SHARP Health Plan

2026 Summary of Benefits

Medicare Advantage Plans with Part D
Prescription Drug Coverage

Sharp Direct Advantage Gold (HMO)
Sharp Direct Advantage Platinum (HMO)

January 1, 2026 – December 31, 2026

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 Gold (HMO)** and **Sharp Direct Advantage Platinum (HMO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Sharp Direct Advantage Gold (HMO)** and **Sharp Direct Advantage Platinum (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 Gold (HMO)** and **Sharp Direct Advantage Platinum (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 GOLD (HMO) AND SHARP DIRECT ADVANTAGE PLATINUM (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 Gold (HMO) or Sharp Direct Advantage Platinum (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 Gold (HMO) and **Sharp Direct Advantage Platinum (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: Deductible, Initial Coverage 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 Gold (HMO)	Sharp Direct Advantage Platinum (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 Gold (HMO). You must continue to pay your Medicare Part B premium.	$62 per month. In addition, you must keep paying your Medicare Part B premiums.
Deductible	Medical Deductible: Not Applicable. Prescription Drug Deductible: $350 for Tiers 4 and 5.	Medical Deductible: Not Applicable. Prescription Drug Deductible: $350 for Tiers 4 and 5.
Maximum Out-of-Pocket Responsibility	Your yearly limit(s) in this plan: • $2,900 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: • $2,900 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 1-7: $250 Copay per day for each admission. Days 8 and beyond: $0 Copay per day.	**In-Network:** Days 1-8: $200 Copay per day for each admission. Days 9 and beyond: $0 Copay per day.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (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 prior authorization. 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 prior authorization. May require a referral from your doctor.
Outpatient Hospital	**In-Network:** Outpatient Hospital: $20 - $225 Copay. Outpatient Surgery: $225 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Outpatient Hospital: $20 - $175 Copay. Outpatient Surgery: $175 Copay. May require prior authorization. May require a referral from your doctor.
Ambulatory Surgical Center	**In-Network:** Ambulatory Surgical Center: $225 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Ambulatory Surgical Center: $175 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: $20 Copay. May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (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:** $150 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: $150 Copay.	**In-Network:** $150 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: $150 Copay.
Urgently Needed Services	**In-Network:** $30 Copay per visit. Worldwide Urgent Coverage: $150 Copay.	**In-Network:** $30 Copay per visit. Worldwide Urgent Coverage: $150 Copay.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
Diagnostic Services / Labs/ Imaging	**In-Network:** Diagnostic Tests and Procedures: 15% Coinsurance. Lab Services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): $75 Copay. Diagnostic Mammography Services: $0 Copayment. X-rays: $10 Copay. Therapeutic Radiology Services (such as radiation treatment for cancer): $60 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Diagnostic Tests and Procedures: 15% Coinsurance. Lab Services: $0 Copay. Diagnostic Radiology Services (such as MRI, CAT Scan): 15% Coinsurance. Diagnostic Mammography Services: 0% Coinsurance. X-rays: $0 Copay. Therapeutic Radiology Services (such as radiation treatment for cancer): 15% 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: $5 Copay. Routine Hearing Exam (up to 2 visit(s) every year): $5 Copay. Hearing Aid Fitting / Evaluations: $5 Copay Hearing Aid: Our plan pays up to $4,000 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: $5 Copay. Routine Hearing Exam (up to 2 visit(s) every year): $5 Copay. Hearing Aid Fitting / Evaluations: $5 Copay Hearing Aid: Our plan pays up to $4,800 every three years May require prior authorization. May require a referral from your doctor.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
Dental Services	**In-Network:** Medicare Covered: $35 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Medicare Covered: $30 Copay. May require prior authorization. May require a referral from your doctor. **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. May require prior authorization. May require a referral from your network dentist.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
OPTIONAL SUPPLEMENTAL DENTAL SERVICES (1)		
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.	Not Applicable
How much is the deductible?	There is no deductible.	Not Applicable
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.	Not Applicable

