



2020 Member Resource Guide



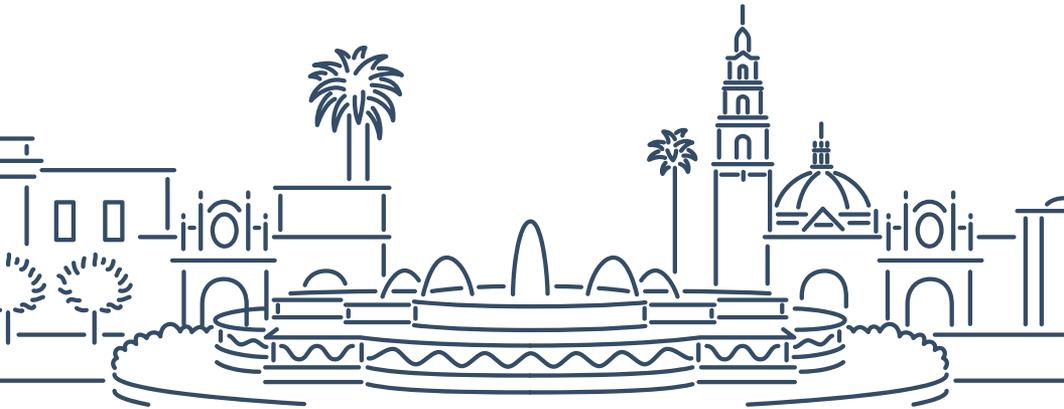
Highest Member-Rated Health Insurance¹



Mt. Helix Park

Hello

At Sharp Health Plan, we make our members a priority. We're passionate about making a positive difference in each and every interaction you have with us — that's what it means to be a part of the Sharp Health Plan family.



¹ The source for this data is Quality Compass[®] 2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass[®] 2019 includes certain CAHPS[®] data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass[®] is a registered trademark of NCQA. CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 57.30 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.23; 65.25 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 51.87; 74.47 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 65.60 and 75.68 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 63.50.

We're more than just great health coverage



Highest member-rated health plan

We're proud to say we are the highest member-rated health plan in California for the fifth year in a row. Sharp Health Plan has the highest member rating for health care, personal doctor and specialist among reporting California health plans.¹



Quick and easy access to care

Whether you're home or traveling the world, we've got you covered. Get the care you need right away through a number of options, including video and phone visits, MinuteClinic® and Emergency Travel Services. Flip to pages 14-15 for details.



Health care, simplified

We make it easy to manage your plan, find great care, view your benefits and more, all online and available whenever you need. Turn to pages 24-25 to see how we're simplifying health care for you.



Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're a locally based, not-for-profit health plan and we're honored to serve you.

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Get the most out of your coverage

Here are a few simple things you can do to make sure you are getting the most out of your health benefits.



Your member ID card is your key to accessing care. You will need it whenever you seek medical services, like visiting your doctor or specialist. Make sure the information on your member ID card is accurate and up to date, and be sure to carry it with you wherever you go.



Knowing who is part of your team is an important first step to understanding how your health plan works. Learn more about your care team starting on page 5 of this guide.



Schedule your annual no-cost wellness exam with your primary care physician. You'll find additional information throughout this guide to help you prepare for the visit and to learn more about the benefits of no-cost preventive care.



Follow us on Facebook at [facebook.com/sharphealthplan](https://www.facebook.com/sharphealthplan) to get news, wellness tips and other resources, right in your newsfeed.



We are your connection to The Sharp Experience, from health insurance to health care.

Elite-rated health care

Sharp Health Plan has a family of health care providers close to where you live and work. In addition to our regional partners, we offer affordable access to Sharp's award-winning medical groups, Sharp Rees-Stealy Medical Group and Sharp Community Medical Group, both awarded "Elite" status, the highest possible rating for Standards of Excellence.¹ Providers are located throughout San Diego County, so no matter where you are, from Chula Vista to El Cajon to Del Mar, we've got you covered.



2,400+ Doctors²



13 Hospitals²



10 Medical Groups²



45+ Urgent Care Centers²



MinuteClinics[®] Nationwide

Your care team

Your care team — including your network, plan medical group (PMG) and your primary care physician (PCP) — is determined when you enroll. Every Sharp-affiliated doctor associates with one of our medical groups. This means that your PMG is set based on who you choose as your PCP.³



Your network

A network is a group of doctors, hospitals and other medical service providers associated with your unique plan.



Your PMG

A PMG is a designated group of doctors and hospitals associated with your network. You have access to hospitals, specialty care and urgent care centers affiliated with your PMG. It is important to keep in mind that referrals and prior authorizations do not transfer between PMGs. You have access to only one PMG at a time.

¹ Recipients of “Elite” status in the 2019 national Standards of Excellence™ survey by America’s Physician Groups.

² Based on the Choice Network as of 1/2020.

³ Sharp Health Plan only covers care you receive from doctors and facilities in your PMG, except in emergencies. Your network, PMG and PCP are listed on the front of your Sharp Health Plan member ID card.



Your PMG, continued

Care within your PMG

The following services must be obtained within your PMG. In most cases, a referral from your PCP is required.

- Dialysis
- Durable Medical Equipment (DME)
- Home Health
- Hospital
- Infusion
- Lab
- Maternity
- Outpatient Surgery & Procedures
- Physical Therapy / Occupational Therapy / Speech Therapy
- Radiology
- Skilled Nursing Facility
- Specialist
- Urgent Care¹

Care outside of your PMG

You can access certain services outside of your PMG without a prior authorization or referral from your PCP.

