2019 Sharp Direct Advantage™
Medicare Enrollment Guide
Including Summary of Benefits

Sharp Direct Advantage Gold Card (HMO)
and Sharp Direct Advantage Platinum Card (HMO)
Plans for Medicare-Eligible Individuals Residing in San Diego County
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The basics of Medicare

Have questions? We have answers! It’s common for people to be confused about Medicare and how they can benefit from it. Simply put, Medicare is a federal health insurance program available to you once you turn 65 or if you have certain disabilities. There are four parts to Medicare coverage.

Part A – Hospital Insurance
Once you turn 65 or otherwise become eligible for Medicare, you can automatically receive Medicare Part A hospital insurance. For most people, Part A has no cost.

Part B – Medical Insurance
Part B covers certain doctor services, other outpatient care, medical supplies and preventive services. Part B has a monthly premium. Together, Part A and Part B are known as Original Medicare.

Part C – Medicare Advantage
Medicare Advantage plans, also known as Part C plans, are offered through private insurers and combine Part A, Part B and often Part D into one plan with more benefits than Original Medicare. Sharp Health Plan offers a Medicare Advantage / Part C plan.

Part D – Prescription Drug Coverage
Prescription drug coverage is Medicare Part D. Sharp Health Plan includes prescription drug coverage as part of its Medicare Advantage plan.
The Sharp Direct Advantage™ difference

As part of the Sharp HealthCare family, we provide direct access to The Sharp Experience, from Card to Care. The Sharp Experience isn’t one thing we do. It’s everything we do. It’s our culture, our care philosophy and our promise to transform the health care experience for each other and those we serve. We believe San Diegans deserve more, so our Medicare Advantage plans are designed specifically to do just that.

✔ Affordable  $0 and $66 premium plan options

✔ Direct  Delivering The Sharp Experience, from Card to Care

✔ Local  Medicare by San Diegans, for San Diegans

✔ Simple  Easy to enroll with personalized support

From Card to Care

Choose the Sharp Direct Advantage Gold Card (HMO) or the Sharp Direct Advantage Platinum Card (HMO) for a plan you can trust, and your key to The Sharp Experience.
You could save money and get more

You've earned your Medicare benefits, now it's time to enjoy them. Sharp Health Plan members have access to extensive prescription drug benefits and dental plan, emergency care coverage worldwide and so much more.

- **$0 premium for Sharp Direct Advantage Gold Card or $66 premium for Sharp Direct Advantage Platinum Card**
- **Comprehensive dental coverage option**
- **$0 mail-order generic prescriptions**
- **Expanded chiropractic coverage**
- **Low copays for primary care physician visits**
- **Vision care and hearing coverage**
- **A comprehensive wellness program with free health coaching**
- **$0 gym access through Silver&Fit®**
- **Emergency Travel Services**
- **Up to 30 acupuncture visits per plan year at $10 per visit with the Platinum Card plan**

Get to know us

Visit sharpmedicareadvantage.com for more information about our Medicare plans or call 1-855-562-8853 (TTY/TDD: 711).

This information is not a complete description of benefits. Call 1-855-562-8853 (TTY/TDD: 711) for more information.
Elite-rated medical groups

With the Sharp Direct Advantage Network, you’ll find a family of providers close to where you live and spend time. Our network includes Sharp Rees-Stealy Medical Group and Sharp Community Medical Group, both awarded “Elite” status, the highest possible rating for Standards of Excellence, in addition to our regional partner, Greater Tri Cities IPA. Providers are located throughout San Diego County, so no matter where you are, from Chula Vista to El Cajon to Del Mar, we’ve got you covered.

A network of care

With Sharp Direct Advantage, you’ll have access to doctors, hospitals and medical groups across San Diego County and access to the Sharp doctors you know and trust.

Plus, through our unique integration with Sharp HealthCare, we offer a direct connection to The Sharp Experience.

Sharp Direct Advantage Network

- 3 Medical Groups
- 1,200+ Physicians and Specialists
- 7 Hospitals
- 25+ Urgent Care Locations
- 400+ Pharmacies
- 375+ Vision Providers
Looking for a doctor?

Sharp Health Plan offers several ways to look for a primary care physician or specialist. Access our Provider Directory via our online search tool or as a downloadable file. If you want a Provider Directory mailed to you, or if you need help finding a network provider, please call 1-855-562-8853 (TTY/TDD: 711) or 1-800-82-SHARP. 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. Pacific time, 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.

Find a doctor online

You can use the online search tool on our website at sharpmedicareadvantage.com/findadoctor. Be sure to select “Sharp Direct Advantage” as the network in the drop-down menu.

Download the Provider Directory

To easily search our Provider Directory on our website, visit sharpmedicareadvantage.com/findadoctor. Click on “Access Medicare provider directories,” then click on “Downloadable provider and pharmacy directories” to select your Individual Plan directory.

Did You Know?

Primary care physician (PCP) choice determines the medical group and specialists members will see and the urgent care centers that can be used. In most cases, you must go to network doctors / providers in our HMO plan, except in an emergency. You may also need to get a referral from your PCP.

1 Recipients of “Elite” status in the 2018 national Standards of Excellence™ survey by America’s Physician Groups, formerly CAPG.
The Sharp Direct Advantage Network

Medical Groups

At Sharp Health Plan, we understand the importance of selecting a network that fits your lifestyle and budget. As a member, you’ll join a family of award-winning medical groups, physicians and hospitals dedicated to meeting your health care needs.

The Sharp Direct Advantage Network offers access to more physicians and hospitals to provide you with added flexibility, giving you access to more than 1,200 physicians, including primary care physicians and specialists.

