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# SHARP Health Plan

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Sharp Direct Advantage®

## 2026 Annual Notice of Change

**Sharp Direct Advantage SDPEBA (HMO)**

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



## ***Sharp Direct Advantage SDPEBA (HMO) offered by Sharp Health Plan***

# **Annual Notice of Change for 2026**

You're enrolled as a member of Sharp Direct Advantage SDPEBA (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from Oct. 27 – Nov. 25 to make changes to your Medicare coverage for next year.** If you don't join another plan by Nov. 25, 2025, you'll stay in Sharp Direct Advantage SDPEBA (HMO).
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.sharpmedicareadvantage.com](http://www.sharpmedicareadvantage.com) or call Customer Care at 1-855-562-8853 (TTY users call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Spanish.
- Call Customer Care at 1-855-562-8853 (TTY/TDD users call 711) for additional information. Hours are 7 a.m. to 8 p.m., 7 days per week. If you reach us outside of our business hours, your call will be handled by our voicemail system. A Customer Care Representative will return your phone call the next business day. This call is free.
- Alguien que hable español le podrá ayudar. Este es un servicio gratuito.
- This information is available in large print.

### **About Sharp Direct Advantage SDPEBA (HMO)**

- Sharp Direct Advantage SDPEBA (HMO) is an HMO plan with a Medicare contract. Enrollment in Sharp Direct Advantage SDPEBA (HMO) depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Sharp Health Plan. When it says “plan” or “our plan,” it means Sharp Direct Advantage SDPEBA (HMO).
- **If you do nothing by Nov. 25, 2025, you'll automatically be enrolled in Sharp Direct Advantage SDPEBA (HMO).** Starting Jan. 1, 2026, you'll get your medical and drug coverage through *Sharp Direct Advantage SDPEBA (HMO)*. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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## Summary of Important Costs for 2026

|                                                                                                                                                                                                                                                                                                                                      | 2025 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                            | 2026 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br>* Your premium can be higher or lower than this amount. Go to Section 1 for details.                                                                                                                                                                                                                 | \$208                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>\$219</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Maximum out-of-pocket amount</b><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services<br>(Go to Section 1 for details.)                                                                                                                                                                     | \$1,500                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>\$1,500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                                                                                    | \$10 per visit                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$10 per visit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                                                                                      | \$10 per visit                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>\$10 per visit</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Inpatient hospital stays</b><br>Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day. | <b>Inpatient hospital</b><br>\$0 copayment per stay<br><b>Inpatient mental health (in general hospital)</b><br>\$0 copayment per stay<br>Our plan only covers 90 days for an inpatient mental health hospital stay per benefit period.<br>Days 91 and beyond: \$0 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).<br><b>Beyond lifetime reserve days:</b> You pay all costs. | <b>Inpatient hospital</b><br><b>\$0 copayment per stay</b><br><b>Inpatient mental health (in general hospital)</b><br><b>\$0 copayment per stay</b><br><b>Our plan only covers 90 days for an inpatient mental health hospital stay per benefit period.</b><br><b>Days 91 and beyond: \$0 copay per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime).</b><br><b>Beyond lifetime reserve days:</b> You pay all costs. |

|                                                                                                                                                | 2025 (this year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2026 (next year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part D drug coverage deductible</b><br>(Go to Section 1 for details.)                                                                       | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Part D drug coverage</b><br>(Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.) | <p>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</p> <p><b>Drug Tier 1:</b><br/>\$10 for a 1-month supply at retail</p> <p><b>Drug Tier 2:</b><br/>\$10 for a 1-month supply at retail</p> <p><b>Drug Tier 3:</b><br/>\$20 for a 1-month supply at retail</p> <p><b>Drug Tier 4:</b><br/>\$20 for a 1-month supply at retail</p> <p><b>Drug Tier 5:</b><br/>25% of the cost for a 1-month supply at retail</p> <p><b>Drug Tier 6:</b><br/>\$0 for a 1-month supply at retail</p> <p>There is no Part D deductible for this plan.</p> <p><b>Catastrophic Coverage Stage:</b></p> <ul style="list-style-type: none"> <li>During this payment stage, you pay nothing for your covered Part D drugs.</li> </ul> | <p><b>Copayment/Coinsurance as applicable during the Initial Coverage Stage:</b></p> <p><b>Drug Tier 1:</b><br/>\$10 for a 1-month supply at retail</p> <p><b>Drug Tier 2:</b><br/>\$10 for a 1-month supply at retail</p> <p><b>Drug Tier 3:</b><br/>\$20 for a 1-month supply at retail</p> <p><b>Drug Tier 4:</b><br/>\$20 for a 1-month supply at retail</p> <p><b>Drug Tier 5:</b><br/>25% of the cost for a 1-month supply at retail</p> <p><b>Drug Tier 6:</b><br/>\$0 for a 1-month supply at retail</p> <p><b>There is no Part D deductible for this plan.</b></p> <p><b>Catastrophic Coverage Stage:</b></p> <ul style="list-style-type: none"> <li><b>During this payment stage, you pay nothing for your covered Part D drugs.</b></li> </ul> |

