SHARP Health Plan

2025 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Sharp Direct Advantage Basic (HMO)
Sharp Direct Advantage Premium (HMO)

January 1, 2025 – December 31, 2025

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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"**. You can also see the Evidence of Coverage on our website, sharpmedicareadvantage.com.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Sharp Direct Advantage Basic (HMO)** and **Sharp Direct Advantage Premium (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Sharp Direct Advantage Basic (HMO)** and **Sharp Direct Advantage Premium (HMO)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.
- 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 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 users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Sharp Direct Advantage Basic (HMO)** and **Sharp Direct Advantage Premium (HMO)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.

- Prescription Drug Benefits.

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-855-562-8853 (TTY: 711).

THINGS TO KNOW ABOUT SHARP DIRECT ADVANTAGE BASIC (HMO) AND SHARP DIRECT ADVANTAGE PREMIUM (HMO)

Hours of Operation & Contact 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.
- If you are a member of this plan, call us at 1-855-562-8853, TTY: 711.
- If you are not a member of this plan, call us at 1-855-562-8853, TTY: 711.
- Our website: sharpmedicareadvantage.com.

Who can join?

To join **Sharp Direct Advantage Basic (HMO) or Sharp Direct Advantage Premium (HMO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. The service area includes this county in California: San Diego

Which doctors, hospitals, and pharmacies can I use?

Sharp Direct Advantage Basic (HMO) and **Sharp Direct Advantage Premium (HMO)** have 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.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our website, sharpmedicareadvantage.com.

Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and *more*. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, sharpmedicareadvantage.com.
- Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of six "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Sharp Health Plan