Sharp Rees-Stealy Medical Group

This medical group offers a network of more than 500 physicians, including primary care physicians and specialists. Admitting hospitals include Sharp hospitals listed on page 9. Sharp Rees-Stealy Medical Group physicians are located throughout San Diego County, including:

- Carmel Valley
- Chula Vista
- Del Mar
- Downtown San Diego
- El Cajon
- Frost Street / Frost Street North
- Genesee
- La Mesa / La Mesa West
- Mira Mesa
- Mount Helix
- Murphy Canyon
- Otay Ranch
- Point Loma
- Rancho Bernardo
- San Carlos
- San Diego
- Scripps Ranch
- Sorrento Mesa
Sharp Community Medical Group (SCMG)

This medical group offers a network of 1,000+ physicians, including primary care physicians and specialists. Admitting hospitals include Sharp HealthCare facilities and Palomar Health facilities listed on page 9. SCMG, SCMG Inland North, SCMG Graybill and SCMG Arch Health Medical Group physicians are located throughout San Diego County, including:

- Alpine
- Campo
- Carlsbad
- Chula Vista
- Clairemont
- College Area
- Coronado
- Del Cerro
- Downtown San Diego
- East San Diego
- El Cajon
- Encinitas
- Escondido
- Fallbrook
- Hillcrest
- Imperial Beach
- Kearny Mesa
- La Jolla
- La Mesa
- Lakeside
- Linda Vista
- Mira Mesa
- Mission Valley
- National City
- Oceanside
- Point Loma
- Poway
- Ramona
- San Diego
- San Marcos
- Santee
- University City
- Vista

Greater Tri Cities IPA

This medical group offers 400+ primary care physicians and specialists. The admitting hospital is Palomar Medical Center. This network also includes Vista Community Clinic, a Federally Qualified Health Center (FQHC). Greater Tri Cities IPA physicians are located primarily in northern San Diego County, including:

- Carlsbad
- Encinitas
- Escondido
- Oceanside
- Solana Beach
- Vista
The Sharp Direct Advantage Network, continued

Hospitals

Sharp Direct Advantage provides extensive coverage with access to a broad selection of hospitals across San Diego, including:

Sharp Hospitals
- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital
- Sharp Grossmont Hospital
- Sharp Mary Birch Hospital for Women & Newborns
- Sharp Memorial Hospital

Additional Network Hospitals
- Palomar Medical Center Escondido
- Palomar Medical Center Poway

Urgent care centers

Sharp Health Plan members have access to urgent care centers across San Diego. Please visit sharpmedicareadvantage.com/findadoctor to learn more about the urgent care centers affiliated with Sharp Direct Advantage and with your medical group.
Pharmacies

Sharp Health Plan members have access to hundreds of pharmacy locations and almost all major national pharmacies, including the below. Please visit sharpmedicareadvantage.com to find a pharmacy near you.

- Albertsons® / Sav-on® Pharmacy
- Costco® Pharmacy
- CVS Pharmacy® locations, including those at Target®
- Ralphs® Pharmacy
- Rite Aid® Pharmacy
- Sharp Rees-Stealy Pharmacy
- Vons® Pharmacy
- Walgreens® Pharmacy
- Walmart® Pharmacy
- Independently contracted neighborhood pharmacies
Your prescription drug benefits

Prescription drug coverage is included to help cover the cost of the medications that your doctor prescribes. Our list of covered drugs is called a formulary or “drug list.” You can obtain covered outpatient prescription drugs from Sharp Health Plan-contracted pharmacies located throughout San Diego County. You also have the option of using mail-order pharmacy services for maintenance medications.

What is prior authorization?

Some medications require prior authorization before you can pick them up from a pharmacy. This means a physician must complete a prior authorization request form and submit it with relevant medical information to Sharp Health Plan. The health plan will evaluate the information submitted and make a decision based on established clinical criteria for that drug. This is called a Coverage Determination.

View your prescription drug benefits online

Log in to Sharp Connect at sharpmedicareadvantage.com to view your full prescription drug benefit information. You can also see if your medication is covered and if there are any restrictions or prior authorization (Coverage Determination) requirements for your medications. To view the formulary online, select “Pharmacy” from the Members menu, then click “Formulary information.”
Filling your prescriptions

As a Sharp Direct Advantage member, you can visit hundreds of local pharmacies and almost all major national pharmacies. Review your Provider and Pharmacy Directory to see a complete list of Sharp Direct Advantage pharmacies.

If you get sick while traveling and need to pay for an emergency prescription, you can submit your pharmacy receipt for reimbursement.

Generic vs. Brand-Name Drugs

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand-Name Drug</td>
<td>A drug that has a trade name used for marketing and advertising. These drugs are patented and can only be sold by the company with the patent.</td>
</tr>
<tr>
<td>Generic Drug</td>
<td>A drug that is referred to by its chemical makeup without advertising. Generics are required to have the same active ingredient, strength, dosage form and route of administration as their brand-name equivalents.</td>
</tr>
</tbody>
</table>

Sharp Health Plan usually does not cover a brand-name drug when a generic is available. If for some reason you cannot use the generic version of a medication, your physician will need to submit a prior authorization (Coverage Determination) request form to request the brand-name drug and explain why you cannot use a generic drug.

Prescription drug mail order

Mail order is a convenient, cost-effective way to obtain maintenance drugs. A maintenance drug is prescribed to treat or stabilize a chronic condition such as diabetes or hypertension. Maintenance drugs are available for a 90-day supply through our mail-order program. Tier 5 drugs are not available through mail order.