All members can receive these services:	Service must be provided by:
Emergency Room Services	Nearest Hospital
Mental Health / Chemical Dependency	Contracted Provider
You can receive these services if they are in your plan:	Service must be provided by:
Acupuncture / Chiropractic	American Specialty Health (ASH)
Dental	Premier Access
Outpatient Prescription Drugs	Contracted Pharmacy
Vision	Vision Service Plan (VSP)



Your PCP

Your PCP is who you will see if you need a checkup or routine care, want advice about a health problem, or get sick or hurt. They provide care as soon as you need it, listen carefully and explain things in a way that is easy to understand. Your PCP will also coordinate the care you receive from other providers, including specialists. When you choose or change your PCP, you are choosing to receive care exclusively from hospitals, specialists, urgent care centers and other providers or locations that are associated with your PCP's PMG.

Tips to Partner with Your PCP

Call your PCP first for all of your health care needs. If you are a new patient, ask your previous doctor to forward a copy of your medical records to your PCP before your first appointment.

Tell your PCP about your health history, current treatments, medical conditions, medications you are taking, and any other doctors who are treating you.

Call your PCP's office to arrange your annual no-cost wellness exam.² Be sure to bring the results of your Best Health® Wellness Assessment (see page 22 to learn more). If you have never been seen by your PCP, make an appointment for an initial visit.

You can contact your PCP's office 24 hours a day if you have health concerns or symptoms. If your PCP is not available, or if it is after regular office hours, leave your name and phone number with their answering service to receive a call back from a physician or qualified health care professional within 30 minutes.

¹ Members can access out-of-network urgent care centers outside of San Diego or Riverside counties. Referral / authorization is not required. However, if you access an urgent care in San Diego or Riverside counties it must be a facility within your PMG.

² Not all providers will conduct a wellness exam on the initial visit. When establishing care with a new PCP, please ask your provider about their policies on preventive care visits.

Choose or change your PCP in 3 easy steps

It is a good idea to stay with a PCP so they can get to know your health needs and history. However, you can change to a different PCP in your plan network for any reason, at any time. If you change your PCP, we'll send you a new member ID card in the mail.

- 1 Click** Finding a new PCP is only a click away. Simply visit sharphealthplan.com/findadoctor for a full listing of doctors in your plan network.
- 2 Search** You can search for a PCP by plan network (as listed on your member ID card), language preference, gender, location, name or specialty. PCPs specialize in family medicine, general practice, internal medicine or pediatrics.
- 3 Choose** Log in to your Sharp Connect account at sharphealthplan.com/login to make the change. You can also contact customer service via email at customer.service@sharp.com or by calling 1-800-359-2002. In most cases, the change will be effective the first day of the following month. If you choose a PCP in a new PMG, remember to ask your new PCP about any specialists or other services you may need.

Same-day, next-day and after-hours appointments

Select doctors may offer same-day and next-day appointments as well as weekend and evening visits. Contact your PCP for more information.

What to ask your care team

Every time you talk to a health care provider — PCP, specialist, a nurse or another person on your care team — we recommend asking these three basic questions.

Good Questions for Your Good Health

- 1 What is my main problem?
- 2 What do I need to do?
- 3 Why is it important for me to do this?

When can I ask questions?

Anytime! For example, you can ask questions to your PCP before you take a medical test or to your nurse when they take your vitals.

What if I ask and still don't understand?

Let your PCP, nurse or provider know if you still don't understand. You could say, "This is new to me. Will you please explain that to me one more time?"

I'm nervous asking questions. What should I do?

Know that you aren't alone, and it's okay to feel nervous — everyone wants help when it comes to understanding health information. When you see your doctor, specialist or nurse, take your time in asking questions. You should never feel rushed or embarrassed if you don't understand something. It's okay to ask your provider as many times as you need to.

Prescription drug information

All Individual and Family Plan members and most members with coverage through their employer have pharmacy benefits through Sharp Health Plan.



If 'Pharmacy Services' phone numbers are listed on the back of your Member ID Card, you have pharmacy coverage through Sharp Health Plan.

If the Pharmacy Services phone numbers are not listed, please refer back to your onboarding or employer resources to determine your pharmacy coverage and appropriate contact information.

Members with Sharp Health Plan pharmacy benefits will be able to enjoy access to pharmacies in San Diego and across the country as well as online access to pharmacy benefit information. To learn about all the tools and resources at your fingertips visit sharphealthplan.com/pharmacy.



Pharmacy and prescription tips

There are some important things to consider with regard to prescription drugs. Please review the below and following pages to ensure you are getting the most from your pharmacy coverage.



Tips to Save Time and Money on Your Prescription Drugs

Ask for a generic drug. A generic drug is the same as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance and intended use.

Buy in bulk when you can. If you have a constant health problem, you may qualify for a 3-month medicine supply. Using a mail-order service can also reduce your pharmacy trips.

Call ahead to ensure your prescription is ready for pickup. Avoid busy times — noon to 2 p.m. and 5 to 7 p.m. — when pharmacies have the most pickups.

Set a reminder on your calendar. Pharmacies often tell you how many days ahead of schedule you can order a refill.

New prescription from your doctor? Here's what to ask:

What is prior authorization?

