

2019-20 Summary of Benefits

August 1, 2019 – July 31, 2020

This is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services we cover, call Customer Care and ask for the “Evidence of Coverage.”

Things to know about Sharp Health Plan (HMO)



Sharp Health Plan's
Medicare website
sharphealthplan.com/sdpeba



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



Hours of operation
April 1 – Sept. 30 from 8 a.m. – 8 p.m.
Pacific time; Monday through Friday,
Oct. 1 – March 31 from 8 a.m. – 8 p.m.
Pacific time, 7 days a week.

Calling after-hours will direct you to our voicemail system and a Customer Care representative will return your call the next business day.



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 Direct Advantage (HMO) has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, the plan may not pay for these services. 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/indadoctor, 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 Direct Advantage 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 and Catastrophic Coverage. These are explained later in this document.

- 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 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 Direct Advantage is offered by Sharp Health Plan. Sharp Direct Advantage plans are HMO plans with a Medicare contract. Enrollment in Sharp Direct Advantage depends on contract renewal.

Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments / coinsurance may change each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This document is available in other formats such as large print.

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Benefit	Sharp Direct Advantage (HMO)
How much is the monthly premium? You must continue to pay your Medicare Part B premium.	\$201 per month
How much is the deductible?	This plan does not have a deductible.
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 will keep getting covered hospital and medical services. 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> <p>\$1,500 yearly limit for services you receive from in-network providers.</p>
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 Care ^{1,2}	<p>\$0 per day</p> <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. There's no limit to the number of benefit periods. Our plan covers an unlimited number of days for an inpatient hospital stay.</p>
Doctor's Office Visits	<p>Primary care physician visit: \$10 copay</p> <p>Specialist visit: \$10 copay</p>

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

2019-20 Summary of Benefits, continued

Benefit	Sharp Direct Advantage (HMO)
Preventive Care	<p>\$0</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low-dose computed tomography (LDCT) • Screening for sexually transmitted infections • (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • “Welcome to Medicare” Preventive 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	<p>\$10 copay</p>

2019-20 Summary of Benefits, continued

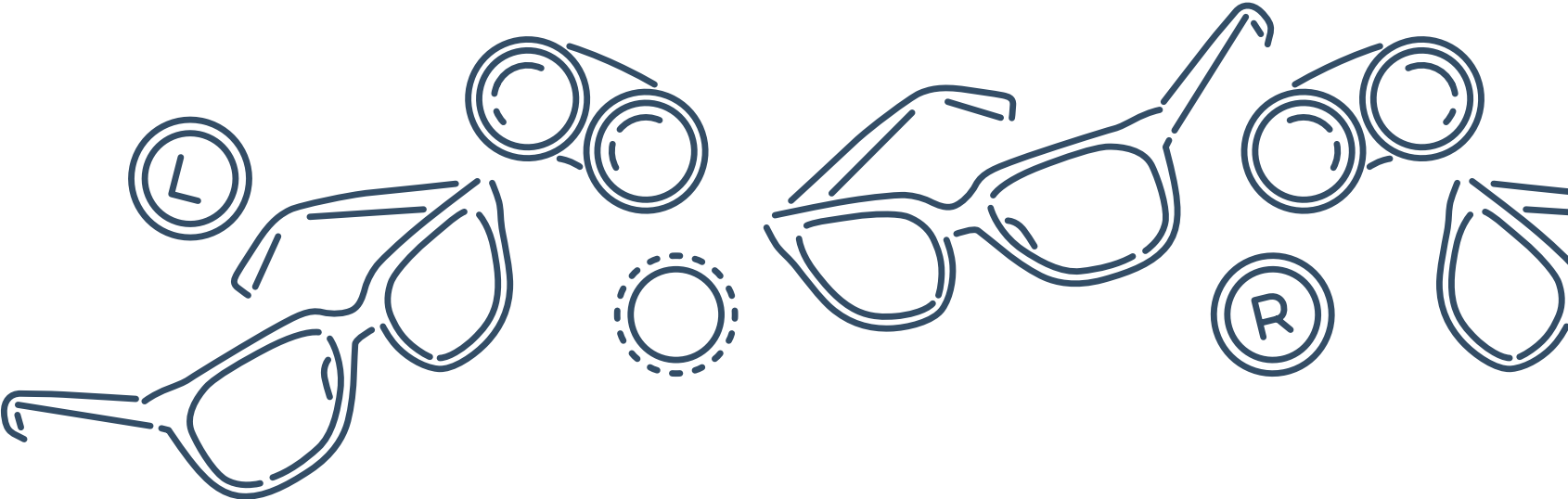
Benefit	Sharp Direct Advantage (HMO)
Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service) ^{1,2}	Diagnostic radiology services (such as MRIs, CT scans): \$0 Diagnostic tests and procedures: \$0 Lab services: \$0 copay Outpatient X-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): \$0
Hearing Services ¹	Exam to diagnose and treat hearing and balance issues: \$10 copay Hearing aid fitting / evaluations: \$10 copay (Up to 2 visits every year) 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): \$10 copay
Vision Services ¹	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 copay Routine eye exam (for up to 1 every year): \$20 copay Prescription glasses / lenses (every two years): \$20 copay for single vision, lined bifocal and lined trifocal lenses Our plan pays up to \$130 every two years for contact lenses in lieu of eyeglasses. Our plan pays up to \$130 every two years for eyeglass frames. Eyeglasses or contact lenses after cataract surgery: 0% of the cost
Inpatient Mental Health Care ^{1,2}	Our plan covers an unlimited number of days for an inpatient hospital stay. \$0 copay per day

