
SHARP Health Plan

Addendum to the 2023 Sharp Direct Advantage®

Annual Notice of Changes and Evidence of Coverage

Important updates to the information that is included in your Annual Notice of Changes (ANOC) and Evidence of Coverage (EOC). These updates will be effective April 1, 2023, and July 1, 2023.

If you have any questions about these, please contact Customer Care at **1-855-562-8853** (TTY/TDD: 711). Our office hours are 8 a.m. – 8 p.m., seven days a week. 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 April 1, 2023, and July 1, 2023:

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

Cost	2022 (this year)	2023 (next year)
Medicare Part B prescription drugs	<p>15% coinsurance for each Medicare-covered Part B drug.</p> <p>15% coinsurance for each Medicare-covered chemotherapy drug and the administration of that drug.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p>	<p>15% coinsurance for each Medicare-covered Part B drug.</p> <p>15% coinsurance for each Medicare-covered chemotherapy drug and the administration of that drug.</p> <p>Effective April 1: Certain drugs may be subject to a lower coinsurance amount.</p> <p>Effective July 1: Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of \$35 for a 1-month supply of insulin.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p>

Changes to Evidence of Coverage effective April 1, 2023, and July 1, 2023:

The information in blue is added to *Chapter 4, Section 2.1 Medicare Benefits Chart*.

Services that are covered for you	What you must pay when you get these services
<p>Medicare Part B prescription drugs</p> <p>These drugs are covered under Part B of Original Medicare. Members of our plan receive coverage for these drugs through our plan. Covered drugs include:</p> <ul style="list-style-type: none"> • Drugs that usually aren't self-administered by the patient and are injected or infused while you are getting physician, hospital outpatient, or ambulatory surgical center services • Drugs you take using durable medical equipment (such as nebulizers) that were authorized by the plan • Clotting factors you give yourself by injection if you have hemophilia • Immunosuppressive Drugs, if you were enrolled in Medicare Part A at the time of the organ transplant • Injectable osteoporosis drugs, if you are homebound, have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis, and cannot self-administer the drug • Antigens • Certain oral anti-cancer drugs and anti-nausea drugs • Certain drugs for home dialysis, including heparin, the antidote for heparin when medically necessary, topical anesthetics, and erythropoiesis-stimulating agents (such as Epogen[®] or Procrit[®]) • Intravenous Immune Globulin for the home treatment of primary immune deficiency diseases <p>We also cover some vaccines under our Part B and Part D prescription drug benefit.</p> <p>Chapter 5 explains the Part D prescription drug benefit, including rules you must follow to have prescriptions covered. What you pay for your Part D prescription drugs through our plan is explained in Chapter 6.</p> <p><i>Prior authorization may be required from our plan.</i></p>	<p>15% coinsurance for each Medicare-covered Part B drug.</p> <p>15% coinsurance for each Medicare-covered chemotherapy drug and the administration of that drug.</p> <p>Effective April 1: Certain drugs may be subject to a lower coinsurance amount.</p> <p>Effective July 1: Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of \$35 for a 1-month supply of insulin.</p> <p>You pay these amounts until you reach the out-of-pocket maximum.</p>