Some medications require a prior authorization before you can pick them up from a pharmacy. A prior authorization is a requirement that the member or members' prescribing provider obtains approval for a prescription drug before it will be covered. Prior authorizations will be granted when it is medically necessary for the member to receive the drug.

Are there any special instructions for taking this medicine?

Sometimes you'll need to take a certain medicine in the morning or at night, or with a meal or on an empty stomach. And some drugs shouldn't be taken with certain foods. Be sure you understand how to take your medicine before you leave the pharmacy.

Should I be aware of any drug interactions?

Some medications shouldn't be taken together or should only be used with other medicines with close monitoring by your doctor. Be aware of what doesn't mix with your prescription. If you're not sure, ask your doctor or pharmacist. Also, be sure to tell your doctor if you've had adverse reactions to any medications in the past.

What should I do if I miss a dose?

Do your very best to take your medication as prescribed. Just in case you do miss a dose, consult your pharmacist beforehand so you'll know exactly what to do.

Are there any storage requirements?

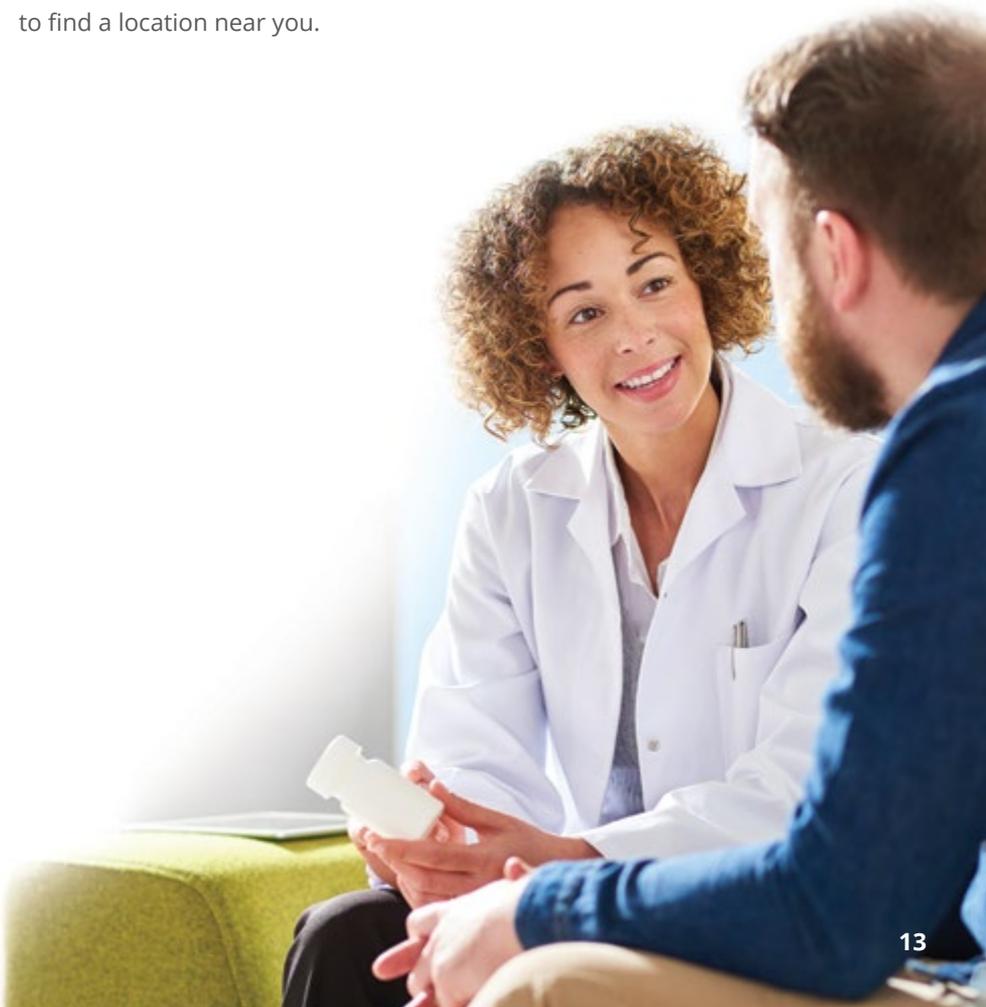
Ask your pharmacist if there is anything you should keep in mind. For example, some medications need to be refrigerated or kept in a cool place.

How do I get a refill before a trip?

If you have travel plans, make sure you have enough of your medication to last through your trip. Early refills require prior authorization, so it's a good idea to get in touch with your prescribing doctor sooner than later.

Need to safely dispose of expired, unused or unwanted medications?

For disposal information, visit sharphealthplan.com/drugtakeback to find a location near you.



Get the care you need, as soon as you need it

Whether you're looking for care after hours, with a specialist or outside of San Diego, we offer several options for you. Visit sharphealthplan.com/care for more information on when and where to get care.



Video and phone visits

If you have a medical concern or need a follow-up appointment — and you'd like to save a trip to the doctor's office — a video or phone visit might be the ideal option.¹

Call your PCP or visit

sharphealthplan.com/videoandphonevisits



Specialist care

In most cases, when you need specialty care your PCP will refer you to a specialist in your PMG. You can access OB-GYN care within your PMG without a referral from your PCP.

sharphealthplan.com/findadoctor



Urgent care

If you need medical attention right away and your life is not in danger, you can most likely be treated at an urgent care center within your PMG.²

sharphealthplan.com/urgentcare



Emergency room

If your life is in danger or you are at risk of being permanently disabled, it is an emergency. Call 911 or go to the nearest emergency room right away.

sharphealthplan.com/hospitals

MinuteClinic®



MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.³

sharphealthplan.com/minuteclinic

After-Hours Nurse Advice



Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns.