Postal Prescription Services (PPS), our mail-order service provider, will ship a 90-day supply of your medication. PPS can mail your medications to any address you specify in the United States. Standard shipping is free for prescribed medication orders. Visit sharpmedicareadvantage.com/mailorder or call 1-800-552-6694 for more information on eligible medications and to get an application for mail-order services.
Get to know your plan options

We offer two Medicare Advantage plans so you can choose the option that best fits your unique needs. Our plans are designed to give you the flexibility you need at prices you like.
Benefits at a glance

To find additional information surrounding the benefit plans, flip to the Summary of Benefits on pages 27 through 36.

<table>
<thead>
<tr>
<th></th>
<th>Sharp Direct Advantage Gold Card (HMO)</th>
<th>Sharp Direct Advantage Platinum Card (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Plan Premium*</td>
<td>$0</td>
<td>$66</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum (medical)</td>
<td>$3,400</td>
<td>$3,300</td>
</tr>
<tr>
<td>Inpatient Hospital Coverage</td>
<td>$260 per day for days 1 – 7</td>
<td>$175 per day for days 1 – 8</td>
</tr>
<tr>
<td></td>
<td>$0 per day for days 8+</td>
<td>$0 per day for days 9+</td>
</tr>
<tr>
<td>Outpatient Hospital Coverage</td>
<td>$250</td>
<td>$175</td>
</tr>
<tr>
<td>Primary Care Physician Visit</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Specialist Physician Visit</td>
<td>$35</td>
<td>$30</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td>$30</td>
<td>$30</td>
</tr>
<tr>
<td>Diagnostic Radiology (e.g., MRIs)</td>
<td>20% of the cost</td>
<td>15% of the cost</td>
</tr>
<tr>
<td>Lab Services / X-rays</td>
<td>$5 / $10</td>
<td>$5 / $10</td>
</tr>
<tr>
<td>Hearing Aids (per 36 months)</td>
<td>$2,500 allowance</td>
<td>$2,500 allowance</td>
</tr>
<tr>
<td>Comprehensive Dental Coverage</td>
<td>$11**</td>
<td>$0</td>
</tr>
<tr>
<td>Routine Eye Exam (every 12 months)</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>$0 per day for days 1 – 20</td>
<td>$0 per day for days 1 – 20</td>
</tr>
<tr>
<td></td>
<td>$160 per day for days 21 – 41</td>
<td>$155 per day for days 21 – 41</td>
</tr>
<tr>
<td></td>
<td>$0 per day for days 42+</td>
<td>$0 per day for days 42+</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$275</td>
<td>$250</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>20% of the cost</td>
<td>15% of the cost</td>
</tr>
<tr>
<td>Expanded Chiropractic Care</td>
<td>$10, limit 30 visits per year</td>
<td>$10, limit 30 visits per year</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>not offered</td>
<td>$10, limit 30 visits per year</td>
</tr>
<tr>
<td>** Retail Prescriptions (up to 30 days)***</td>
<td>$4 / $8</td>
<td>$4 / $8</td>
</tr>
<tr>
<td>Preferred Generic / Generic / Preferred Brand</td>
<td>$47</td>
<td>$47</td>
</tr>
<tr>
<td>Non-preferred / Specialty / Select Care</td>
<td>$100 / 33% of the cost / $0</td>
<td>$100 / 33% of the cost / $0</td>
</tr>
<tr>
<td>** Mail-Order Prescriptions (up to 90 days)***</td>
<td>$0 / $0</td>
<td>$0 / $0</td>
</tr>
<tr>
<td>Preferred Generic / Generic / Preferred Brand</td>
<td>$94</td>
<td>$94</td>
</tr>
<tr>
<td>Non-preferred / Specialty / Select Care</td>
<td>$200 / not offered / $0</td>
<td>$200 / not offered / $0</td>
</tr>
</tbody>
</table>

* This information is not a complete description of benefits. Call 1-855-562-8853 (TTY/TDD: 711) for more information.
** Dental benefit is optional for Sharp Direct Advantage Gold Card members.
*** Drug Tiers: Preferred Generic / Generic / Preferred Brand / Non-preferred / Specialty / Select Care
Added benefits

We believe San Diegans deserve more. That’s why our plans include these additional member benefits1:

**Vision Care**
Vision Service Plan (VSP) Elements is included in our plans. Benefits include annual routine eye exams and an allowance for glasses or contacts every 24 months. VSP has more than 375 providers throughout San Diego County to ensure that you can find care close to home.

**Chiropractic and Acupuncture2 Coverage**
Like all Medicare Advantage plans, Sharp Direct Advantage offers chiropractic benefits for spinal subluxation treatment. This is provided through your medical group by referral from your PCP at your specialist visit copay. In addition, Sharp Direct Advantage offers a supplemental chiropractic and acupuncture benefit through American Specialty Health. This means you can self-refer to any specialist in the network for up to 30 visits per year with a $10 copay.

**Emergency Travel Services**
When faced with a medical emergency while traveling 100 miles or more away from home or in another country, our partner connects members to doctors, hospitals, pharmacies and other services. Our members are guaranteed to receive hospital admission if needed. We also offer prescription assistance, referrals for interpretation and legal services, pre-trip information, as well as assistance with lost luggage, documents and personal belongings while you’re on your trip.

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1 This information is not a complete description of benefits. Call 1-855-562-8853 (TTY/TDD: 711) for more information.
2 Acupuncture is only for Platinum Card members.
MinuteClinic® inside CVS Pharmacy®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy stores. MinuteClinic provides convenient access to quality medical care without an appointment. It is open 7 days a week, including evenings and weekends. No appointment necessary. For most members, your copay for MinuteClinic is the same as your urgent care copay.

