

# 2022 Summary of Benefits

Jan. 1 - Dec. 31, 2022

## Things to know about Sharp Health Plan (HMO)



### Sharp Health Plan's Medicare website

[sharpmedicareadvantage.com](http://sharpmedicareadvantage.com)



### 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)



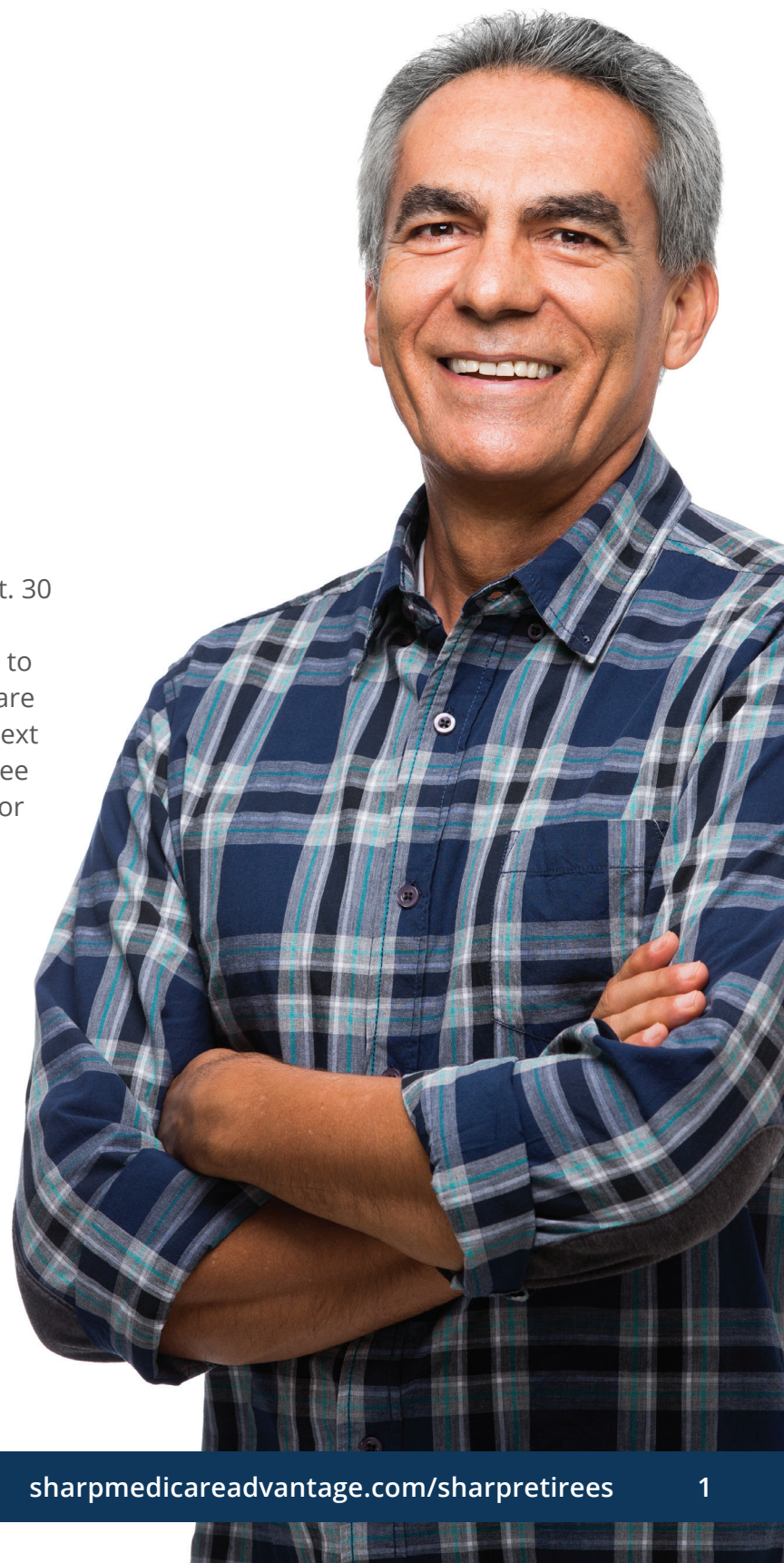
### Hours of operation

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 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/doctor](http://sharpmedicareadvantage.com/doctor), 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.

- 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 [medicare.gov](http://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.