Call 1-800-359-2002, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends

Behavioral health support



We cover treatment of severe mental illness for all members, including serious emotional disturbances in children. Coverage of non-severe behavioral health issues may vary based on your benefit plan.

sharphealthplan.com/behavioralhealth

Emergency Travel Services



When faced with a medical emergency while traveling 100 miles or more away from home or in another country, we can connect you to doctors, hospitals, pharmacies and other services.

sharphealthplan.com/travel

¹ Select doctors offer this service.

² You may need prior authorization from your primary care physician. You must use an urgent care facility within your plan medical group unless you are traveling outside San Diego or southern Riverside counties.

³ Your share of the cost for a MinuteClinic visit is equal to what you pay for a PCP office visit (deductible may apply). There is no copayment for flu vaccinations.

Preventive care at no additional cost

Take advantage of the many preventive care services available to you at no additional charge. Scheduling an annual preventive care wellness visit, even when you are feeling fine, is important for early detection and can help you avoid health problems down the road. Be sure to schedule your visit well in advance to ensure availability. If medical symptoms, concerns or conditions are discussed at a preventive care visit, it could be considered a medical treatment, and may require a copayment or deductible. You will need to schedule a separate office visit to address these issues.

No-cost benefits for members

The following are examples of preventive care benefits that are covered and have no copayment or deductible:

Copay	Preventive Care
\$0	Wellness exam of baby and child (up to age 18), immunizations and related screenings
\$0	Wellness exam for adults, immunizations and related screenings
\$0	Routine gynecological exams, immunizations and related screenings
\$0	Screenings: <ul style="list-style-type: none">• Breast cancer• Cervical cancer• Cholesterol• Colorectal cancer• Depression• Diabetes• Hypertension• Obesity• Prostate cancer• Sexually transmitted infections• Tobacco and alcohol use / misuse

Preventive care checklists

Discuss your checklist with your doctor to develop your own personalized preventive care plan. Your doctor will help you determine which tests and health screenings are best for you based on your age, gender, health status and family history.

Men’s preventive care checklist (18 years and older)¹

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Human Papillomavirus (HPV) ²	26 and younger	<input type="radio"/>
Pneumonia (Pneumococcal and Prevnar) ²	19 – 64 65 and older	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap) (every 10 years)	18 and older	<input type="radio"/>
Shingles ² (Shingrix or Zostavax)	50 and older	<input type="radio"/>
Screenings		
Abdominal aorta aneurysm ^{2,3}	65 – 75	<input type="radio"/>
Blood Pressure	18 and older	<input type="radio"/>
Blood Sugar (diabetes) ²	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Cholesterol ²	20 and older	<input type="radio"/>
Colon Cancer (colonoscopy, sigmoidoscopy, stool test)	50 – 75	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Hepatitis B	18 and older	<input type="radio"/>
Hepatitis C ³	55 – 75	<input type="radio"/>
HIV ²	18 – 65	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Tuberculosis ²	18 and older	<input type="radio"/>

¹ The information in these checklists includes recommendations adapted from the following sources as of December 2019 and is subject to change: Preventive services with a rating of A or B from the U.S. Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration.

² Based on risk factors, and as advised by your doctor.

³ One-time screening.

Women's preventive care checklist (18 years and older)¹

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Human Papillomavirus (HPV)	26 and younger	<input type="radio"/>
Pneumonia (Pneumococcal and Prevnar) ²	19 – 64 / 65 and older	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap) (every 10 years)	18 and older	<input type="radio"/>
Shingles (Shingrix or Zostavax) ²	50 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Blood Sugar (Diabetes) ²	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Breast Cancer (Mammogram) ²	40 – 74	<input type="radio"/>
Cervical Cancer (Pap Smear, HPV Testing)	21 – 65	<input type="radio"/>
Sexually Transmitted Disease (Chlamydia, Gonorrhea) ²	24 and younger	<input type="radio"/>
Cholesterol ²	20 and older	<input type="radio"/>
Colon Cancer (Colonoscopy, Sigmoidoscopy, Stool Test)	50 – 75	<input type="radio"/>
Depression	18+ and pregnant and postpartum women	<input type="radio"/>
Hepatitis B	18+ and pregnant women	<input type="radio"/>
Hepatitis C ³	55 – 75	<input type="radio"/>
HIV ²	18 – 65	<input type="radio"/>
Osteoporosis ²	65 and older and under 64 with risk factors	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Tuberculosis ²	18 and older	<input type="radio"/>

Diabetes and hypertension preventive care checklist (18 years and older)¹

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Medication Review (with an RN, pharmacist or your PCP)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Pneumonia (Pneumococcal and Prevnar) ²	19 – 64 65 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Cholesterol ²	20 and older	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Blood Sugar (HbA1c; Diabetes) ²	18 and older	<input type="radio"/>
Visual Foot Inspection (Diabetes)	18 and older	<input type="radio"/>
Dilated Eye Exam (Diabetes) ²	18 and older	<input type="radio"/>
Kidney Function (Diabetes) ²	18 and older	<input type="radio"/>
Program Referral		
Health Coaching Program ²	18 and older	<input type="radio"/>
Disease Management Program ²	18 and older	<input type="radio"/>

¹The information in these checklists includes recommendations adapted from the following sources as of December 2019 and is subject to change: Preventive services with a rating of A or B from the U.S. Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration.

