



Addendum to the 2021-22 Sharp Direct Advantage<sup>®</sup>

# Annual Notice of Changes and Evidence of Coverage



**Sharp Direct Advantage (HMO)**

Exclusively for City of San Diego Medicare-eligible retirees & dependents,  
sponsored by San Diego Public Employee Benefit Association (SDPEBA)



Important updates to the information that was included in your 2021-22 Annual Notice of Changes (ANOC) and Evidence of Coverage (EOC). These updates will be effective January 1, 2022.

If you would like to request a physical copy of the 2021-22 ANOC or EOC, please visit [sharpmedicareadvantage.com](https://sharpmedicareadvantage.com), or contact Customer Care at the contact information below.

If you have questions about these changes please contact Customer Care at 1-855-562-8853 (TTY/TDD: 711). Our office hours are 8 a.m. to 8 p.m., seven days a week from October to March and 8 a.m. to 8 p.m., weekdays from April to September. On weekends and holidays, your call will be handled by our voicemail system. 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. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change when your plan renews each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame 1-855-562-8853 (TTY/TDD: 711).

## Changes to Annual Notice of Changes effective January 1, 2022:

1. The following is added to *Section 1.5 Changes to Benefits and Costs for Medical Services*

Cost	2021 (this year)	2022 (next year)
<b>Health and wellness education program</b>	Up to two (2) Home Fitness Kits, which may contain a DVD, an instructional booklet, and a quick start guide.	You are eligible to receive one (1) Home Fitness Kit per benefit year from a variety of fitness categories.

## Changes to Evidence of Coverage effective January 1, 2022:

1. Chapter 5, Section 10.2 is changed to 10.3 *Medication Therapy Management (MTM) program to help member manage their medications.*
2. Chapter 5, Section 10.2 is updated to include *Drug Management Program (DMP) to help members safely use their opioid medications*

We have a program that can help make sure our members safely use their prescription opioid medications, and other medications that are frequently abused. This program is called a Drug Management Program (DMP). If you use opioid medications that you get from several doctors or pharmacies, we may talk to your doctors to make sure your use of opioid medications is appropriate and medically necessary. Working with your doctors, if we decide your use of prescription opioid or benzodiazepine medications is not safe, we may limit how you can get those medications. The limitations may be:

- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain pharmacy(ies)
- Requiring you to get all your prescriptions for opioid or benzodiazepine medications from a certain doctor(s)
- Limiting the amount of opioid or benzodiazepine medications we will cover for you

If we think that one or more of these limitations should apply to you, we will send you a letter in advance. The letter will have information explaining the limitations we think should apply to you. You will also have an opportunity to tell us which doctors or pharmacies you prefer to use, and about any other information you think is important for us to know. After you've had the opportunity to respond, if we decide

to limit your coverage for these medications, we will send you another letter confirming the limitation. If you think we made a mistake or you disagree with our determination that you are at-risk for prescription drug misuse or with the limitation, you and your prescriber have the right to ask us for an appeal. If you choose to appeal, we will review your case and give you a decision. If we continue to deny any part of your request related to the limitations that apply to your access to medications, we will automatically send your case to an independent reviewer outside of our plan. See Chapter 9 for information about how to ask for an appeal.

The DMP may not apply to you if you have certain medical conditions, such as cancer or sickle cell disease, you are receiving hospice, palliative, or end-of-life care, or live in a long-term care facility.