Silver&Fit® Gym Access

We offer a free gym access to members. Choose from 24 Hour Fitness, Curves, Jazzercise, LA Fitness and many other facilities throughout San Diego County. And, enjoy the flexibility to change facilities monthly or upgrade your gym membership for an additional fee. If you prefer to exercise at home, at-home fitness options are available as well. Visit silverandfit.com or call 1-877-427-4788 (TTY/TDD: 1-877-710-2746) to find participating clubs in your area. Participating gyms may change during the year.

After-Hours Nurse Line

When you have a health question or concern after regular business hours, a single phone call to our After-Hours Nurse Line puts you in touch with a registered nurse. After-Hours Nurse Line is available from 5 p.m. to 8 a.m., Monday through Friday and 24 hours a day on weekends by calling 1-858-499-8300 (TTY/TDD users call 711), and selecting the option to speak with a nurse.

Hearing Aid Coverage

Members receive a $2,500 allowance every 36 months toward medically necessary hearing aids via San Diego Hearing Centers and HearUSA. To access this benefit, members should contact their PCP.
Comprehensive Dental Coverage by Delta Dental

We are proud to offer a comprehensive dental HMO plan to our Gold Card and Platinum Card members, Dental Advantage by Delta Dental of California. And with low copays and no hidden costs for dental services, we think that’s something to smile about.
With Dental Advantage by Delta Dental, you’ll enjoy:

- **Low copays**
  Such as $5 office visits

- **Low cost prevention services**
  Such as $15 cleanings

- **Your choice of dentist**
  From the DeltaCare® USA HMO network

- **Comprehensive coverage**
  Including fillings, crowns and dentures

- **No waiting period**
  With dental benefits that kick in with your Medicare Advantage benefits

- **Unlimited smiles**
  With dental coverage you can count on

The monthly premium is only $11 for our Sharp Direct Advantage Gold Card members and dental is included for our Sharp Direct Advantage Platinum Card members. To learn more about Delta Dental or to find a network dentist in your area, visit at sharpmedicareadvantage.com/our-plans/dental-care.

<table>
<thead>
<tr>
<th>Some of the benefits covered under Dental Advantage by Delta Dental include:</th>
<th>Member Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visit</td>
<td>$5</td>
</tr>
<tr>
<td>X-rays, complete series, 1 every 24 months</td>
<td>$0</td>
</tr>
<tr>
<td>Cleaning, 1 every 6 months</td>
<td>$15</td>
</tr>
<tr>
<td>Filling, 1 surface</td>
<td>$55</td>
</tr>
</tbody>
</table>

Please note, Gold Card members can only add the dental benefit during their initial enrollment period or during the annual election period.

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1 Delta Dental refers to Delta Dental of California.
2 Dental benefit is optional for Sharp Direct Advantage Gold Card members.
Best Health® wellness program

Best Health is a comprehensive wellness program available to all Sharp Health Plan members at no extra cost. Offering robust online wellness tools, interactive workshops, one-on-one health coaching and more, Best Health provides resources you can use to reach your health goals. Visit yourbesthealth.com to register.

Wellness Assessment

The first step to getting healthy and staying healthy is to complete your Wellness Assessment online. Your Wellness Assessment will help you identify opportunities for improving your health, get a baseline for measuring your progress and access resources that are customized to your individual needs. You can also share your results with your doctor.

Personalized coaching

Sharp Health Plan members have direct access to personal health and lifestyle coaches. Coaching is completely customized to your unique needs at no additional cost to you. Your coach will:

- Personally welcome you to the plan
- Help you understand and fully take advantage of your benefits
- Serve as your point of contact for questions you might have throughout the year
- Help you reach personal health goals, such as:
  - Losing weight
  - Developing an exercise routine
  - Creating a meal plan
  - Quitting smoking

Wellness & Health Promotion Accreditation

Best Health, Sharp Health Plan’s wellness program, is one of a select group of health plan wellness programs nationally to receive NCQA accreditation.
Interactive online tools and resources

Personal health coaching
• Get personalized, one-on-one advice from health and lifestyle coaches.
• Join simple, 30-minute sessions over the phone for 6 weeks.
• Make positive changes at your convenience.

Mobile app
• Access your favorite trackers and tools from your smart phone.
• Manage risk factors like blood pressure and cholesterol.
• View and celebrate your progress.

Healthy eating plans
• Create healthier, personalized meal plans.
• Track calories using your personal food log.
• Choose from hundreds of healthy recipes and grocery lists.

Exercise tools
• Choose from a variety of fitness plans or create your own.
• Track exercise progress by connecting to your wearable fitness device or app.

Wellness workshops
• Choose from a variety of topics like nutrition or work-life balance.
• Complete interactive activities to help increase your health IQ.
sharpmedicareadvantage.com, at your service

Health care concerns can arise at any time. We have resources in place to connect you to the information you need, when you need it. Remember, we’re just a click away!

• Learn more about Medicare
• Register for a free Sharp Direct Advantage Seminar
• Request a one-on-one appointment with a licensed sales representative
• Enroll in a Sharp Direct Advantage plan
• Find a primary care physician who is right for you

Your personal health care assistant

We’re dedicated to providing updates and important information in a way that is most convenient for you. That’s why this enhanced experience gives you access to the information you need, when you need it. From sharpmedicareadvantage.com you can:

• Find an urgent care center, pharmacy or hospital near you
• Visit our preventive and wellness center to access health resources, news and articles
• See if your prescription is on our drug list
• Register for Sharp Connect
Sharp Connect, your member portal

Easily manage your plan through our member portal, Sharp Connect. By creating an account, you can securely access your complete plan information, including information about your PCP, prescription details and estimated costs, and so much more.

- Securely access details of your coverage
- Check benefits, eligibility and costs
- Choose or change your PCP
- Update your contact information
- View, print or request your member ID card
- Download member forms and view correspondence
- View drug list / costs
Understand when you can enroll

You can join during the following periods:

**Annual Election Period (AEP), Oct. 15 – Dec. 7.**

During this time, you may make changes to your current Medicare plan and those changes will take effect on January 1.