²Based on risk factors, and as advised by your doctor.

³One-time screening.

Children's preventive care checklist (birth to 10 years)¹

Well Child Exams and Vaccines ²		
Exam and Hepatitis B	1 – 2 weeks	<input type="checkbox"/>
Exam	1 month	<input type="checkbox"/>
Exam, Pentacel, Prevnar, Hepatitis B and Rotavirus	2 months	<input type="checkbox"/>
Exam, Pentacel, Prevnar and Rotavirus	4 months	<input type="checkbox"/>
Exam, Pentacel, Prevnar, Hepatitis B, Flu Shot and Rotavirus	6 months	<input type="checkbox"/>
Exam	9 months	<input type="checkbox"/>
Exam, Anemia test, possible TB and Lead tests, MMR, Varicella and Hepatitis A	12 months	<input type="checkbox"/>
Exam, Pentacel and Prevnar	15 months	<input type="checkbox"/>
Exam, Flu Shot and Hepatitis A	18 months	<input type="checkbox"/>
Exam	24 months	<input type="checkbox"/>
Exam and Flu Shot	3 years	<input type="checkbox"/>
Exam, Flu Shot, DTaP, Polio, MMR and Varicella	4 years	<input type="checkbox"/>
Exam and Flu Shot	5 years	<input type="checkbox"/>
Exam and Flu Shot	6 – 10 years (every 1 – 2 years)	<input type="checkbox"/>
Screenings		
Body Mass Index (BMI)	2 years and older	<input type="checkbox"/>
Vision Screenings	3-5 years old	<input type="checkbox"/>

Key: DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus Influenzae Type b), MMR (Measles, Mumps and Rubella), Pentacel (DTaP, Polio, Hib), Prevnar (Pneumococcal Conjugate), TB (Tuberculosis), Varicella (Chickenpox)

What's required for school admission?

Vaccines required for elementary school admission include DTaP, Tdap (adolescents), hepatitis B, Hib, MMR, varicella and polio. Other vaccines are not required but are strongly recommended.

Adolescents' preventive care checklist (11 to 17 years)¹

Exams		
Yearly Well Visit with Your Adolescent's Doctor (schedule at least 2 months in advance)	11 – 17	<input type="radio"/>
Vaccines ²		
Flu Shot (every fall)	11 and older	<input type="radio"/>
Human Papillomavirus (HPV) ³	11 – 12	<input type="radio"/>
Meningococcal B ⁴	11 – 12	<input type="checkbox"/>
Meningococcal Conjugate (MCV4) ³	11 – 12	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Tdap) ³	11 – 12	<input type="radio"/>
Screenings		
Body Mass Index (BMI)	11 and older	<input type="radio"/>
Depression	12 and older	<input type="radio"/>
Hepatitis B	11 and older	<input type="radio"/>
HIV ⁴	15 and older	<input type="radio"/>
Sexually Transmitted Disease (Chlamydia, Gonorrhea) ⁵	Sexually active females	<input type="radio"/>
Tobacco and Alcohol Use Counseling	11 and older	<input type="radio"/>



¹ The information in these checklists includes recommendations adapted from the following sources as of December 2019 and is subject to change: Preventive services with a rating of A or B from the U.S. Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration.

² Timing of vaccines may vary based on PCP's recommendation.

³ Catch-up doses can be given after age 12 throughout adolescence.

⁴ Based on risk factors, and as advised by your doctor.

⁵ Counseling for all sexually active adolescents recommended.

Best Health[®] no cost wellness program

Best Health is a comprehensive wellness program available to all members at no extra cost. Offering robust online wellness tools, interactive workshops, one-on-one health coaching and more, Best Health provides resources you can use to reach your health goals. Visit yourbesthealth.com to learn more.

Wellness Assessment

The first step to getting healthy and staying healthy is to complete your Wellness Assessment online. Your Wellness Assessment will help you identify opportunities for improving your health, get a baseline for measuring your progress and access resources that are customized to your individual needs. You can also share your results with your doctor.

Wellness & Health Promotion accreditation

Best Health is one of a select group of health plan wellness programs to receive national accreditation from the NCQA.





Personal health coaching

- Get personalized, one-on-one coaching from National Board Certified Health Coaches.
- Join simple, 30-minute sessions over the phone for six weeks.



Fitness and wellness discounts

- Access 10,000+ participating fitness centers nationwide for \$25 a month through the Active&Fit Direct™ Program (plus a one-time enrollment fee and applicable taxes).
- Get discounts on fitness products and specialty health practitioner services.
- Stream hundreds of fitness classes in the convenience of your own home with Studio SWEAT onDemand® and enjoy over 50% off the regular subscription fee.



Mobile app

- Access your favorite trackers and tools.
- Manage risk factors like blood pressure and cholesterol.
- Complete your Wellness Assessment.



Healthy eating plans

- Create healthier, personalized meal plans.
- Track calories using your personal food log.



Exercise tools

- Choose from a variety of fitness plans or create your own.
- Track exercise progress online by connecting to your wearable fitness device or app.