2 SECTION II - SUMMARY OF BENEFITS

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES		
Monthly Plan Premium	You do not pay a separate monthly plan premium for Sharp Direct Advantage Basic (HMO). You must continue to pay your Medicare Part B premium.	$71 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.	Medical Deductible: Not Applicable. Prescription Drug Deductible: Not Applicable.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $3,400 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.	Your yearly limit(s) in this plan: • $3,400 for services you receive from in-network providers. 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. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital	**In-Network:** Days 1-5: $125 Copay per day for each admission. Days 6-90: $0 Copay per day.	**In-Network:** Days 1-6: $50 Copay per day for each admission. Days 7-90: $0 Copay per day.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
	Our plan covers an unlimited number of days for an inpatient hospital stay. Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period. May require a referral from your doctor.	Our plan covers an unlimited number of days for an inpatient hospital stay. Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period. May require a referral from your doctor.
Outpatient Hospital	**In-Network:** Outpatient Hospital: $20 - $150 Copay. Outpatient Surgery: $150 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Outpatient Hospital: $10 - $50 Copay. Outpatient Surgery: $50 Copay. May require prior authorization. May require a referral from your doctor.
Ambulatory Surgical Center	**In-Network:** Ambulatory Surgical Center: $150 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Ambulatory Surgical Center: $50 Copay. May require prior authorization. May require a referral from your doctor.
Doctor's Office Visits	**In-Network:** Primary Care Physician Visit: $5 Copay. Specialist Visit: $20 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Primary Care Physician Visit: $5 Copay. Specialist Visit: $10 Copay. May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Preventive Care (e.g., flu vaccine, diabetic screenings)	**In-Network:** $0 Copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered. May require prior authorization. May require a referral from your doctor.	**In-Network:** $0 Copay for all preventive services covered under Original Medicare at zero cost sharing. Any additional preventive services approved by Medicare during the contract year will be covered. May require prior authorization. May require a referral from your doctor.
Emergency Care	**In-Network:** $50 Copay per visit. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: $50 Copay.	**In-Network:** $50 Copay per visit. If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. Worldwide Emergency Coverage: $50 Copay.
Urgently Needed Services	**In-Network:** $25 Copay per visit. Worldwide Urgent Coverage: $50 Copay.	**In-Network:** $10 Copay per visit. Worldwide Urgent Coverage: $50 Copay.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic Tests and Procedures: $5 Copay. Lab Services: $5 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): 10% Coinsurance. X-rays: $5 Copay. Therapeutic Radiology Services (such as radiation treatment for cancer): 10% Coinsurance. May require prior authorization. May require a referral from your doctor.	**In-Network:** Diagnostic Tests and Procedures: $0 Copay. Lab Services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): 5% Coinsurance. X-rays: $0 Copay. Therapeutic Radiology Services (such as radiation treatment for cancer): 5% Coinsurance. May require prior authorization. May require a referral from your doctor.
Hearing Services	**In-Network:** Exam to diagnose and treat hearing and balance issues: $20 Copay. Routine Hearing Exam (up to 2 visit(s) every year): $20 Copay. Hearing Aid Fitting / Evaluations: $20 Copay Hearing Aid: Our plan pays up to $1,000 every three years May require prior authorization. May require a referral from your doctor.	**In-Network:** Exam to diagnose and treat hearing and balance issues: $10 Copay. Routine Hearing Exam (up to 2 visit(s) every year): $10 Copay. Hearing Aid Fitting / Evaluations: $10 Copay Hearing Aid: Our plan pays up to $1,000 every three years May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Dental Services	**<u>In-Network:</u>** Medicare Covered: $20 Copay. May require prior authorization. May require a referral from your doctor.	**<u>In-Network:</u>** Medicare Covered: $10 Copay. May require prior authorization. May require a referral from your doctor.
OPTIONAL SUPPLEMENTAL DENTAL SERVICES (1)		
Optional HMO Dental Services	**Delta Dental Medicare Advantage HMO** Preventive Dental Services: • Oral Exam: $0 - $5 Copay. • Cleaning (up to 1 visit(s) every six months): $15 Copay. • Dental X-rays (up to 1 visit(s) every six months): $0 Copay. Comprehensive Dental Services: • Diagnostic Services: $0 - $5 Copay. • Restorative Services: $20 - $425 Copay. • Endodontics: $0 - $475 Copay. • Periodontics: $0 - $450 Copay. • Prosthodontics - fixed and removable: $20 - $495 Copay. • Oral and Maxillofacial Surgery: $0 - $65 Copay.	**Delta Dental Medicare Advantage HMO** Preventive Dental Services: • Oral Exam: $0 - $5 Copay. • Cleaning (up to 1 visit(s) every six months): $15 Copay. • Dental X-rays (up to 1 visit(s) every six months): $0 Copay. Comprehensive Dental Services: • Diagnostic Services: $0 - $5 Copay. • Restorative Services: $20 - $425 Copay. • Endodontics: $0 - $475 Copay. • Periodontics: $0 - $450 Copay. • Prosthodontics - fixed and removable: $20 - $495 Copay. • Oral and Maxillofacial Surgery: $0 - $65 Copay.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
How much is the monthly premium?	If you elect this optional supplemental benefit, you will pay an additional $13 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.	If you elect this optional supplemental benefit, you will pay an additional $13 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
How much is the deductible?	There is no deductible.	There is no deductible.
What is the maximum payment that this plan will pay per calendar year?	This dental plan has no maximum plan coverage limit per calendar year.	This dental plan has no maximum plan coverage limit per calendar year.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
OPTIONAL SUPPLEMENTAL DENTAL SERVICES (2)		
Optional PPO Dental Services	**Delta Dental Medicare Advantage PPO** Preventive Dental Services: • Oral Exam: $0 - $5 Copay. • Cleaning (up to 1 visit(s) every six months): $15 Copay. • Dental X-rays (up to 1 visit(s) every six months): $0 Copay. Comprehensive Dental Services: • Diagnostic Services: $0 - $5 Copay. • Restorative Services: $20 - $425 Copay. • Endodontics: $0 - $475 Copay. • Periodontics: $0 - $450 Copay. • Prosthodontics - fixed and removable: $20 - $495 Copay. • Oral and Maxillofacial Surgery: $0 - $65 Copay.	**Delta Dental Medicare Advantage PPO** Preventive Dental Services: • Oral Exam: $0 - $5 Copay. • Cleaning (up to 1 visit(s) every six months): $15 Copay. • Dental X-rays (up to 1 visit(s) every six months): $0 Copay. Comprehensive Dental Services: • Diagnostic Services: $0 - $5 Copay. • Restorative Services: $20 - $425 Copay. • Endodontics: $0 - $475 Copay. • Periodontics: $0 - $450 Copay. • Prosthodontics - fixed and removable: $20 - $495 Copay. • Oral and Maxillofacial Surgery: $0 - $65 Copay.
How much is the monthly premium?	If you elect this optional supplemental benefit, you will pay an additional $40 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.	If you elect this optional supplemental benefit, you will pay an additional $40 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.
How much is the deductible?	There is no deductible.	There is no deductible.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
What is the maximum payment that this plan will pay per calendar year?	This dental plan has a $3,000 maximum plan coverage limit per calendar year.	This dental plan has a $3,000 maximum plan coverage limit per calendar year.
COVERED MEDICAL AND HOSPITAL BENEFITS (Continued)		
Vision Services	**In-Network:** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $20 Copay. Routine Eye Exam (up to 1 visit(s) every year): $20 Copay. Eyeglasses or Contact Lenses after Cataract Surgery: $0 Copay. Eyeglasses (Frames and Lenses): $20 Copay. Eyeglass Lenses: $20 Copay. Eyeglass Frames: $20 Copay. Our plan pays up to $95 every two years for eyeglass frames or up to $105 for contact lenses, every two years. May require prior authorization. May require a referral from your doctor.	**In-Network:** Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): $10 Copay. Routine Eye Exam (up to 1 visit(s) every year): $20 Copay. Eyeglasses or Contact Lenses after Cataract Surgery: $0 Copay. Eyeglasses (Frames and Lenses): $20 Copay. Eyeglass Lenses: $20 Copay. Eyeglass Frames: $20 Copay. Our plan pays up to $95 every two years for eyeglass frames or up to $105 for contact lenses, every two years. May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Mental Health Care	**In-Network:** Outpatient Group Therapy Visit: $5 Copay Individual Therapy Visit: $5 Copay. Inpatient Mental Health Care: Days 1-5: $125 Copay per day for each admission. Days 6-90: $0 Copay per day. Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period. May require prior authorization. May require a referral from your doctor.	**In-Network:** Outpatient Group Therapy Visit: $5 Copay Individual Therapy Visit: $5 Copay. Inpatient Mental Health Care: Days 1-6: $50 Copay per day for each admission. Days 7-90: $0 Copay per day. Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period. May require prior authorization. May require a referral from your doctor.
Skilled Nursing Facility (SNF)	**In-Network:** Days 1-20: $0 Copay per day. Days 21-57: $150 Copay per day. Days 58-100: $0 Copay per day. May require prior authorization. May require a referral from your doctor.	**In-Network:** Days 1-20: $0 Copay per day. Days 21-48: $75 Copay per day. Days 49-100: $0 Copay per day. May require prior authorization. May require a referral from your doctor.
Physical Therapy	**In-Network:** Physical Therapy: $20 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Physical Therapy: $10 Copay. May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
Ambulance	**In-Network:** Ground Ambulance: $200 Copay. Air Ambulance: $200 Copay. May require prior authorization.	**In-Network:** Ground Ambulance: $200 Copay. Air Ambulance: $200 Copay. May require prior authorization.
Transportation	**In-Network:** Not Covered.	**In-Network:** Not Covered.
Medicare Part B Drugs	**In-Network:** For Part B drugs such as chemotherapy drugs: 20% Coinsurance. Other Part B drugs: 20% Coinsurance. Certain drugs may be subject to a lower coinsurance amount. Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of $35 for a 1-month supply of insulin. May require prior authorization.	**In-Network:** For Part B drugs such as chemotherapy drugs: 15% Coinsurance. Other Part B drugs: 15% Coinsurance. Certain drugs may be subject to a lower coinsurance amount. Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of $35 for a 1-month supply of insulin. May require prior authorization.
Outpatient Rehabilitation	**In-Network:** Occupational Therapy Visit: $20 Copay. Speech and Language Therapy Visit: $20 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Occupational Therapy Visit: $10 Copay. Speech and Language Therapy Visit: $10 Copay. May require prior authorization. May require a referral from your doctor.