**Initial Enrollment Period (IEP), if this is your first time getting Medicare.**

*Eligibility by birthday:* You can join during the 7-month period that runs 3 months before the month you turn 65 to 3 months after the month you turn 65. Your coverage will begin the first day of the month after you enroll. If you join before you turn 65, your coverage will begin the first day of the month you turn 65.

*Eligibility by disability:* You can join during the 7-month period that runs 3 months before your 25th month of getting disability benefits to 3 months after your 25th month of getting disability benefits. Your coverage will begin the first day of the month after you enroll. If you join during one of the 3 months before you first get Medicare, your coverage will begin the first day of your 25th month of entitlement to disability payments.

**Open Enrollment Period (OEP)**

You can join from Jan. 1 – March 31. If you are enrolled in a Medicare Advantage plan, you’ll have a one-time opportunity to:

- Switch to a different Medicare Advantage plan
- Drop your Medicare Advantage plan and return to Original Medicare, Part A and Part B
- Sign up for a stand-alone Medicare Part D Prescription Drug Plan (if you return to Original Medicare)
- Drop your stand-alone Medicare Part D Prescription Drug Plan

**Special Enrollment Period (SEP)**

You may be able to join our plan when special life events happen. These include situations such as, but not limited to:

- Retiring from your job if you’re over 65
- Moving to a different area not covered by your plan
- Losing your current coverage
- When your current plan changes its contract with Medicare
- Receiving Extra Help paying for your Medicare prescription drug coverage
Enrollment at a glance

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Election</td>
<td>Oct. 15 – Dec. 7</td>
<td></td>
</tr>
<tr>
<td>Open Enrollment</td>
<td></td>
<td>Jan. 1 – March 31</td>
</tr>
<tr>
<td>Initial Enrollment</td>
<td></td>
<td>Year-Round</td>
</tr>
<tr>
<td>Special Enrollment</td>
<td></td>
<td>Year-Round</td>
</tr>
</tbody>
</table>

Enroll today!
Visit sharpmedicareadvantage.com or call customer care at 1-855-562-8853 (TTY/TDD: 711) to join.
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-562-8853, TTY/TDD: 711.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit sharpmedicareadvantage.com or call 1-855-562-8853, TTY/TDD: 711 to view a copy of the EOC.

☐ Review the Provider Directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the Pharmacy Directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

• In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

• Benefits, premiums and / or copayments / co-insurance may change on Jan. 1, 2020.

• Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
Enrolling is as easy as 1-2-3

1. Check your eligibility for Sharp Health Plan
   To join Sharp Health Plan’s Medicare plans you must:
   • Must be in an eligible enrollment period
   • Reside in San Diego County
   • Be entitled to Medicare Part A and enrolled Medicare Part B or be enrolled in Medicare Part A and Part B.
   • Not have end-stage renal disease

2. Enroll in Medicare Part B
   If you have not already enrolled, you can enroll online at www.ssa.gov.
   You may also visit your local Social Security office or call 1-800-772-1213.
   TTY users call 1-800-325-0778. If you are already receiving Social Security benefits or if you are receiving Railroad Retirement Board benefits, you will be automatically enrolled in Medicare.

3. Join Sharp Health Plan today
   If you are eligible for Medicare and Sharp Health Plan, call us toll-free at 1-855-562-8853 (TTY/TDD: 711) for personal assistance or visit our website at sharpmedicareadvantage.com.

   Hours of operation:
   Oct. 15 – 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. Pacific time, 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.

Everything you need to enroll now
Enrolling is easy! Here’s a checklist with the information you’ll need to enroll:

☐ The Medicare number and Part A and Part B effective dates from your red, white and blue Medicare ID card.

☐ The name of your Sharp Direct Advantage Network primary care physician (PCP). You’ll need to list your doctor when you enroll. If you don’t have a PCP, we will assign one to you. You may change your PCP at any time by contacting Customer Care. Visit sharpmedicareadvantage.com/findadoctor to find a doctor.

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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

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.
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 and Catastrophic Coverage. These are explained later in this document beginning on page 35.

- 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](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.”

