copay Hearing aid: Our plan pays up to \$1,000 every three years.	Exam to diagnose and treat hearing and balance issues: \$10 copay Hearing aid fitting / evaluations: \$10 copay Hearing aid: Our plan pays up to \$1,000 every three years.
Dental Services ¹	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$20 copay	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$10 copay
Delta Dental Services ³	\$11 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.)	

Note: Services with a ¹ may require prior authorization.

Services with a ² may require a referral from your doctor.

³Delta 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 Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Vision Services ¹	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$20 copay</p> <p>Our plan pays up to \$105 every two years for contact lenses in lieu of eyeglasses with a \$20 copay.</p> <p>Our plan pays up to \$95 every two years for eyeglass frames.</p> <p>Routine eye exam (for up to 1 every year): \$20 copay</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 copay</p> <p>Our plan pays up to \$105 every two years for contact lenses in lieu of eyeglasses with a \$20 copay.</p> <p>Our plan pays up to \$95 every two years for eyeglass frames.</p> <p>Routine eye exam (for up to 1 every year): \$20 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>\$125 per day for days 1 through 5 \$0 per day for days 6 and beyond</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>\$50 per day for days 1 through 6 \$0 per day for days 7 and beyond</p>



2019 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Outpatient Mental Health Care	Outpatient group therapy visit: \$5 copay Outpatient individual therapy visit: \$5 copay	
Skilled Nursing Facility (SNF) ¹	Our plan covers up to 100 days in a SNF. \$0 per day for days 1 through 20	
	\$150 per day for days 21 through 57 \$0 per day for days 58 through 100	\$75 per day for days 21 through 48 \$0 per day for days 49 through 100
Rehabilitation Services 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 Occupational therapy visit: \$20 copay Physical therapy and speech and language therapy visit: \$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): \$10 copay Occupational therapy visit: \$10 copay Physical therapy and speech and language therapy visit: \$10 copay
Ambulance ¹	\$200 copay	
Transportation	Not covered	
Part B Drugs (including chemotherapy drugs) ¹	20% of the cost	15% of the cost
Foot Care (podiatry services) ²	Foot exams and treatment (if you have diabetes-related nerve damage and/or meet certain conditions): \$20 copay	Foot exams and treatment (if you have diabetes-related nerve damage and/or meet certain conditions): \$10 copay

Note: Services with a ¹ may require prior authorization.
 Services with a ² may require a referral from your doctor.

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Medical Equipment / Supplies (wheelchairs, oxygen, etc.) ¹	20% of the cost	15% of the cost
Wellness Programs	<p>\$0</p> <p>Wellness programs include:</p> <p>Silver&Fit Gym Membership 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>Health Coaching 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>	
Chiropractic Care ²	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay</p> <p>Supplemental chiropractic through American Specialty Health: \$10 copay, maximum 30 office visits per year</p>	<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</p>
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies: 20%</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: 20% of the cost</p>	<p>Diabetes monitoring supplies: 15%</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: 15% of the cost</p>
Home Health Care ¹	\$0	
Prosthetic Devices (braces, artificial limbs, etc.) ¹	<p>Prosthetic devices: 20% of cost</p> <p>Related medical supplies: 20% of the cost</p>	<p>Prosthetic devices: 15% of cost</p> <p>Related medical supplies: 15% of the cost</p>
Renal Dialysis ¹	\$0	

Part D Drugs¹

You pay the Initial Coverage amounts until your total yearly prescription drug costs reach \$3,820. 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 (Cost shares apply to both Basic and Premium.)		
	Standard Retail Cost Share		Standard Mail-Order Cost Share
	Retail 1 1-month supply	Retail 3-month supply	Mail-Order 3-month supply
Tier 1 (Preferred Generic)	\$2 copay	\$6 copay	\$4 copay
Tier 2 (Generic)	\$6 copay	\$18 copay	\$12 copay
Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	\$80 copay
Tier 4 (Non-preferred Drug)	\$90 copay	\$270 copay	\$180 copay
Tier 5 (Specialty)	33% of the cost	Not offered	Not offered
Tier 6 (Select Care)	\$0 copay	\$0 copay	\$0 copay

Note: Services with a ¹ may require prior authorization.
Services with a ² 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 \$3,820.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 37% of the plan's cost for covered generic drugs until your costs total \$5,100, 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 \$5,100, you pay the greater of:

- 5% of the cost, or
- \$3.40 copay for generic (including brand drugs treated as generic) and an \$8.50 copay for all other Part D drugs

Learn more about
Part D coverage

Visit sharpmedicareadvantage.com
to access the Evidence of Coverage
or call Customer Care.

