

SHARP Health Plan

2023 Plan Selection Form

Individual Enrollment

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Note: For faster processing time, please use SharpConnect to make your plan selection.

Please provide the following information:			
Date: MM/DD/YYYY		Member ID:	
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Please check which plan you want to enroll in.			
<input type="checkbox"/> Sharp Direct Advantage VIP Plan (\$0 monthly premium, Dental Advantage by Delta Dental* included)			
<ul style="list-style-type: none">• Annual out of pocket maximum: \$2,900• Primary care physician copay: \$0• Specialist copay: \$0		<ul style="list-style-type: none">• Emergency room copay: \$90• Inpatient copay: \$225 a day for days 1-7• Durable medical equipment: 20% coinsurance	
<input type="checkbox"/> Sharp Direct Advantage Gold Card (\$0 monthly premium, Dental <u>not</u> included)			
<ul style="list-style-type: none">• Annual out of pocket maximum: \$2,900• Primary care physician copay: \$5• Specialist copay: \$20		<ul style="list-style-type: none">• Emergency room copay: \$90• Inpatient copay: \$225 a day for days 1-7• Durable medical equipment: 20% coinsurance	
<input type="checkbox"/> Sharp Direct Advantage Gold Card with Comprehensive Dental (\$13 monthly premium, Dental Advantage by Delta Dental* included)			
<ul style="list-style-type: none">• Annual out of pocket maximum: \$2,900• Primary care physician copay: \$5• Specialist copay: \$20		<ul style="list-style-type: none">• Emergency room copay: \$90• Inpatient copay: \$225 a day for days 1-7• Durable medical equipment: 20% coinsurance	
<input type="checkbox"/> Sharp Direct Advantage Platinum Card (\$58 monthly premium, Dental Advantage by Delta Dental* included)			
<ul style="list-style-type: none">• Annual out of pocket maximum: \$2,900• Primary care physician copay: \$5• Specialist copay: \$20		<ul style="list-style-type: none">• Emergency room copay: \$90• Inpatient copay: \$150 a day for days: 1-8• Durable medical equipment: 15% coinsurance	

* Delta Dental refers to Delta Dental of California.

Paying your plan premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

- Get a bill. (If a payment applies, you will be able to pay by check or credit card monthly.)
- Electronic funds transfer (EFT) from your bank account on the 1st of each month. If the 1st of the month falls on a weekend or bank holiday, your draft will occur on the next banking day. Please enclose a VOIDED check or provide the following:

Account type: Checking Savings

Account holder name: _____ Bank name: _____

Bank routing number: _____ Bank account number: _____

- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I receive monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

Please check one of the boxes below if you would prefer us to send you information in a language other than English or an accessible format:

- Spanish Braille, audio, large print

Please select one of the following, if applicable:

- I am using the 5-star Special Enrollment Period (Dec. 8, 2022 – Nov. 30, 2023) to switch from my current Medicare plan to a Medicare plan with a “5-star” quality rating
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Open Enrollment Period (MA OEP), Jan 1 - Mar 31.

Sign below

Signature:

x

Today's Date:

If you are the authorized representative, you must sign above and provide the following information:

Name:

Address:

Relationship to Enrollee:

Phone Number: ()



Please mail this form to:
Sharp Health Plan
Medicare Sales
8520 Tech Way, Suite 201
San Diego, CA 92123-1450



Questions?

We're here to help. Call us at 1-855-562-8853.