<table>
<tr><th></th><th>Sharp Direct Advantage Basic (HMO)</th><th>Sharp Direct Advantage Premium (HMO)</th></tr>
<tr><td>Durable medical equipment (DME) and related supplies</td><td><u>In-Network:</u>
15% coinsurance</td><td><u>In-Network:</u>
15% coinsurance</td></tr>
<tr><td>Over-the-Counter (OTC) items</td><td>Not covered</td><td>Not covered</td></tr>
<tr><td colspan="3">PRESCRIPTION DRUG BENEFITS</td></tr>
<tr><td>Deductible</td><td>Prescription Drug Deductible: Not Applicable.</td><td>Prescription Drug Deductible: Not Applicable.</td></tr>
<tr><td>Initial Coverage</td><td>You pay the following until your total yearly out-of-pocket costs reach $2,000. Total yearly out-of-pocket costs are the drug costs paid by you.
<table><tr><th colspan="2">Standard Retail Cost-Sharing</th></tr><tr><th>Tier</th><th>One-month supply</th></tr><tr><td>Tier 1
(Preferred Generic)</td><td>$2 copay</td></tr><tr><td>Tier 2
(Generic)</td><td>$6 copay</td></tr><tr><td>Tier 3
(Preferred Brand)</td><td>$40 copay</td></tr><tr><td>Tier 4
(Non-Preferred Drug)</td><td>$90 copay</td></tr><tr><td>Tier 5
(Specialty Tier)</td><td>33% coinsurance</td></tr></table></td><td>You pay the following until your total yearly out-of-pocket costs reach $2,000. Total yearly out-of-pocket costs are the drug costs paid by you.
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</table>