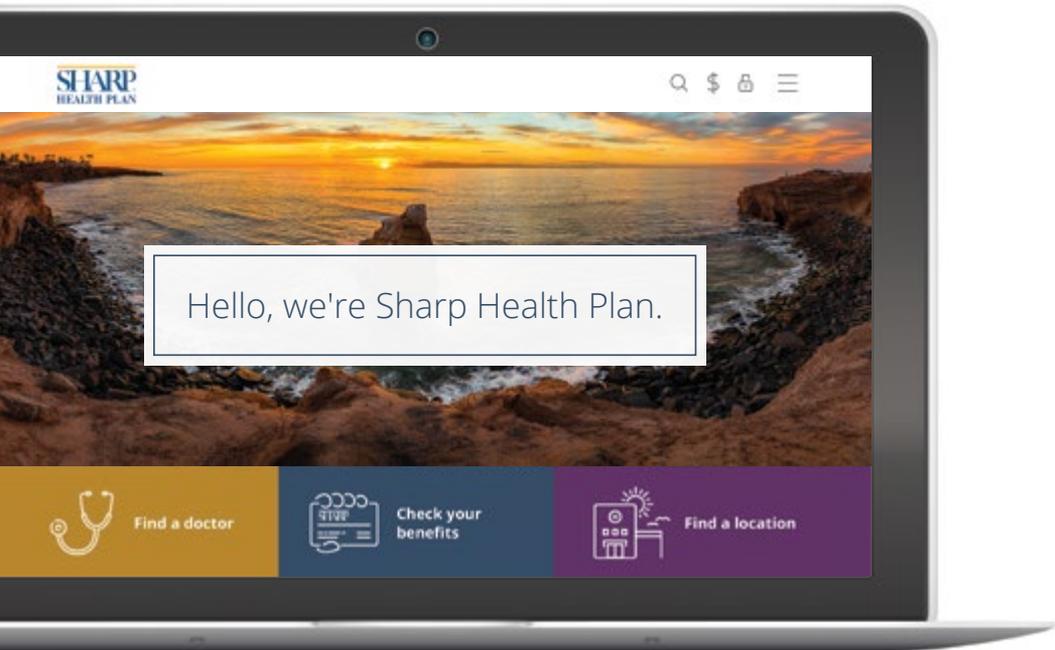
Wellness workshops

- Learn about nutrition, work-life balance and more.
- Complete interactive activities to increase your health IQ.

Sharphealthplan.com, at your service

Health care concerns can arise at any time. We're dedicated to providing updates and important information in a way that is most convenient for you. Our online resources connect you to the information you need, when you need it. From sharphealthplan.com, you can:

- Find a personal doctor or specialist
- Find an urgent care center or hospital near you
- Use health and wellness resources
- Access health news and articles
- Register for Sharp Connect

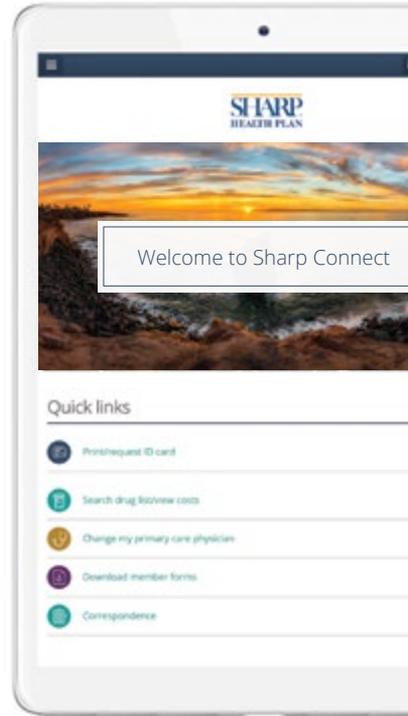


Sharp Connect, your member portal

Manage your plan by using our member portal, Sharp Connect. Create an account to securely access your complete health plan information and gain the ability to:

- See details of your coverage
- Check your benefits, eligibility and costs
- Choose or change your PCP
- Update your contact information
- View, print or request your member ID card
- Download member forms

Visit sharphealthplan.com/login to get started.



Need community resources?

2-1-1 San Diego is a free, 24-hour, confidential phone and online service that connects you to more than 6,000 resources across San Diego, from housing and legal assistance to financial and senior services. Learn more at 211sandiego.org or simply dial 211.

Important plan information

We take pride in our role as your trusted health care partner and advocate. Please read this section carefully, as we're committed to providing you with regular updates and important information. If you have any questions about this section, please visit sharphealthplan.com or contact Customer Care.

Member Handbook

Your Member Handbook provides you with information about your Sharp Health Plan benefits. It answers important questions such as:

- How does the health plan work?
- How do I access routine, specialty and hospital services?
- What do I have to pay?
- What is the appeal or grievance process?
- What are my covered benefits?
- What is not covered?
- How do I send in a claim?
- How do I get language assistance?

The Member Handbook is available online when you log in to your Sharp Connect account at sharphealthplan.com/login. You will also find additional information about your specific benefit plan, including copayments and other financial responsibilities.

If you have any questions about the Member Handbook or would like a paper copy, please email Customer Care at customer.service@sharp.com or call 1-800-359-2002. We are available to assist you from 8 a.m. – 6 p.m., Monday to Friday.

Protected health information

We understand the importance of keeping your personal information confidential and follow all privacy laws. The Health Insurance Portability and Accountability Act (HIPAA) is a privacy law that governs the use and release of a member's personal health information, also known as protected health information (PHI). Under HIPAA, we must inform you about how your PHI will be used and give you an opportunity to object to or restrict the use or release of your information. You can find a copy of Sharp Health Plan's Notice of Privacy Practices online at sharphealthplan.com/privacypolicy or in your Member Handbook.