¹ Services may require prior authorization.

² Services may require a referral from your doctor.

2019-20 Summary of Benefits, continued

Benefit	Sharp Direct Advantage (HMO)
Outpatient Mental Health Care	Outpatient group therapy visit: \$10 copay Outpatient individual therapy visit: \$10 copay
Skilled Nursing Facility (SNF) ¹	Our plan covers up to 100 days in a SNF. \$0 per day for days 1 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): \$10 copay Occupational therapy visit: \$10 copay Physical therapy and speech and language therapy visit: \$10 copay
Ambulance ¹	\$0 copay
Transportation	Not covered
Foot Care (podiatry services) ²	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay
Medical Equipment / Supplies (wheelchairs, oxygen, etc.) ¹	\$0



2019-20 Summary of Benefits, continued

Benefit	Sharp Direct Advantage (HMO)
Wellness Programs	<p>\$0 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 going to a gym isn't for you, don't worry — at-home fitness options are also available. See silverandfit.com to find participating clubs in your area. Participating gyms may change during the year.</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 and Acupuncture ²	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay
	Supplemental chiropractic and acupuncture through American Specialty Health: \$10 copay, maximum 30 combined visits per plan year
Diabetes Supplies and Services ^{1,2}	<p>Diabetes monitoring supplies: \$0</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: \$0</p>
Home Health Care ¹	\$0
Outpatient Surgery ¹	Ambulatory surgical center: \$50 copay
	Outpatient hospital: \$50 copay
Prosthetic Devices (braces, artificial limbs, etc.) ¹	<p>Prosthetic devices: \$0</p> <p>Related medical supplies: \$0</p>
Renal Dialysis ¹	\$0

For Part B Drugs

Sharp Direct Advantage (HMO)	For all Part B drugs including chemotherapy drugs ¹ : 0% of the cost
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² Services may require a referral from your doctor.

Part D Drugs¹

You pay the Initial Coverage amounts until your total yearly drug costs reach \$5,100. 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		
	Standard Retail Cost Share		Standard Mail Order Cost Share
	Retail 1-month supply	Retail 3-month supply	Mail Order 3-month supply
Tier 1 (Preferred Generic)	\$10 copay	\$30 copay	\$20 copay
Tier 2 (Non-preferred Generic)	\$10 copay	\$30 copay	\$20 copay
Tier 3 (Preferred Brand)	\$20 copay	\$60 copay	\$40 copay
Tier 4 (Non-preferred Brand)	\$20 copay	\$60 copay	\$40 copay
Tier 5 (Specialty)	25% of cost	Not offered	Not offered
Tier 6 (Select Care Drugs)	\$0 copay	\$0 copay	\$0 copay

Coverage Gap
This plan has no coverage gap.
Catastrophic Coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,100, you pay the greater of:
<ul style="list-style-type: none"> • 5% of the cost, or • \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other Part D drugs

Learn more about Part D coverage

Visit sharphealthplan.com/sdpeba to access the Evidence of Coverage (EOC) or Formulary, or call Customer Care.