
SHARP Health Plan

2023 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

Sharp Direct Advantage Basic (HMO)

Sharp Direct Advantage Premium (HMO)

January 1, 2023 – December 31, 2023

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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)**, **Sharp Direct Advantage Premium (HMO)** and , 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

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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.	\$65 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: <ul style="list-style-type: none"> • \$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	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> • \$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

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

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.

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	<p><u>In-Network:</u></p> <p>Days 1-5: \$125 Copay per day for each admission. Days 6-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Days 1-6: \$50 Copay per day for each admission. Days 7-90: \$0 Copay per day.</p> <p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Outpatient Hospital	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$20 - \$150 Copay. Outpatient Surgery: \$150 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Outpatient hospital: \$10 - \$50 Copay. Outpatient Surgery: \$50 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Ambulatory Surgical Center	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$150 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Ambulatory Surgical Center: \$50 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>

Sharp Direct Advantage Basic (HMO)

Sharp Direct Advantage Premium (HMO)

Doctor's Office Visits	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$5 Copay.</p> <p>Specialist visit: \$20 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Primary care physician visit: \$5 Copay.</p> <p>Specialist visit: \$10 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p><u>In-Network:</u></p> <p>\$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.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>\$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.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Emergency Care	<p><u>In-Network:</u></p> <p>\$50 Copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$50 Copay.</p>	<p><u>In-Network:</u></p> <p>\$50 Copay per visit.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care.</p> <p>Worldwide Emergency Coverage: \$50 Copay.</p>
Urgently Needed Services	<p><u>In-Network:</u></p> <p>\$25 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>	<p><u>In-Network:</u></p> <p>\$10 Copay per visit.</p> <p>Worldwide Urgent Coverage: \$50 Copay.</p>

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

Diagnostic Services / Labs/ Imaging	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$5 Copay.</p> <p>Lab services: \$5 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 10% Coinsurance.</p> <p>X-rays: \$5 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 10% Coinsurance.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: \$0 Copay.</p> <p>Lab services: \$0 Copay.</p> <p>Diagnostic Radiology Services (such as MRI, CAT Scan): 5% Coinsurance.</p> <p>X-rays: \$0 Copay.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 5% Coinsurance.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Hearing Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: \$20 Copay.</p> <p>Routine hearing exam (up to 2 visit(s) every year): \$20 Copay.</p> <p>Hearing Aid fitting / evaluations: \$20 Copay</p> <p>Hearing Aid: Our plan pays up to \$1,000 every three years</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: \$10 Copay.</p> <p>Routine hearing exam (up to 2 visit(s) every year): \$10 Copay.</p> <p>Hearing Aid fitting / evaluations: \$10 Copay</p> <p>Hearing Aid: Our plan pays up to \$1,000 every three years</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Dental Services	<p><u>In-Network:</u></p> <p>Medicare Covered: \$20 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Medicare Covered: \$10 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>

Sharp Direct Advantage Basic (HMO)**Sharp Direct Advantage Premium (HMO)****OPTIONAL SUPPLEMENTAL DENTAL SERVICES**

Covered Preventive Dental Services	Preventive Dental Services: Oral exam: \$0 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.	Preventive Dental Services: Oral exam: \$0 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.
Covered Comprehensive Dental Services	Comprehensive Dental Services: Diagnostic Services: \$0 - \$5 Copay. Restorative Services: \$20 - \$425 Copay. Endodontics: \$0 - \$475 Copay. Periodontics: \$0 - \$450 Copay. Extractions: \$35 - \$150 Copay. Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$20 - \$495 Copay. May require prior authorization. May require a referral from your doctor.	Comprehensive Dental Services: Diagnostic Services: \$0 - \$5 Copay. Restorative Services: \$20 - \$425 Copay. Endodontics: \$0 - \$475 Copay. Periodontics: \$0 - \$450 Copay. Extractions: \$35 - \$150 Copay. Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: \$20 - \$495 Copay. May require prior authorization. May require a referral from your doctor.
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.

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 no maximum plan coverage limit per calendar year.	This dental plan has no maximum plan coverage limit per calendar year.
COVERED MEDICAL AND HOSPITAL BENEFITS (Continued)		
Vision Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$20 Copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$20 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>Eyeglass lenses: \$20 Copay.</p> <p>Our plan pays up to \$95 every two years for eyeglass frames or up to \$105 for contact lenses, every two years.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$10 Copay.</p> <p>Routine eye exam (up to 1 visit(s) every year): \$20 Copay.</p> <p>Eyeglasses or contact lenses after cataract surgery: \$0 Copay.</p> <p>Eyeglass lenses: \$20 Copay.</p> <p>Our plan pays up to \$95 every two years for eyeglass frames or up to \$105 for contact lenses, every two years.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Mental Health Care	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$5 Copay.</p> <p>Individual therapy visit: \$5 Copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-5: \$125 Copay per day for each admission.</p>	<p><u>In-Network:</u></p> <p>Outpatient group therapy visit: \$5 Copay.</p> <p>Individual therapy visit: \$5 Copay.</p> <p>Inpatient Mental Health Care:</p> <p>Days 1-6: \$50 Copay per day for each admission.</p>