Language translation and interpretation — available at no cost to you

Free language help is available to all Sharp Health Plan members. If you need language help, please call us at 1-800-359-2002. Let us know your preferred language when you call. We can have someone help you read this guide. You may also be able to get marketing materials in your language and an interpreter to help you talk to your doctor or health plan.

La ayuda con el idioma es gratuita y está disponible para todos los miembros de Sharp Health Plan. Si necesita ayuda en su idioma, llámenos al 1-800-359-2002. Díganos cuál es su idioma de preferencia cuando llame. Podemos tener a una persona disponible para ayudarlo a leer esta guía. Usted también puede obtener material promocional en su idioma y la ayuda de un intérprete para hablar con su médico o su plan de salud.

Member rights and responsibilities

As a Sharp Health Plan member, you have certain rights and responsibilities to ensure that you have appropriate access to all covered benefits.

You have the right to:

- Be treated with dignity and respect.
- Have your privacy and confidentiality maintained.
- Review your medical treatment and record with your health care provider.
- Be provided with explanations about tests and medical procedures.
- Have your questions answered about your care.

Member rights and responsibilities, continued

- Have a candid discussion with your health care provider about appropriate or medically necessary treatment options, regardless of cost or benefit coverage.
- Participate in planning and decision making about your health care with your health care provider.
- Agree to, or refuse, any care or treatment.
- File complaints or appeals about Sharp Health Plan or the services you receive as a Sharp Health Plan member.
- Receive information about Sharp Health Plan, our services and providers, and member rights and responsibilities.
- Make recommendations about member rights and responsibilities.

You have the responsibility to:

- Provide information (to the fullest extent possible) that Sharp Health Plan and your doctors and other providers need to offer you the best care.
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
- Ask questions if you do not understand explanations and instructions.
- Respect provider office policies and ask questions if you do not understand them.
- Follow advice and instructions agreed upon with your provider.
- Report any changes in your health to your PCP.
- Keep all appointments and arrive on time. If you are unable to keep an appointment, cancel 24 hours in advance, if possible.
- Notify Sharp Health Plan of any changes in your address or telephone number. Please also notify your employer or Covered California (if applicable).
- Let your health care provider or Sharp Health Plan know if you have any suggestions, compliments or complaints.
- Notify Sharp Health Plan of any changes that affect your eligibility, such as if you are no longer working or living in Sharp Health Plan's service area.

Quality Improvement Program

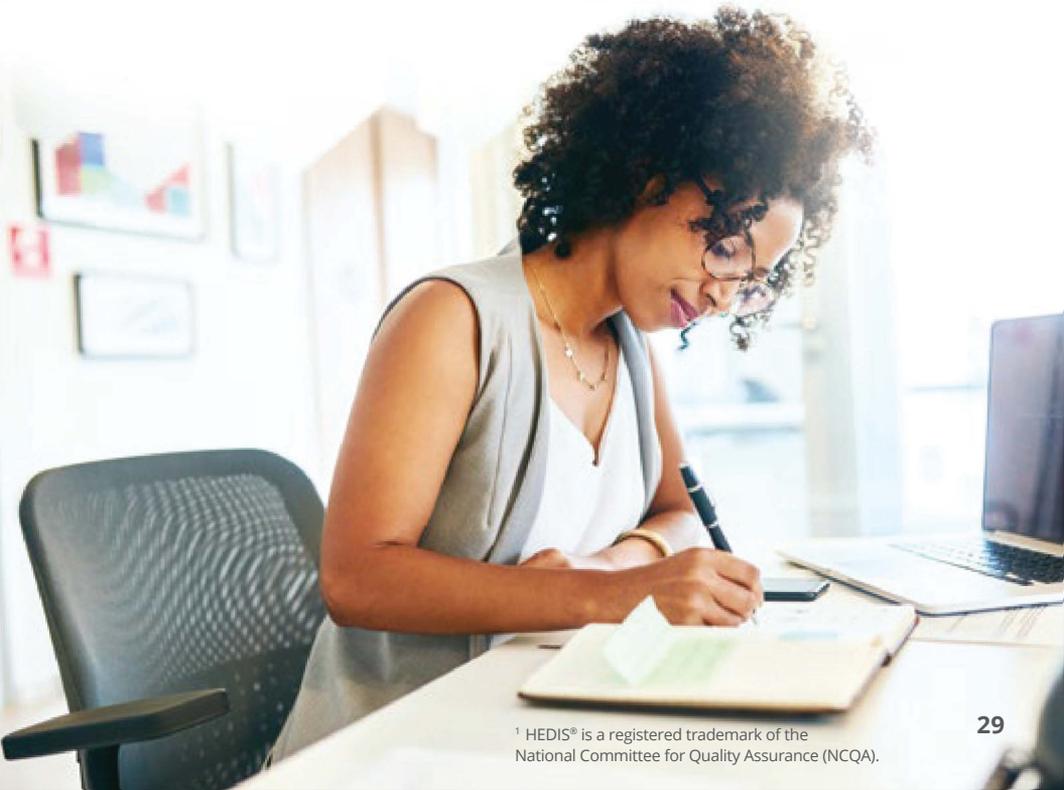
Your health is our top priority. We strive to raise the standard of health care and to improve The Sharp Experience for you to get the care you need to feel your best.