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sharp Direct Advantage Gold Card (HMO)</th>
<th>Sharp Direct Advantage Platinum Card (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much is the monthly premium? You must continue to pay your Medicare Part B premium.</td>
<td>$0 per month</td>
<td>$66 per month</td>
</tr>
<tr>
<td>How much is the deductible?</td>
<td>These plans do not have deductibles.</td>
<td></td>
</tr>
<tr>
<td>Is there any limit on how much I will pay for my covered services?</td>
<td>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. 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. Please note that you will still need to pay your monthly premiums and cost sharing for your Part D prescription drugs.</td>
<td></td>
</tr>
<tr>
<td>Is there a limit on how much the plan will pay?</td>
<td>No. There are no limits on how much our plan will pay.</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Coverage(^1)(^2)</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$260 per day for days 1 through 7</td>
<td>$175 per day for days 1 through 8</td>
</tr>
<tr>
<td></td>
<td>$0 per day for days 8+</td>
<td>$0 per day for days 9+</td>
</tr>
<tr>
<td>Benefit</td>
<td>Sharp Direct Advantage Gold Card (HMO)</td>
<td>Sharp Direct Advantage Platinum Card (HMO)</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Hospital Coverage¹</td>
<td>Ambulatory surgical center: $250 copay&lt;br&gt;Outpatient hospital: $250 copay</td>
<td>Ambulatory surgical center: $175 copay&lt;br&gt;Outpatient hospital: $175 copay</td>
</tr>
<tr>
<td>Doctor Visits</td>
<td>Primary care physician visit: $10 copay&lt;br&gt;Specialist visit: $35 copay¹,²</td>
<td>Primary care physician visit: $10 copay&lt;br&gt;Specialist visit: $30 copay¹,²</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>$0&lt;br&gt;Our plans cover many preventive services, including:&lt;br&gt;• Abdominal aortic aneurysm screening&lt;br&gt;• Alcohol misuse screenings &amp; counseling&lt;br&gt;• Bone mass measurements (bone density)&lt;br&gt;• Cardiovascular disease screenings&lt;br&gt;• Cardiovascular disease (behavioral therapy)&lt;br&gt;• Cervical &amp; vaginal cancer screening&lt;br&gt;• Colorectal cancer screenings (colonoscopy¹, fecal occult blood test, flexible sigmoidoscopy)&lt;br&gt;• Depression screenings&lt;br&gt;• Diabetes screenings</td>
<td>• HIV screening&lt;br&gt;• Lung cancer screening&lt;br&gt;• Mammograms (screening)&lt;br&gt;• Nutrition therapy services&lt;br&gt;• Obesity screenings &amp; counseling&lt;br&gt;• Prostate cancer screenings (PSA)&lt;br&gt;• Sexually transmitted infections screening &amp; counseling&lt;br&gt;• Tobacco use cessation counseling&lt;br&gt;• Vaccines, including flu shots, hepatitis B shots, pneumococcal shots&lt;br&gt;• “Welcome to Medicare” preventive visit (one-time)&lt;br&gt;• Yearly “Wellness” visit</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>$100 copay&lt;br&gt;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.</td>
<td></td>
</tr>
<tr>
<td>Urgently Needed Services</td>
<td>$30 copay</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sharp Direct Advantage Gold Card (HMO)</th>
<th>Sharp Direct Advantage Platinum Card (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service)³</td>
<td>Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost</td>
<td>Diagnostic radiology services (such as MRIs, CT scans): 15% of the cost</td>
</tr>
<tr>
<td></td>
<td>Diagnostic tests and procedures: 20% of the cost</td>
<td>Diagnostic tests and procedures: 15% of the cost</td>
</tr>
<tr>
<td></td>
<td>Lab services: $5 copay</td>
<td>Lab services: $5 copay</td>
</tr>
<tr>
<td></td>
<td>Outpatient X-rays: $10 copay</td>
<td>Outpatient X-rays: $10 copay</td>
</tr>
<tr>
<td></td>
<td>Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost</td>
<td>Therapeutic radiology services (such as radiation treatment for cancer): 15% of the cost</td>
</tr>
<tr>
<td>Hearing Services¹</td>
<td>Exam to diagnose and treat hearing and balance issues: $35 copay</td>
<td>Exam to diagnose and treat hearing and balance issues: $30 copay</td>
</tr>
<tr>
<td></td>
<td>Hearing aid fitting / evaluations: $35 copay</td>
<td>Hearing aid fitting / evaluations: $30 copay</td>
</tr>
<tr>
<td></td>
<td>Hearing aid: Our plan pays up to $2,500 every three years.</td>
<td>Hearing aid: Our plan pays up to $2,500 every three years.</td>
</tr>
<tr>
<td>Dental Services¹</td>
<td>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): $35 copay</td>
<td></td>
</tr>
<tr>
<td>Delta Dental Services³</td>
<td>$11 monthly premium</td>
<td>$0 monthly premium</td>
</tr>
<tr>
<td></td>
<td>$5 office visits</td>
<td>$5 office visits</td>
</tr>
<tr>
<td></td>
<td>$15 cleanings</td>
<td>$15 cleanings</td>
</tr>
<tr>
<td></td>
<td>$0 complete oral exams</td>
<td>$0 complete oral exams</td>
</tr>
<tr>
<td></td>
<td>(This includes preventive and diagnostic services, basic and major dental services at fixed copays.)</td>
<td>(This includes preventive and diagnostic services, basic and major dental services at fixed copays.)</td>
</tr>
</tbody>
</table>

Note: Services with a ¹ may require prior authorization. Services with a ² 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.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sharp Direct Advantage Gold Card (HMO)</th>
<th>Sharp Direct Advantage Platinum Card (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Services¹</td>
<td>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $20 copay</td>
<td>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $20 copay</td>
</tr>
<tr>
<td></td>
<td>Our plan with VSP pays up to $105 every two years for contact lenses in lieu of eyeglasses with a $20 copay.</td>
<td>Our plan with VSP pays up to $105 every two years for contact lenses in lieu of eyeglasses with a $20 copay.</td>
</tr>
<tr>
<td></td>
<td>Our plan pays up to $95 every two years for eyeglass frames.</td>
<td>Our plan pays up to $95 every two years for eyeglass frames.</td>
</tr>
<tr>
<td></td>
<td>Routine eye exam (for up to 1 every year): $20 copay</td>
<td>Routine eye exam (for up to 1 every year): $20 copay</td>
</tr>
<tr>
<td>Inpatient Mental Health Care</td>
<td>The copay for hospital benefit is based on a benefit period.</td>
<td>The copay for hospital benefit is based on a benefit period.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>$260 for days 1 through 6</td>
<td>$175 per day for days 1 through 8</td>
</tr>
<tr>
<td></td>
<td>$0 for days 7+</td>
<td>$0 per day for days 9+</td>
</tr>
<tr>
<td>Benefit</td>
<td>Sharp Direct Advantage Gold Card (HMO)</td>
<td>Sharp Direct Advantage Platinum Card (HMO)</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Outpatient Mental Health Care</td>
<td>Outpatient group therapy visit: $35 copay</td>
<td>Outpatient group therapy visit: $30 copay</td>
</tr>
<tr>
<td></td>
<td>Outpatient individual therapy visit: $35 copay</td>
<td>Outpatient individual therapy visit: $30 copay</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)¹</td>
<td>Our plan covers up to 100 days in a SNF. $0 per day for days 1 through 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$160 per day for days 21 through 41</td>
<td>$155 per day for days 21 through 41</td>
</tr>
<tr>
<td></td>
<td>$0 per day for days 42 through 100</td>
<td>$0 per day for days 42 through 100</td>
</tr>
<tr>
<td>Rehabilitation Services¹</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>Occupational therapy visit: $35 copay</td>
<td>Occupational therapy visit: $30 copay</td>
</tr>
<tr>
<td></td>
<td>Physical therapy and speech and language therapy visit: $35 copay</td>
<td>Physical therapy and speech and language therapy visit: $30 copay</td>
</tr>
<tr>
<td>Ambulance¹</td>
<td>$275 copay</td>
<td>$250 copay</td>
</tr>
<tr>
<td>Transportation</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Part B Drugs (including chemotherapy drugs)¹</td>
<td>20% of the cost</td>
<td>20% of the cost</td>
</tr>
<tr>
<td>Foot Care (podiatry services)²</td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: $35 copay</td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: $30 copay</td>
</tr>
</tbody>
</table>