## 2022 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 Basic (HMO)	Sharp Direct Advantage Premium (HMO)
How much is the monthly premium? You must continue to pay your Medicare Part B premium.	\$0 per month	\$62 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	\$3,400 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>	
	\$125 per day for days 1 through 5 \$0 per day for days 6+	\$50 per day for days 1 through 6 \$0 per day for days 7+
Outpatient Hospital Coverage <sup>1,2</sup>	\$20 - \$150 copay	\$10 - \$50 copay

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Ambulatory Surgical Center (ASC)	\$150 copay	\$50 copay
Doctor Visits	Primary care physician visit (in-person or telehealth): \$5 copay Specialist visit: \$20 copay <sup>1,2</sup>	Primary care physician visit (in-person or telehealth): \$5 copay Specialist visit: \$10 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, hepatitis B, pneumococcal and COVID-19 vaccines.</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul>	
Emergency Care	\$50 copay for worldwide coverage 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	\$25 copayment \$50 copay for worldwide coverage Copay is waived if you are admitted into the hospital within 24 hours.	\$10 copayment \$50 copay for worldwide coverage Copay is waived if you are admitted into the hospital within 24 hours.

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

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

## 2022 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
<p>Diagnostic Tests, Lab and Radiology Services, and X-rays (costs for these services may vary based on place of service)<sup>1,2</sup></p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 10% of the cost</p> <p>Diagnostic tests and procedures: \$5 copay</p> <p>Lab services: \$5 copay</p> <p>Outpatient X-rays: \$5 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 10% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans): 5% of the cost</p> <p>Diagnostic tests and procedures: \$0 copay</p> <p>Lab services: \$0 copay</p> <p>Outpatient X-rays: \$0 copay</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 5% of the cost</p>
<p>Hearing Services<sup>1</sup></p>	<p>Exam to diagnose and treat hearing and balance issues: \$20 copay</p> <p>Hearing aid fitting / evaluations: \$20 copay</p> <p>Hearing aid: Our plan pays up to \$1,000, for one or both ears, every 3 years</p>	<p>Exam to diagnose and treat hearing and balance issues: \$10 copay</p> <p>Hearing aid fitting / evaluations: \$10 copay</p> <p>Hearing aid: Our plan pays up to \$1,000, for one or both ears, every 3 years.</p>
<p>Dental Services<sup>1</sup></p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):</p> <p>\$20 copay</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal or replacement of teeth):</p> <p>\$10 copay</p>
<p>Optional Delta Dental Services<sup>3</sup></p>	<p>\$13 monthly premium</p> <p>\$5 office visits</p> <p>\$15 cleanings</p> <p>\$0 complete oral exams (This includes preventive and diagnostic services, basic and major dental services at fixed copays.)</p> <p>Please visit our website to see a schedule of benefits with services and associated copays.</p>	

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

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



Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (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 pays up to \$95 toward standard lenses and eyeglass frames OR up to \$105 toward contact lenses every 2 years, with a \$20 copay.</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): \$10 copay</p> <p>Our plan pays up to \$95 toward standard lenses and eyeglass frames OR up to \$105 toward contact lenses every 2 years, with a \$20 copay.</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>\$125 for days 1 through 5 \$0 for days 6+</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>\$50 per day for days 1 through 6 \$0 per day for days 7+</p>		
Outpatient Mental Health Care	<p>Outpatient group therapy visit: \$5 copay Outpatient individual therapy visit: \$5 copay</p>			
Skilled Nursing Facility (SNF) <sup>1</sup>	<p>Our plan covers up to 100 days in a SNF.</p> <table border="1" data-bbox="505 1616 1583 1758"> <tr> <td data-bbox="505 1616 1048 1758"> <p>\$0 per day for days 1 – 20 \$150 per day for days 21 – 57 \$0 per day for days 58 – 100</p> </td> <td data-bbox="1048 1616 1583 1758"> <p>\$0 per day for days 1 – 20 \$75 per day for days 21 – 48 \$0 per day for days 49 – 100</p> </td> </tr> </table>		<p>\$0 per day for days 1 – 20 \$150 per day for days 21 – 57 \$0 per day for days 58 – 100</p>	<p>\$0 per day for days 1 – 20 \$75 per day for days 21 – 48 \$0 per day for days 49 – 100</p>
<p>\$0 per day for days 1 – 20 \$150 per day for days 21 – 57 \$0 per day for days 58 – 100</p>	<p>\$0 per day for days 1 – 20 \$75 per day for days 21 – 48 \$0 per day for days 49 – 100</p>			
Ambulance <sup>1</sup>	\$200 copay	\$200 copay		
Physical therapy <sup>1</sup>	Physical therapy and speech and language therapy visit: \$20 copay	Physical therapy and speech and language therapy visit: \$10 copay		