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
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. May require prior authorization. May require a referral from your network dentist.	**Delta Dental Medicare Advantage HMO** Included with your benefit plan
OPTIONAL SUPPLEMENTAL DENTAL SERVICES (2)		
How much is the monthly premium?	If you elect this optional supplemental benefit, you will pay an additional $55 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 $55 per month. You must also keep paying your Medicare Part B premium and your plan monthly premium.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
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 a $3,000 maximum plan coverage limit per calendar year.	This dental plan has a $3,000 maximum plan coverage limit per calendar year.
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.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
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): $0 - $20 Copay. Routine Eye Exam (up to 1 visit(s) every year): $0 Copay. Eyeglasses or Contact Lenses after Cataract Surgery: $0 Copay. Contact Lenses: $0 Copay. Eyeglasses (Frames and Lenses): $0 Copay. Eyeglass Lenses: $0 Copay. Eyeglass Frames: $0 Copay. Our plan pays up to $300 every year for eyeglass frames or up to $300 for contact lenses, every year. 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): $0 - $20 Copay. Routine Eye Exam (up to 1 visit(s) every year): $0 Copay. Eyeglasses or Contact Lenses after Cataract Surgery: $0 Copay. Contact Lenses: $0 Copay. Eyeglasses (Frames and Lenses): $0 Copay. Eyeglass Lenses: $0 Copay. Eyeglass Frames: $0 Copay. Our plan pays up to $300 every year for eyeglass frames or up to $300 for contact lenses, every year. May require prior authorization. May require a referral from your doctor.
Mental Health Care	**In-Network:** Outpatient Group Therapy Visit: $20 Copay Individual Therapy Visit: $20 Copay. Inpatient Mental Health Care: Days 1-7: $250 Copay per day for each admission. Days 8-90: $0 Copay per day.	**In-Network:** Outpatient Group Therapy Visit: $20 Copay Individual Therapy Visit: $20 Copay. Inpatient Mental Health Care: Days 1-7: $200 Copay per day for each admission. Days 8-90: $0 Copay per day.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
	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.	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 21-41: $125 Copay per day. Days 42-100: $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 21-41: $125 Copay per day. Days 42-100: $0 Copay per day. May require prior authorization. May require a referral from your doctor.
Physical Therapy	**In-Network:** Physical Therapy: $30 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Physical Therapy: $30 Copay. May require prior authorization. May require a referral from your doctor.
Ambulance	**In-Network:** Ground Ambulance: $250 Copay. Air Ambulance: $250 Copay. May require prior authorization.	**In-Network:** Ground Ambulance: $250 Copay. Air Ambulance: $250 Copay. May require prior authorization.
Transportation	**In-Network:** Not Covered.	**In-Network:** Not Covered.

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
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 copayment maximum of $35 for a 1-month supply of insulin. May require prior authorization.	**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 copayment maximum of $35 for a 1-month supply of insulin. May require prior authorization.
Outpatient Rehabilitation	**In-Network:** Occupational Therapy Visit: $30 Copay. Speech and Language Therapy Visit: $30 Copay. May require prior authorization. May require a referral from your doctor.	**In-Network:** Occupational Therapy Visit: $30 Copay. Speech and Language Therapy Visit: $30 Copay. May require prior authorization. May require a referral from your doctor.
Durable medical equipment (DME) and related supplies	**In-Network:** 20% Coinsurance May require prior authorization.	**In-Network:** 15% Coinsurance May require prior authorization.
Over-the-Counter (OTC) items	There is no coinsurance, copayment, or deductible for covered OTC items. Our plan pays up to $140 every three months for OTC items.	There is no coinsurance, copayment, or deductible for covered OTC items. Our plan pays up to $180 every three months for OTC items.

<table>
<tr><th></th><th>Sharp Direct Advantage Gold (HMO)</th><th>Sharp Direct Advantage Platinum (HMO)</th></tr>
<tr><td colspan="3">PRESCRIPTION DRUG BENEFITS</td></tr>
<tr><td>Deductible</td><td>Prescription Drug Deductible: $350 for Tiers 4 and 5. Once your deductible is met you move on to Initial Coverage stage.</td><td>Prescription Drug Deductible: $350 for Tiers 4 and 5. Once your deductible is met you move on to Initial Coverage stage.</td></tr>
<tr><td>Initial Coverage</td><td>You pay the following until your total yearly out-of-pocket costs reach $2,100. Total yearly out-of-pocket costs are the drug costs paid by you.
Standard Retail Cost-Sharing
Tier 1 (Preferred Generic): $2 Copay
Tier 2 (Generic): $8 Copay
Tier 3 (Preferred Brand): $40 Copay
Tier 4 (Non-Preferred Drug): $90 Copay
Tier 5 (Specialty Tier): 29% Coinsurance
Tier 6 (Select Care Drugs): $0 Copay</td><td>You pay the following until your total yearly out-of-pocket costs reach $2,100. Total yearly out-of-pocket costs are the drug costs paid by you.
Standard Retail Cost-Sharing
Tier 1 (Preferred Generic): $2 Copay
Tier 2 (Generic): $8 Copay
Tier 3 (Preferred Brand): $40 Copay
Tier 4 (Non-Preferred Drug): $90 Copay
Tier 5 (Specialty Tier): 29% Coinsurance
Tier 6 (Select Care Drugs): $0 Copay</td></tr>
</table>

