SHARP HEALTH PLAN
make life better.

Protect Your Financial Future with a Health Savings Account

Congratulations! You are on your way to setting up a tax-free Health Savings Account (HSA)

Because you selected a qualifying, high-deductible health plan (HDHP) through Sharp Health Plan, **an integrated, tax-advantaged HSA can be set up for you through our preferred financial partner, HealthEquity®.**

Your new HSA allows you the freedom to save money toward paying for qualified medical expenses now, or to let you roll over your account balance each year and build up a health savings safety net for future medical expenses. This simple but powerful tool has many advantages, including:

- All contributions, interest on earnings and funds used to pay for qualified medical expenses are tax-free.*
- You own the account and all the contributions.
- Account balances roll over each year and remain available for qualified medical expenses, even if you change health plans, retire or move to a new employer.
- Once your account balance reaches $2,000 or more, you have the option of investing all or a portion of your account (above $2,000) in HealthEquity's investment portfolio, free of commissions and fees.

Easy steps to using your HSA

1. Complete the HSA Authorization form on the back.
2. Check your mail for your HealthEquity Visa debit card and Welcome Kit.
3. Set up a one-time contribution or recurring payments through payroll deductions, a checking or savings account or another qualifying account.
4. Use your activated HealthEquity Visa debit card to pay for qualified health expenses.

Questions?

HealthEquity®

866-960-8055 | www.healthequity.com

*Note regarding tax-free statements: HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

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Health Savings Account (HSA) Authorization Form

For Qualified Individual & Family Plans

Instructions

Complete this authorization form if you want to set up an HSA, administered through Sharp Health Plan's preferred partner, HealthEquity.

- An HSA is a tax-advantaged account that is used for the payment of qualified healthcare expenses.
- An HSA is your financial asset, even if you change employers or health plans.

Please submit the finished form by mail, in person, or fax:

By Mail or In Person:
Attention: IFP Sales
8520 Tech Way, Suite 200
San Diego, CA 92123

By Fax:
(858) 499-8246

Eligibility Requirements for an HSA

To open an HSA, you must meet the following criteria as of your plan's effective date:

- ☑ You must be covered by a qualified high-deductible health plan (HDHP)
  Congratulations! Because you are now covered by a qualified HDHP through Sharp Health Plan, you've already met this first requirement.
- ☐ You cannot be covered by any other non-qualified health plan, including Medicare
- ☐ You cannot be claimed as a dependent on another individual's tax return
- ☐ You cannot have access to dollars in a traditional flexible spending account (FSA) that can pay for any medical expenses before the required deductible is met, including a spouse's FSA

Authorization

By signing this form, I understand that I have requested an HSA to be set up in my name with HealthEquity. I certify that I am eligible to open and contribute to an HSA. I authorize Sharp Health Plan to disclose medical claims information about me and my dependents for whom I have legal authority to sign (e.g., a minor child), to HealthEquity, as the administrator of my HSA, for the purposes of administering and coordinating reimbursements under my account.

Subscriber Information

First name:	Last name:	Middle initial:
ID# (starting with the number 92):		Birth date (MM/DD/YY): (/ /)
Subscriber signature: X		Date (MM/DD/YY): (/ /)

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Sharp Health Plan right away at (858) 499-8300 or 1-800-359-2002.

IMPORTANTE: ¿Puede leer esta carta? Si no le es posible, podemos ofrecerle ayuda para que alguien se la lea. Además, usted también puede obtener esta carta en su idioma. Para ayuda gratuita, por favor llame a Sharp Health Plan inmediatamente al (858) 499-8300 o 1-800-359-2002.

Nondiscrimination Notice

Sharp Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpret
  - Information in other formats (such as large print, audio, accessible electronic formats, or other formats) free of charge
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Care at 1-800-359-2002.

If you believe that Sharp Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with our Civil Rights Coordinator at:

Address: Sharp Health Plan Appeal/Grievance Department 8520 Tech Way, Suite 200 San Diego, CA 92123-1450

Telephone: 1-800-359-2002 (TTY: 711) Fax: (619) 740-8572

You can file a grievance in person or by mail, fax, or you can also complete the online Grievance/Appeal form on the Plan's website sharphealthplan.com. Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a
discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability, or sex with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

The California Department of Managed Health Care is responsible for regulating health care service plans. If your Grievance has not been satisfactorily resolved by Sharp Health Plan or your Grievance has remained unresolved for more than 30 days, you may call toll-free the Department of Managed Care for assistance:

- 1-888-HMO-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Care's Internet Web site has complaint forms and instructions online: http://www.hmohelp.ca.gov.

Language Assistance Services

English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you.
Call 1-800-359-2002 (TTY:711).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-359-2002 (TTY:711).

繁體中文 **(Chinese)**
注意 : 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-359-2002 (TTY:711).。

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-359-2002 (TTY:711).

Tagalog (Tagalog – Filipino):
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

한국어 **(Korean):**
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오.

Հայերեն **(Armenian):**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ)՝ 711).

فارسی **(Farsi):**
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY:711) 1-800-359-2002 تماس بگیرید.

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
Звоните 1-800-359-2002 (телетайп: 711).

日本語 **(Japanese):**
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-359-2002 (TTY:711) まで、お電話にてご連絡ください。

العربية **(Arabic):**
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-359-2002 (رقم هاتف الصم والبكم: 711).

ਪੰਜਾਬੀ (Punjabi):
ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-359-2002 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ (Mon Khmer, Cambodian):
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002 (TTY:711)។

Hmoob (Hmong):
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

हिंदी **(Hindi):**
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY:711) पर कॉल करें।

ภาษาไทย (Thai):
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).