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

	<p>Days 6-90: \$0 Copay per day.</p> <p>Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p>Days 7-90: \$0 Copay per day.</p> <p>Our plan covers up to 90 days for an inpatient mental health hospital stay per benefit period.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Skilled Nursing Facility (SNF)	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-57: \$150 Copay per day.</p> <p>Days 58-100: \$0 Copay per day.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Days 1-20: \$0 Copay per day.</p> <p>Days 21-48: \$75 Copay per day.</p> <p>Days 49-100: \$0 Copay per day.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Physical Therapy	<p><u>In-Network:</u></p> <p>Physical therapy: \$20 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Physical therapy: \$10 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
Ambulance	<p><u>In-Network:</u></p> <p>Ground Ambulance: \$200 Copay.</p> <p>Air Ambulance: \$200 Copay.</p> <p>May require prior authorization.</p>	<p><u>In-Network:</u></p> <p>Ground Ambulance: \$200 Copay.</p> <p>Air Ambulance: \$200 Copay.</p> <p>May require prior authorization.</p>
Transportation	<p><u>In-Network:</u></p> <p>Not Covered.</p>	<p><u>In-Network:</u></p> <p>Not Covered.</p>

Sharp Direct Advantage Basic (HMO)

Sharp Direct Advantage Premium (HMO)

Medicare Part B Drugs	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% Coinsurance.</p> <p>Effective April 1: Certain drugs may be subject to a lower coinsurance amount.</p> <p>Effective July 1: Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of \$35 for a 1-month supply of insulin.</p> <p>Other Part B drugs: 20% Coinsurance.</p> <p>May require prior authorization.</p>	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 15% Coinsurance.</p> <p>Effective April 1: Certain drugs may be subject to a lower coinsurance amount.</p> <p>Effective July 1: Cost sharing for insulin furnished through a DME supplier is subject to a coinsurance maximum of \$35 for a 1-month supply of insulin.</p> <p>Other Part B drugs: 15% Coinsurance.</p> <p>May require prior authorization.</p>
Outpatient Rehabilitation	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$20 Copay.</p> <p>Speech and language therapy visit: \$20 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>	<p><u>In-Network:</u></p> <p>Occupational therapy visit: \$10 Copay.</p> <p>Speech and language therapy visit: \$10 Copay.</p> <p>May require prior authorization.</p> <p>May require a referral from your doctor.</p>
PRESCRIPTION DRUG BENEFITS		
Deductible	Prescription Drug Deductible: Not Applicable.	Prescription Drug Deductible: Not Applicable.
Initial Coverage	You pay the following until your total yearly drug costs reach \$4,660. Total yearly drug costs are the drug costs paid by both you and our Part D plan.	
	Standard Retail Cost-Sharing	
	Tier	One-month supply
	Tier 1 (Preferred Generic)	\$2 copay
	Standard Retail Cost-Sharing	
	Tier	One-month supply
	Tier 1 (Preferred Generic)	\$2 copay

Sharp Direct Advantage Basic (HMO)

Tier 2 (Generic)	\$6 copay
Tier 3 (Preferred Brand)	\$40 copay
Tier 4 (Non-Preferred Drug)	\$90 copay
Tier 5 (Specialty Tier)	33% coinsurance
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 4 (Non-Preferred Drug)	\$270 copay
Tier 5 (Specialty Tier)	Not Applicable
Tier 6 (Select Care Drugs)	\$0 Copay

Sharp Direct Advantage Premium (HMO)

Tier 2 (Generic)	\$6 copay
Tier 3 (Preferred Brand)	\$40 copay
Tier 4 (Non-Preferred Drug)	\$90 copay
Tier 5 (Specialty Tier)	33% coinsurance
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 4 (Non-Preferred Drug)	\$270 copay
Tier 5 (Specialty Tier)	Not Applicable
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
	Tier 2 (Generic)	\$12 copay	Tier 2 (Generic)	\$12 copay
	Tier 3 (Preferred Brand)	\$80 copay	Tier 3 (Preferred Brand)	\$80 copay
	Tier 4 (Non-Preferred Drug)	\$180 copay	Tier 4 (Non-Preferred Drug)	\$180 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
	Tier	Three-month supply	Tier	Three-month supply
	Tier 1 (Preferred Generic)	\$4 copay	Tier 1 (Preferred Generic)	\$4 copay
	Tier 2 (Generic)	\$12 copay	Tier 2 (Generic)	\$12 copay
	Tier 3 (Preferred Brand)	\$80 copay	Tier 3 (Preferred Brand)	\$80 copay
	Tier 4 (Non-Preferred Drug)	\$180 copay	Tier 4 (Non-Preferred Drug)	\$180 copay
	Tier 5 (Specialty Tier)	Not Applicable	Tier 5 (Specialty Tier)	Not Applicable

Sharp Direct Advantage Basic (HMO)

Sharp Direct Advantage Premium (HMO)

	<table><tr><td>Tier 6 (Select Care Drugs)</td><td>\$0 Copay</td></tr></table> <p>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 90 days) of a drug.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website, sharpmedicareadvantage.com.</p>	Tier 6 (Select Care Drugs)	\$0 Copay	<table><tr><td>Tier 6 (Select Care Drugs)</td><td>\$0 Copay</td></tr></table> <p>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 90 days) of a drug.</p> <p>Please call us or see the plan’s “Evidence of Coverage” on our website, sharpmedicareadvantage.com.</p>	Tier 6 (Select Care Drugs)	\$0 Copay
Tier 6 (Select Care Drugs)	\$0 Copay					
Tier 6 (Select Care Drugs)	\$0 Copay					
Coverage Gap	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p>	<p>The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$4,660.</p> <p>After you enter the coverage gap, you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total \$7,400, which is the end of the coverage gap.</p>				
Catastrophic Amount	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none">• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or• 5% of the cost.	<p>After your yearly out-of-pocket drug costs reach \$7,400, you pay the greater of:</p> <ul style="list-style-type: none">• \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs, or• 5% of the cost.				

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, 2024.
- ☐ 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.

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Connect with us

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

Organization Name: Sharp Health Plan

Organization website: sharpmedicareadvantage.com