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)

Tier	60-day supply
Tier 1 (Preferred Generic)	$4 Copay
Tier 2 (Generic)	$16 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	100-day supply
Tier 1 (Preferred Generic)	$6 Copay
Tier 2 (Generic)	$24 Copay
Tier 3 (Preferred Brand)	$120 Copay
Tier 4 (Non-Preferred Drug)	$270 Copay
Tier 5 (Specialty Tier)	Not Applicable

Tier	60-day supply
Tier 1 (Preferred Generic)	$4 Copay
Tier 2 (Generic)	$16 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	100-day supply
Tier 1 (Preferred Generic)	$6 Copay
Tier 2 (Generic)	$24 Copay
Tier 3 (Preferred Brand)	$120 Copay
Tier 4 (Non-Preferred Drug)	$270 Copay
Tier 5 (Specialty Tier)	Not Applicable

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)

Tier 6 (Select Care Drugs)	$0 Copay

Standard Mail Order	
Tier	**30-day supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$0 Copay
Tier 3 (Preferred Brand)	$40 Copay
Tier 4 (Non-Preferred Drug)	$90 Copay
Tier 5 (Specialty Tier)	29% Coinsurance
Tier 6 (Select Care Drugs)	$0 Copay

Tier	**60-day supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$0 Copay
Tier 3 (Preferred Brand)	$80 Copay

Tier 6 (Select Care Drugs)	$0 Copay

Standard Mail Order	
Tier	**30-day supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$0 Copay
Tier 3 (Preferred Brand)	$40 Copay
Tier 4 (Non-Preferred Drug)	$90 Copay
Tier 5 (Specialty Tier)	29% Coinsurance
Tier 6 (Select Care Drugs)	$0 Copay

Tier	**60-day supply**
Tier 1 (Preferred Generic)	$0 Copay
Tier 2 (Generic)	$0 Copay
Tier 3 (Preferred Brand)	$80 Copay

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
	<table><tr><td>Tier 4 (Non-Preferred Drug)</td><td>$180 Copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td></tr><tr><td>Tier 6 (Select Care Drugs)</td><td>$0 Copay</td></tr></table> <table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$0 Copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$0 Copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>$80 Copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>$180 Copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td></tr><tr><td>Tier 6 (Select Care Drugs)</td><td>$0 Copay</td></tr></table> Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy. Please call us or see the plan's **"Evidence of Coverage"** on our website, sharpmedicareadvantage.com for	<table><tr><td>Tier 4 (Non-Preferred Drug)</td><td>$180 Copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td></tr><tr><td>Tier 6 (Select Care Drugs)</td><td>$0 Copay</td></tr></table> <table><tr><th>Tier</th><th>100-day supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$0 Copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$0 Copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>$80 Copay</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>$180 Copay</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>Not Applicable</td></tr><tr><td>Tier 6 (Select Care Drugs)</td><td>$0 Copay</td></tr></table> Your cost-sharing may be different if you use a Long Term Care pharmacy, or an out-of-network pharmacy. Please call us or see the plan's **"Evidence of Coverage"** on our website, sharpmedicareadvantage.com for

	Sharp Direct Advantage Gold (HMO)	Sharp Direct Advantage Platinum (HMO)
	complete information about your costs for covered drugs.	complete information about your costs for covered drugs.
Catastrophic Amount	After your yearly out-of-pocket drug costs reach $2,100 (including deductible), you move to the Catastrophic Coverage stage. During this stage you pay nothing and the plan pays the remaining drug costs.	After your yearly out-of-pocket drug costs reach $2,100 (including deductible), you move to the Catastrophic Coverage stage. During this stage you pay nothing and the plan pays the remaining drug costs.

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 Gold (HMO) and **Sharp Direct Advantage Platinum (HMO)** is a HMO plan with a Medicare contract. Enrollment in **Sharp Direct Advantage Gold (HMO)** and **Sharp Direct Advantage Platinum (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. If you are not collecting Social Security, you will typically be billed quarterly.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ 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).

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 al 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 보조 기구 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 Sprachassistenzdienste 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 information 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
ຊືນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໄນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. 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 ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-855-562-8853 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

Connect with us

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

Organization Name: Sharp Health Plan

Organization website: sharpmedicareadvantage.com