

# 2021-22 Summary of Benefits

Aug. 1, 2021 – July 31, 2022

## Important information about Sharp Health Plan



### Sharp Health Plan's Medicare website

[sharphealthplan.com/sdpeba](http://sharphealthplan.com/sdpeba)



### Customer Care

1-855-562-8853 (TTY/TDD: 711)  
[customer.service@sharp.com](mailto:customer.service@sharp.com)



### Medicare sales email

[medicaresales@sharp.com](mailto:medicaresales@sharp.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., 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.





### **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 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/doctorsearch](https://sharpmedicareadvantage.com/doctorsearch) 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. Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits. These are explained later in this document, beginning on page 37.

- 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](https://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](https://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.

## 2021-22 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 Customer Care and ask for the "Evidence of Coverage."

Benefit	Sharp Direct Advantage (HMO)
How much is the monthly premium? You must continue to pay your Medicare Part B premium.	\$208 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 <sup>1,2</sup>	<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 an SNF) for 60 days in a row. If you go into a hospital or an 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>

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

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

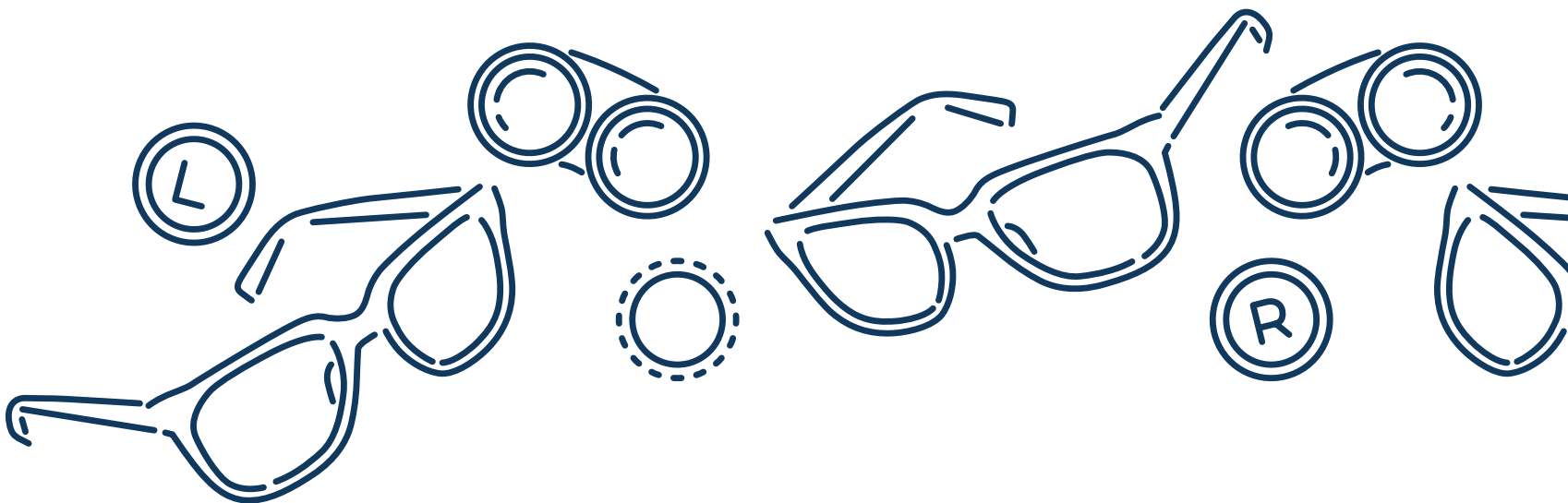
\* Some of these exams, vaccines and screenings may require a copayment.

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) <sup>1,2</sup>	Diagnostic radiology services (such as MRIs, CT scans): \$0 copay Diagnostic tests and procedures: \$0 copay Lab services: \$0 copay Outpatient X-rays: \$0 copay Therapeutic radiology services (such as radiation treatment for cancer): \$0 copay
Hearing Services <sup>1</sup>	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 <sup>1</sup>	Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth): \$10 copay
Vision Services <sup>1</sup>	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 copay Routine eye exam (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 <sup>1,2</sup>	Our plan covers an unlimited number of days for an inpatient hospital stay. \$0 copay per day

<sup>1</sup> Services may require prior authorization.

<sup>2</sup> Services may require a referral from your doctor.

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) <sup>1</sup>	Our plan covers up to 100 days in an SNF. \$0 per day for days 1 through 100
Rehabilitation Services <sup>1</sup>	Cardiac (heart) rehabilitation services: \$10 copay Occupational therapy visit: \$10 copay Physical therapy and speech and language therapy visit: \$10 copay
Ambulance <sup>1</sup>	\$0 copay
Transportation	Not covered
Foot Care (podiatry services) <sup>2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$10 copay
Medical Equipment / Supplies (wheelchairs, oxygen, etc.) <sup>1</sup>	\$0 copay



Benefit	Sharp Direct Advantage (HMO)
Wellness Programs	<p>\$0 wellness programs include:</p> <p>Silver&amp;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 <a href="http://silverandfit.com">silverandfit.com</a> 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>
Acupuncture services (Medicare covered) <sup>1, 2</sup>	<p>Up to 12 sessions in 90 days with an additional 8 sessions for those patients with chronic low back pain who demonstrate improvement. Chronic low back pain is defined as:</p> <ul style="list-style-type: none"> <li>• Lasting 12 weeks or longer</li> <li>• Nonspecific, in that it has no identifiable systemic cause</li> <li>• Not associated with surgery or pregnancy</li> </ul> <p>\$10 copay</p>
Chiropractic Care (Medicare covered) <sup>1, 2</sup>	<p>Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position): \$10 copay</p>
Chiropractic Care and Acupuncture (Supplemental) <sup>1, 2</sup>	<p>Supplemental chiropractic and acupuncture through American Specialty Health: \$10 copay, maximum 30 combined visits per benefit year</p>
Diabetes Supplies and Services <sup>1, 2</sup>	<p>Diabetes monitoring supplies: \$0 copay Diabetes self-management training: \$0 copay Therapeutic shoes or inserts: \$0 copay</p>
Home Health Care <sup>1</sup>	<p>\$0 copay</p>
Outpatient Surgery <sup>1</sup>	<p>Ambulatory surgical center: \$50 copay Outpatient hospital: \$50 copay</p>
Prosthetic Devices (braces, artificial limbs, etc.) <sup>1</sup>	<p>Prosthetic devices: \$0 Related medical supplies: \$0</p>
Renal Dialysis <sup>1</sup>	<p>\$0 copay</p>

## For Part B Drugs

### Sharp Direct Advantage (HMO)

For all Part B drugs, including chemotherapy drugs:<sup>1</sup>  
0% of the cost

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

You pay the Initial Coverage amounts until total yearly out-of-pocket costs reach \$6,550. Total out-of-pocket costs are the total drug costs paid by you. 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)	\$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 \$6,550, you pay the greater of:

- 5% of the cost, or
- \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other Part D drugs

### Learn more about Part D coverage

Visit [sharphealthplan.com/sdpeba](http://sharphealthplan.com/sdpeba) to access the Evidence of Coverage (EOC) or formulary, or call Customer Care.

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