Note: Services with a ¹ may require prior authorization.  
Services with a ² may require a referral from your doctor.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Sharp Direct Advantage Gold Card (HMO)</th>
<th>Sharp Direct Advantage Platinum Card (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Equipment / Supplies (wheelchairs, oxygen, etc.)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>20% of the cost</td>
<td>15% of the cost</td>
</tr>
<tr>
<td>Wellness Programs</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Wellness programs include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Silver&amp;Fit Gym Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness programs include:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Silver&amp;Fit Gym Access</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health Coaching</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Coaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): $20 copay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplemental Chiropractic through American Specialty Health: $10 copay, maximum 30 office visits per year (combined with Acupuncture)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Supplemental Acupuncture through American Specialty Health: $10 copay, maximum 30 office visits per year (combined with Chiropractic)</td>
</tr>
<tr>
<td>Diabetes Supplies and Services&lt;sup&gt;1,2&lt;/sup&gt;</td>
<td>Diabetes monitoring supplies: $0</td>
<td>Diabetes monitoring supplies: $0</td>
</tr>
<tr>
<td>Diabetes self-management training: $0</td>
<td>Diabetes self-management training: $0</td>
<td>Diabetes self-management training: $0</td>
</tr>
<tr>
<td>Therapeutic shoes or inserts: 20% of the cost</td>
<td>Therapeutic shoes or inserts: 20% of the cost</td>
<td>Therapeutic shoes or inserts: 20% of the cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapeutic shoes or inserts: 15% of the cost</td>
</tr>
<tr>
<td>Home Health Care&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Prosthetic Devices (braces, artificial limbs, etc.)&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Prosthetic devices: 20% of cost</td>
<td>Prosthetic devices: 15% of cost</td>
</tr>
<tr>
<td>Related medical supplies: 20% of the cost</td>
<td>Related medical supplies: 20% of the cost</td>
<td>Related medical supplies: 20% of the cost</td>
</tr>
<tr>
<td>Renal Dialysis&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>
Part D Drugs

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.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Description</th>
<th>Standard Retail Cost Share</th>
<th>Standard Mail-Order Cost Share</th>
<th>Standard Retail Cost Share</th>
<th>Standard Mail-Order Cost Share</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Retail 1-month supply</td>
<td>Retail 3-month supply</td>
<td>Mail-Order 3-month supply</td>
<td>Retail 1-month supply</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Retail 3-month supply</td>
</tr>
<tr>
<td>Tier 1</td>
<td>(Preferred Generic)</td>
<td>$4 copay</td>
<td>$12 copay</td>
<td>$0 copay</td>
<td>$4 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>(Generic)</td>
<td>$8 copay</td>
<td>$24 copay</td>
<td>$0 copay</td>
<td>$8 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>(Preferred Brand)</td>
<td>$47 copay</td>
<td>$141 copay</td>
<td>$94 copay</td>
<td>$47 copay</td>
</tr>
<tr>
<td>Tier 4</td>
<td>(Non-preferred Brand)</td>
<td>$100 copay</td>
<td>$300 copay</td>
<td>$200 copay</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Tier 5</td>
<td>(Specialty)</td>
<td>33% of cost</td>
<td>Not offered</td>
<td>Not offered</td>
<td>33% of cost</td>
</tr>
<tr>
<td>Tier 6</td>
<td>(Select Care)</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
</tbody>
</table>

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

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Learn more about Part D coverage

Visit [sharpmedicareadvantage.com](http://sharpmedicareadvantage.com) to access the Evidence of Coverage or call Customer Care.
Frequently asked questions

Which doctors or hospitals accept Sharp Health Plan?
Sharp Health Plan plans are HMOs (health maintenance organizations) that give you access to a broad network of local doctors and hospitals. Your primary care physician (PCP) oversees your care and in general, you will need prior authorization to see a specialist.

What is a network?
A network is a group of doctors, hospitals, pharmacies, and other medical service providers associated with your unique health plan.

How do I find a doctor? Is my doctor in the network?
To find a PCP or to see if your PCP is in one of our networks, visit sharpmedicareadvantage.com/findadoctor. Select the Sharp Direct Advantage Network, then search for a doctor by medical group, specialty, language, gender, location or last name. Once you select a doctor, notify Sharp Health Plan and call the doctor’s office directly to schedule a visit.

