

# 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](http://sharpmedicareadvantage.com)



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



### 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.



H5386\_2019 INDV 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](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. 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](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.

## 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 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	\$66 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>	
	\$260 per day for days 1 through 7 \$0 per day for days 8+	\$175 per day for days 1 through 8 \$0 per day for days 9+

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Outpatient Hospital Coverage <sup>1</sup>	Ambulatory surgical center: \$250 copay Outpatient hospital: \$250 copay	Ambulatory surgical center: \$175 copay Outpatient hospital: \$175 copay
Doctor Visits	Primary care physician visit: \$10 copay Specialist visit: \$35 copay <sup>1,2</sup>	Primary care physician visit: \$10 copay Specialist visit: \$30 copay <sup>1,2</sup>
Preventive Care	\$0 Our plans cover many preventive services, including: <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> <li>• HIV screening</li> <li>• Lung cancer screening</li> <li>• Mammograms (screening)</li> <li>• Nutrition therapy services</li> <li>• Obesity screenings &amp; counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening &amp; counseling</li> <li>• Tobacco use cessation counseling</li> <li>• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul>	
Emergency Care	\$100 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 copay	

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

## 2019 Summary of Benefits, continued

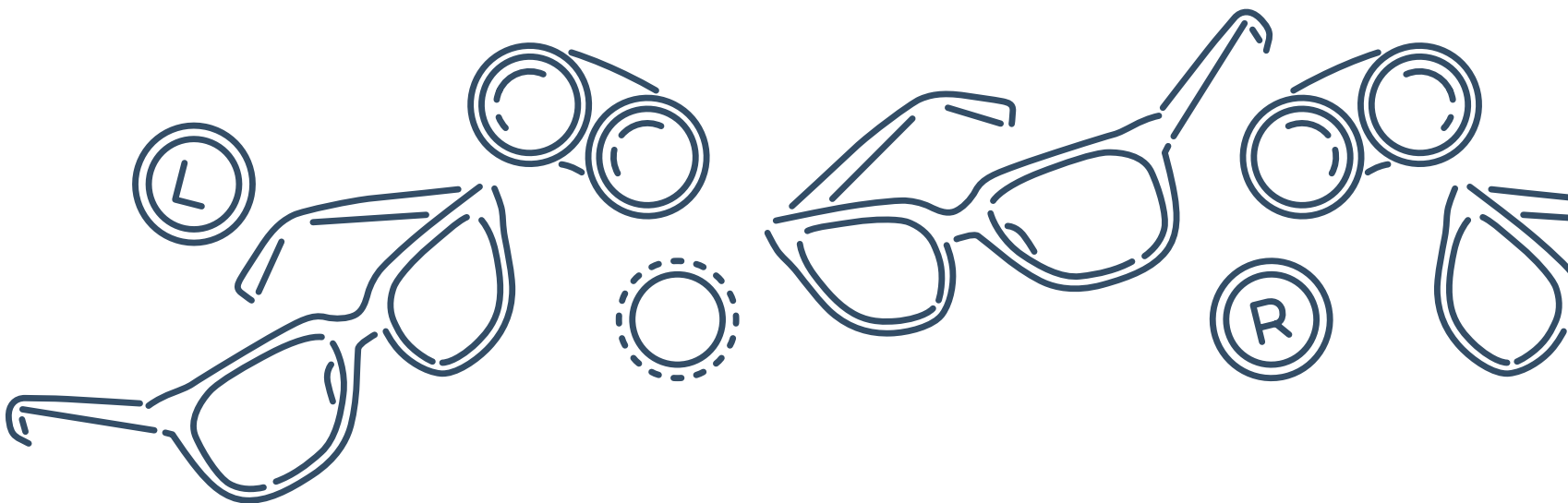
Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service) <sup>1,2</sup>	Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost Diagnostic tests and procedures: 20% of the cost Lab services: \$5 copay Outpatient X-rays: \$10 copay Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 15% of the cost Diagnostic tests and procedures: 15% of the cost Lab services: \$5 copay Outpatient X-rays: \$10 copay Therapeutic radiology services (such as radiation treatment for cancer): 15% of the cost
Hearing Services <sup>1</sup>	Exam to diagnose and treat hearing and balance issues: \$35 copay Hearing aid fitting / evaluations: \$35 copay Hearing aid: Our plan pays up to \$2,500 every three years.	Exam to diagnose and treat hearing and balance issues: \$30 copay Hearing aid fitting / evaluations: \$30 copay Hearing aid: Our plan pays up to \$2,500 every three years.
Dental Services <sup>1</sup>	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$35 copay	
Delta Dental Services <sup>3</sup>	\$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.)	\$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.)

Note: Services with a <sup>1</sup> may require prior authorization.

Services with a <sup>2</sup> 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® USA program offered by Delta Dental of California.

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): \$20 copay</p> <p>Our plan with VSP 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): \$20 copay</p> <p>Our plan with VSP 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>\$260 for days 1 through 6 \$0 for days 7+</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>\$175 per day for days 1 through 8 \$0 per day for days 9+</p>



## 2019 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
Outpatient Mental Health Care	Outpatient group therapy visit: \$35 copay  Outpatient individual therapy visit: \$35 copay	Outpatient group therapy visit: \$30 copay  Outpatient individual therapy visit: \$30 copay
Skilled Nursing Facility (SNF) <sup>1</sup>	Our plan covers up to 100 days in a SNF. \$0 per day for days 1 through 20	
	\$160 per day for days 21 through 41  \$0 per day for days 42 through 100	\$155 per day for days 21 through 41  \$0 per day for days 42 through 100
Rehabilitation Services <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  Occupational therapy visit: \$35 copay  Physical therapy and speech and language therapy visit: \$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  Occupational therapy visit: \$30 copay  Physical therapy and speech and language therapy visit: \$30 copay
Ambulance <sup>1</sup>	\$275 copay	\$250 copay
Transportation	Not covered	
Part B Drugs (including chemotherapy drugs) <sup>1</sup>	20% of the cost	20% of the cost
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

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

Benefit	Sharp Direct Advantage Gold Card (HMO)	Sharp Direct Advantage Platinum Card (HMO)
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>	
Chiropractic Care <sup>2</sup>	<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 (combined with Acupuncture)</p>	
Acupuncture	Not covered	Supplemental Acupuncture through American Specialty Health: \$10 copay, maximum 30 office visits per year (combined with Chiropractic)
Diabetes Supplies and Services <sup>1,2</sup>	<p>Diabetes monitoring supplies: \$0</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: 20% of the cost</p>	<p>Diabetes monitoring supplies: \$0</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: 15% of the cost</p>
Home Health Care <sup>1</sup>	\$0	
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	<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 <sup>1</sup>	\$0	



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

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					
	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

Note: Services with a <sup>1</sup> may require prior authorization.  
 Services with a <sup>2</sup> 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](http://sharpmedicareadvantage.com)  
to access the Evidence of Coverage  
or call Customer Care.