## 2022 Summary of Benefits, continued

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Transportation	Not covered	
Part B Drugs (including chemotherapy drugs) <sup>1</sup>	20% of the cost	15% of the cost
Cardiac Rehab <sup>1</sup>	Cardiac (heart) rehab services: \$20 copay	Cardiac (heart) rehab services: \$10 copay
Occupational therapy <sup>2</sup>	\$20 copay	\$10 copay
Foot Care (podiatry services) <sup>2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and / or meet certain conditions: \$20 copay	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>	20% of the cost	15% of the cost
Wellness Programs	<p>\$0 Health and wellness education program</p> <p>The Silver&amp;Fit® Healthy Aging and Exercise Program is a fitness program designed to help you achieve better health through regular physical activity.</p> <p>The following are available at no cost to you:</p> <ul style="list-style-type: none"> <li>• Fitness Center Access: Enjoy access to a single fitness facility of your choice among a broad network of participating locations. You may change fitness centers once per month by calling Silver&amp;Fit to transfer your membership effective the first of the following month. You also have access to a fitness center buy-up option, which offers an expanded network of options to members, each with a buy-up price.</li> <li>• Home Fitness Kit: You are eligible to receive one (1) home fitness kit per benefit year from a variety of fitness categories.</li> </ul> <p>Additional benefits include online tools, like a fitness center search, on-demand videos, newsletters and more.</p>	

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

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

<sup>3</sup> Services are subject to medical necessity review

Benefit	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Chiropractic Care	<p><b>Medicare-covered<sup>2,3</sup></b>            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><b>Medicare-covered<sup>2,3</sup></b>            Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay</p>
	<p><b>Supplemental<sup>2</sup></b>            Supplemental Chiropractic through American Specialty Health: \$10 copay, maximum 30 office visits per year</p>	
Acupuncture services	<p><b>Medicare-covered</b>            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>	
Diabetes Supplies and Services <sup>1,2</sup>	<p>Diabetes monitoring supplies: 20% of the cost</p> <p>Diabetes self-management training: \$0</p> <p>Therapeutic shoes or inserts: 20% of the cost</p>	<p>Diabetes monitoring supplies: 15% of the cost</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	



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

You pay the Initial Coverage amounts until your total yearly prescription drug costs reach \$4,430. 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.

	Sharp Direct Advantage Basic and Premium (HMO)		
	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)	\$2 copay	\$6 copay	\$4 copay
Tier 2 (Generic)	\$6 copay	\$18 copay	\$12 copay
Tier 3 (Preferred Brand)	\$40 copay	\$120 copay	\$80 copay
Tier 4 (Non-preferred Brand)	\$90 copay	\$270 copay	\$180 copay
Tier 5 (Specialty)	33% of cost	Not offered	Not offered
Tier 6 (Select Care)	\$0 copay	\$0 copay	\$0 copay

Costs may differ based on pharmacy type or status (e.g., in-network/out-of-network, mail order, long-term care (LTC) or home infusion).

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



## Sharp Direct Advantage Basic and Premium (HMO)

### 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 \$4,430.

After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,050, 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 \$7,050, you pay the greater of:

- 5% of the cost, or
- \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other Part D drugs

# Language assistance services

## 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)

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

## 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)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-562-8853 (TTY/TDD: 711).

## Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-562-8853 (TTY/TDD: 711).

## 한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-562-8853 (TTY/TDD: 711) 번으로 전화해 주십시오.

## Հայերեն (Armenian):

ՈւիշուհրճոՒթՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-855-562-8853 (TTY (հեռատիպ)՝ 711)։

## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم (1-855-562-8853 (TTY/TDD: 711) تماس بگیرید می باشد. با

## 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。

## عربي (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-562-8853 (رقم هاتف الصم والبكم: 711).

## ਪੰਜਾਬੀ (Punjabi):

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵੱਚਿ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-562-8853 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន៖ ប៊ីសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសា ជាមិនគិតលុយនូវ គឺអាចមានសំរាប់ប៊ីអ្នក។ 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).

## हिंदी (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।

## ภาษาไทย (Thai):

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-562-88532 (TTY/TDD: 711).



# 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 communicate 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 or fax, or you can also complete the online Grievance/Appeal form on the Plan's website [sharphealthplan.com](http://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 [ocrportal.hhs.gov/ocdr](http://ocrportal.hhs.gov/ocdr), 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).

Complaint forms are available at [dmhc.ca.gov](http://dmhc.ca.gov).