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

|                                                                                              | 2025 (this year) | 2026 (next year) |
|----------------------------------------------------------------------------------------------|------------------|------------------|
| <b>Monthly plan premium</b><br>(You must also continue to pay your Medicare Part B premium.) | \$208.00         | <b>\$219.00</b>  |

#### Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

### Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

|                                                                                                                                                                                                                                               | 2025 (this year)                                                                                                                                                                            | 2026 (next year)                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maximum out-of-pocket amount</b><br>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount.<br>Our costs for prescription drugs don't count toward your maximum out-of-pocket amount. | \$1,500<br>Once you've paid \$1,500 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. | <b>\$1,500</b><br><b>Once you've paid \$1,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b> |

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 Provider Directory [www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy](http://www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy](http://www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy)
- Call Customer Care at 1-855-562-8853 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Care at 1-855-562-8853 (TTY users call 711) for help.

For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 Pharmacy Directory [www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy](http://www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy](http://www.sharpmedicareadvantage.com/find-a-doctor-or-pharmacy)
- Call Customer Care at 1-855-562-8853 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Care at 1-855-562-8853 (TTY users call 711) for help.

### Section 1.5 Changes to Benefits & Costs for Medical Services

| Cost                       | 2025 (this year) | 2026 (next year)                                                |
|----------------------------|------------------|-----------------------------------------------------------------|
| <b>Part B Step Therapy</b> | Not applicable   | <b>Our plan requires Step Therapy for certain Part B drugs.</b> |

| Cost                                                      | 2025 (this year) | 2026 (next year)                                                                                                       |
|-----------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>Pre-exposure prophylaxis (PrEP) for HIV prevention</b> | Not applicable   | <b>There is no coinsurance, copayment, or deductible for the PrEP benefit.</b>                                         |
| <b>Screening for Hepatitis C Virus infection</b>          | Not applicable   | <b>There is no coinsurance, copayment, or deductible for the Medicare-covered screening for the Hepatitis C Virus.</b> |

## Section 1.6 Changes to Part D Drug Coverage

### Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is located on our website at [www.sharpmedicareadvantage.com/druglist](http://www.sharpmedicareadvantage.com/druglist). **You can also get a copy of our Drug List** mailed to you by calling Customer Care at 1-855-562-8853 (TTY users call 711).

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Care at 1-855-562-8853 (TTY users call 711) for more information.



## Section 1.7 Changes to Prescription Drug Benefits & Costs

### Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We have sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material, call Customer Care at 1-855-562-8853 (TTY users call 711) and ask for the *LIS Rider*.

### Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

### Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

|                          | 2025 (this year)                                                        | 2026 (next year)                                                               |
|--------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Yearly Deductible</b> | Because we have no deductible, this payment stage doesn't apply to you. | <b>Because we have no deductible, this payment stage doesn't apply to you.</b> |

## Drug Costs in Stage 2: Initial Coverage

Your cost-sharing in the Initial Coverage Stage may be changing from a copayment to coinsurance or coinsurance to a copayment. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

|                                                                                                                                                                                                 | 2025 (this year) | 2026 (next year)  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| <b><i>Tier 1 – Preferred Generic Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | \$10 copay       | <b>\$10 copay</b> |
| <b><i>Tier 2 – Generic Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.           | \$10 copay       | <b>\$10 copay</b> |
| <b><i>Tier 3 – Preferred Brand Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.   | \$20 copay       | <b>\$20 copay</b> |
| <b><i>Tier 4 – Non-Preferred Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.     | \$20 copay       | <b>\$20 copay</b> |

|                                                                                                                                                                                              | 2025 (this year)      | 2026 (next year)             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|
| <b><i>Tier 5 – Specialty Tier Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. | 25% of the total cost | <b>25% of the total cost</b> |
| <b><i>Tier 6 – Select Care Drugs:</i></b><br>We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.    | \$0 copay             | <b>\$0 copay</b>             |

### Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

|                                           | 2025 (this year)                                                                                                                                                                                                                                                               | 2026 (next year)                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Medicare Prescription Payment Plan</b> | The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option. | <b>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</b><br><br><b>To learn more about this payment option, call us at 1-855-562-8853 (TTY users call (711)) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b> |

## SECTION 3 How to Change Plan

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**To stay in Sharp Direct Advantage SDPEBA (HMO), you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by Nov. 25, you will automatically be enrolled in Sharp Direct Advantage SDPEBA (HMO) for 2026.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Sharp Direct Advantage SDPEBA (HMO).
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Sharp Direct Advantage SDPEBA (HMO).
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Customer Care at 1-855-562-8853 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call the California Health Insurance Counseling and Advocacy Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Sharp Health Plan offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

### Section 3.1 Deadlines for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **Oct. 27 – Nov. 25**. The change will take effect on Jan. 1, 2026.

If you enrolled in a Medicare Advantage plan for Jan. 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between Jan. 1 – March 31, 2026.

### Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medi-Cal
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage

- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## **SECTION 4    Get Help Paying for Prescription Drugs**

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
  - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call ADAP at 1-844-421-7050. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is

more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 855-222-3183 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

### Get Help from Sharp Direct Advantage SDPEBA (HMO)

- **Call Customer Care at 1-855-562-8853. (TTY/TDD users call 711.)**  
We're available for phone calls from 7 a.m. to 8 p.m., 7 days per week. If you reach us outside of our business hours, your call will be handled by our voicemail system. A Customer Care Representative will return your phone call the next business day. Calls to these numbers are free.
- **Read your 2026 Evidence of Coverage**  
This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for Sharp Direct Advantage SDPEBA (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at [www.sharpmedicareadvantage.com/members/forms-authorizations-resources](http://www.sharpmedicareadvantage.com/members/forms-authorizations-resources) or call Customer Care at 1-855-562-8853 (TTY users call 711) to ask us to mail you a copy.
- **Visit [www.sharpmedicareadvantage.com](http://www.sharpmedicareadvantage.com)**  
Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

### Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP).

Call HICAP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call HICAP at 1-858-565-1392. You can learn more about HICAP by visiting <https://elaca.org/medicare-health-insurance-support/>.

### Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**  
You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users can call 1-877-486-2048.
- **Chat live with [www.Medicare.gov](http://www.Medicare.gov)**  
You can chat live at [www.Medicare.gov/talk-to-someone](http://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044.

- **Visit [www.Medicare.gov](http://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY/TDD users can call 1-877-486-2048.

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

## English

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call at 1-855-562-8853 (TTY: 711) or speak to your provider.

## Español

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-562-8853 (TTY: 711) o hable con su proveedor.

## 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-855-562-8853 (TTY: 711) 或與您的提供者討論。」

## Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-562-8853 (TTY: 711) o makipag-usap sa iyong provider.

## Việt

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-562-8853 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn."

## العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-855-562-8853 (711) أو تحدث إلى مقدم الخدمة."

## 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조기구 및 서비스도 무료로 제공됩니다. 1-855-562-8853 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오."

## 日本語

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-562-8853 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

## Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-562-8853 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.



### **Français**

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-562-8853 (TTY: 711) ou parlez à votre fournisseur.

### **РУССКИЙ**

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-562-8853 (TTY: 711) или обратитесь к своему поставщику услуг.

### **हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-562-8853 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

### **ລາວ**

ເລື່ອງສຳຄັນ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-855-562-8853 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

### **Italiano**

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-855-562-8853 (tty: 711) o parla con il tuo fornitore.

### **Português do Brasil**

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-562-8853 (TTY: 711) ou fale com seu provedor.

### **తెలుగు**

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల పారామితులలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-855-562-8853 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

# SHARP Health Plan

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1-855-562-8853, TTY/TDD users call 711