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)

Tier 6 (Select Care Drugs)	$0 Copay

Tier	Two-month supply
Tier 1 (Preferred Generic)	$4 copay
Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

Tier	Three-month supply
Tier 1 (Preferred Generic)	$6 copay
Tier 2 (Generic)	$18 copay
Tier 3 (Preferred Brand)	$120 copay

Tier 6 (Select Care Drugs)	$0 Copay

Tier	Two-month supply
Tier 1 (Preferred Generic)	$4 copay
Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

Tier	Three-month supply
Tier 1 (Preferred Generic)	$6 copay
Tier 2 (Generic)	$18 copay
Tier 3 (Preferred Brand)	$120 copay

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)

	Tier 4 (Non-Preferred Drug)	$270 copay	Tier 4 (Non-Preferred Drug)	$270 copay
	Tier 5 (Specialty Tier)	Not Applicable	Tier 5 (Specialty Tier)	Not Applicable
	Tier 6 (Select Care Drugs)	$0 Copay	Tier 6 (Select Care Drugs)	$0 Copay

	Standard Mail Order		**Standard Mail Order**	
	Tier	**One-month supply**	**Tier**	**One-month supply**
	Tier 1 (Preferred Generic)	$2 copay	Tier 1 (Preferred Generic)	$2 copay
	Tier 2 (Generic)	$6 copay	Tier 2 (Generic)	$6 copay
	Tier 3 (Preferred Brand)	$40 copay	Tier 3 (Preferred Brand)	$40 copay
	Tier 4 (Non-Preferred Drug)	$90 copay	Tier 4 (Non-Preferred Drug)	$90 copay
	Tier 5 (Specialty Tier)	33% coinsurance	Tier 5 (Specialty Tier)	33% coinsurance
	Tier 6 (Select Care Drugs)	$0 Copay	Tier 6 (Select Care Drugs)	$0 Copay

	Tier	**Two-month supply**	**Tier**	**Two-month supply**
	Tier 1 (Preferred Generic)	$4 copay	Tier 1 (Preferred Generic)	$4 copay

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)

Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

Tier	Three-month supply
Tier 1 (Preferred Generic)	$4 copay
Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

Tier	Three-month supply
Tier 1 (Preferred Generic)	$4 copay
Tier 2 (Generic)	$12 copay
Tier 3 (Preferred Brand)	$80 copay
Tier 4 (Non-Preferred Drug)	$180 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	$0 Copay

	Sharp Direct Advantage Basic (HMO)	Sharp Direct Advantage Premium (HMO)
	Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan's **"Evidence of Coverage"** on our website, sharpmedicareadvantage.com.	Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100 days) of a drug. Please call us or see the plan's **"Evidence of Coverage"** on our website, sharpmedicareadvantage.com.
Catastrophic Amount	After your yearly out-of-pocket drug costs reach $2,000, you pay nothing.	After your yearly out-of-pocket drug costs reach $2,000, you pay nothing.

DISCLAIMERS

This document is available in other alternate formats.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-562-8853 (TTY: 711).

ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-855-562-8853 (TTY: 711).

Sharp Direct Advantage Basic (HMO) and **Sharp Direct Advantage Premium (HMO)** is a HMO plan with a Medicare contract. Enrollment in **Sharp Direct Advantage Basic (HMO)** and **Sharp Direct Advantage Premium (HMO)** depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Sharp Health Plan members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Member Services number or see your “Evidence of Coverage” for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Sharp Health Plan.

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-855-562-8853 (TTY 711).

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit sharpmedicareadvantage.com to view the EOC on our website, or call 1-855-562-8853 (TTY 711) to request a printed copy.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-562-8853. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-562-8853. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-562-8853。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-562-8853。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-562-8853. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-562-8853. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-855-562-8853 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-562-8853. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-562-8853 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-562-8853. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على [1-855-562-8853]. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-562-8853 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-562-8853. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-562-8853. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-562-8853. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-562-8853. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-855-562-8853 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Connect with us

Contact Information : 1-855-562-8853, TTY: 711

Organization Name: Sharp Health Plan

Organization website: sharpmedicareadvantage.com