Your PCP will be your main doctor and point of contact who is most familiar with your health history and coordinates your health care. PCPs usually specialize in family practice, internal medicine, general practice or pediatrics. We have several physician groups from which you can choose your doctor. This group will be your plan medical group (PMG). You receive specialty care and access to hospitals and urgent care centers from the providers affiliated with your PMG.

What is a plan medical group (PMG)?
A PMG is a designated group of physicians and hospitals associated with your network. You have access to hospitals, specialty care and urgent care centers affiliated with your PMG. It is important to keep in mind that referrals or authorizations do not transfer between PMGs, and you only have access to one PMG at a time.

With the Sharp Direct Advantage Network, you’ll find a family of providers close to where you live and spend time. Our network includes Sharp Rees-Stealy Medical Group, Sharp Community Medical Group (SCMG) and our regional partner, Greater Tri Cities Medical Group. To find out which doctors are affiliated with your PMG, refer to the Sharp Direct Advantage Network provider directory at sharpmedicareadvantage.com/findadoctor or call Customer Care at 1-855-562-8853 (TTY/TDD: 711).

Are emergency or urgently needed services covered?
Yes. We offer worldwide coverage for urgent and emergency health services.

What do I pay for covered doctor or hospital services?
You only have to pay your plan copayment or coinsurance for visits to an in-network doctor or hospital. If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither the plan nor Original Medicare will pay for out-of-network services except in limited situations (for example, urgent or emergency care).

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1 The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
Is there a limit to total out-of-pocket spending for the year?

Yes. The maximum you will have to pay out of pocket for covered medical services for the benefit year will vary depending on the plan you choose. Part D prescription drug costs are not included in this maximum.

Where can I get prescriptions filled if I join this plan?

You can fill prescriptions for any covered Part D drugs, some of which may be subject to prior authorization, at any network pharmacy.¹

Are prescriptions covered? Do you offer mail-order service for prescriptions?

Prescription drug coverage¹ is included in Sharp Health Plan to help cover the cost of the medications that your doctor prescribes. You obtain covered outpatient prescription drugs from Sharp Health Plan-contracted pharmacies located throughout San Diego County and the U.S.

You also have the option of using our mail order pharmacy, Postal Prescription Services (sharpmedicareadvantage.com/mailorder) for maintenance medications. At sharpmedicareadvantage.com/members/get-care/sharp-advantage-providers, you can use our Pharmacy Directory to find a pharmacy near you, learn more about specialty medications that may be available, and find out if a specific drug is on our drug list.

How can I learn if my prescription is covered?

Visit sharpmedicareadvantage.com/druglist, click on “Formulary,” then select “2019 Individual Comprehensive Plan Formulary” to view our list of covered drugs.

Can I use Sharp Health Plan with a Medicare Supplement plan?

No. Your Medicare Supplement Plan, also known as a Medigap policy, can’t be used while enrolled in your Medicare Advantage plan to pay your Medicare Advantage plan copayments, deductibles or premiums. If you want to cancel your Medicare Supplement Plan, contact your insurance company.

What if I’m already enrolled in a Medicare Advantage plan or prescription drug plan?

You will need to keep your Medicare Part A and B and must continue to pay your Medicare Part B premium, if you have one, and it is not paid by Medi-Cal or another third party. You can only be in one Medicare Advantage or prescription drug plan at a time. Your enrollment in this plan will automatically end your enrollment in another Medicare Advantage or prescription drug plan.
English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-562-8853 (TTY/TDD: 711).

Español (Spanish)

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-562-8853 (TTY/TDD: 711)。

Tiếng Việt (Vietnamese)

Tagalog (Tagalog – Filipino):

한국어 (Korean):

Հայերեն (Armenian):
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցություն։ Զանգահարեք 1-855-562-8853 (TTY (հեռախոս)՝ 711).

فارسی (Farsi):

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-562-8853 (телетайп: 711).

日本語 (Japanese):
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-562-8853 (TTY/TDD: 711) まで、お電話にてご連絡ください。

نروني (Arabic):
Punjabi:
ध्यान दिओ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-855-562-8853 (TTY/TDD: 711) ਪਰ ਕੋਲ ਕਰੋ।

Mon Khmer, Cambodian:
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-562-8853 (TTY/TDD: 711)។

Hmoob (Hmong):
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau
1-855-562-8853 (TTY/TDD: 711).

Hindi:
ध्यान दें:  यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-855-562-8853 (TTY/TDD: 711) पर कॉल करें।

Thai:
Nondiscrimination notice

Sharp Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sharp Health Plan:

• Provides free aids and services to people with disabilities to communicates effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (such as large print, audio, accessible electronic formats, or other formats)

• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact Customer Care at 1-855-562-8853.

If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator at:

• Address: Sharp Health Plan Appeal/Grievance Department
  8520 Tech Way, Suite 201
  San Diego, CA 92123-1450

• Telephone: 1-855-562-8853 (TTY/TDD: 711) Fax: (858) 636-2256

You can file a grievance in person or by mail, fax, or you can also complete the online Grievance/Appeal form on the Plan’s website sharphealthplan.com. Please call our Customer Care team at 1-855-562-8853 if you need help filing a grievance. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Join today!

If you are eligible for Medicare and Sharp Health Plan, call us toll-free at 1-855-562-8853 (TTY/TDD: 711) for personal assistance or visit our website at sharpmedicareadvantage.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. Pacific time, 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.
Sharp Health Plan is an HMO with a Medicare contract. Enrollment with Sharp Health Plan depends on contract renewal.

Sharp Health Plan (HMO) es un plan de salud HMO que tiene un contrato con Medicare. La inscripción en Sharp Health Plan depende de la renovación del contrato.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-562-8853 (TTY/TDD: 711).