Our quality improvement program focuses on patient safety, preventive health and clinical practice guidelines, access and availability, and health management programs.

We track the performance of our quality improvement activities through our HEDIS^{®1} and CAHPS[®] progress. HEDIS (Healthcare Effectiveness Data and Information Set) is the measurement tool used by the nation's health plans to evaluate their clinical quality and customer service performance. CAHPS (Consumer Assessment of Healthcare Providers and Systems) standardized surveys measure consumers' satisfaction with their health care experiences.

Questions?

If you have any questions, please contact Customer Care at 1-800-359-2002.



¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Quality Improvement Program, continued

In 2019 a random sample of 468 Sharp Health Plan Members shared their feedback by participating in the CAHPS® survey process. Based on survey results, Sharp Health Plan is serving its members well. Sharp Health Plan's performance as the highest-rated health plan in California, among reporting California health plans, places us at the 90th percentile nationally.¹

The following table provides the key member experience areas where Sharp Health Plan was rated highest among reporting California health plans:

% of Members Who Rated 9, 10	Sharp Health Plan Summary Rate	California Average
Rating of Health Plan (a measure of member experience and satisfaction with the health plan)	57.30%	47.23%
Rating of Health Care (a measure of member experience and satisfaction with health care received)	65.25%	51.87%
Rating of Personal Doctor (a measure of member experience and satisfaction with primary care physician [PCP])	74.47%	68.19%

¹ The source for this data is Quality Compass® 2019 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2019 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 57.30 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.23; 65.25 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 51.87; 74.47 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 65.60 and 75.68 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 63.50.

Utilization Management

At Sharp Health Plan, our licensed medical staff make utilization management decisions based only on appropriateness of care and service after confirming health coverage. Medical practitioners and individuals who conduct utilization reviews are not rewarded for denials of care or service.

- Sharp Health Plan staff are available seven days a week, 8 a.m. to 6 p.m., to answer questions regarding utilization management. Call 1-800-359-2002. Sharp Health Plan also accepts collect calls regarding utilization management. Members have the option of leaving a voicemail for a return call the next business day.
- After business hours and on weekends, members can speak with a nurse at our After-Hours Nurse Advice line by calling 1-800-359-2002 and following the prompts.
- Sharp Health Plan assists members who are deaf, hard of hearing or speech impaired. TDD/TTY services are available to all members by dialing “711” or dialing directly through California Relay Service at 1-800-735-2929 TTY 1-800-855-3000 voz y TTY (teléfono de texto) en español.
- Language assistance is also available for members to discuss utilization management. Call Customer Care at 1-800-359-2002 to be connected.
- Utilization reviews include prior authorization, retrospective post-service reviews and inpatient concurrent reviews. Some medical services may require prior authorization before you can access care. This means a physician must complete a Prior Authorization Request form and submit it with relevant medical information to Sharp Health Plan. Information submitted will be evaluated and a decision will be made based on established clinical criteria.
- Sharp Health Plan is committed to providing members with access to the most up-to-date treatment and state-of-the-art care that is both safe and effective. This commitment requires thoughtful evaluation of emerging technologies on an ongoing basis for inclusion in the Sharp Health Plan benefit package.

Sharp Health Plan’s Health Services Management staff monitors evidence-based medicine research sites regularly to assess new medical technologies. These sites include, but are not limited to, the Agency for Health Care Policy and Research, Centers for Medicare and Medicaid Services, American Medical Association, U.S. Preventive Services Task Force and other professional medical association entities.

Timely access to care

Making sure you have timely access to care is extremely important to us. Check out the charts below to plan ahead.

Appointment wait times

Urgent Appointments	Maximum Wait Time
PCP, no prior authorization required	48 hours
Prior authorization required	96 hours

Non-urgent Appointments	Maximum Wait Time
PCP (excludes preventive care appointments)	10 business days
Non-physician mental health care provider (e.g., psychologist or therapist)	10 business days
Specialist (excludes routine follow-up appointments)	15 business days
Ancillary services (e.g., X-rays, lab tests, etc., for the diagnosis and treatment of injury, illness or other health conditions)	15 business days

Exceptions to appointment wait times

Your wait time for an appointment may be extended if your health care provider has determined and noted in your record that the longer wait time will not be detrimental to your health.

Your appointments for preventive and periodic follow-up care services (e.g., standing referrals to specialists for chronic conditions, periodic visits to monitor and treat pregnancy, cardiac, or mental health conditions, and laboratory and radiological monitoring for recurrence of disease) may be scheduled in advance, consistent with professionally recognized standards of practice, and may exceed the listed wait times.

Interpreter services

We provide free interpreter services at scheduled appointments. For language interpreter services, please call Customer Care at 1-800-359-2002. The hearing and speech impaired may dial "711" or use California's Relay Service's toll-free numbers to contact us:

- 1-800-735-2922 Voice
- 1-800-735-2929 TTY
- 1-800-855-3000 Voz en español y TTY (teléfono de texto)

You must request face-to-face interpreting services at least three (3) days prior to your appointment date. If an interpreter is unavailable for face-to-face interpreting, Customer Care will arrange for telephone interpreting services.

Join Our Public Policy Advisory Committee

Our Public Policy Advisory Committee provides input on Sharp Health Plan policies. Contact Customer Care at 1-800-359-2002 if you would like to join.



Grievances and appeals

A grievance is an expression of dissatisfaction with Sharp Health Plan or one of our providers. An appeal is filed when a member disagrees with a decision made by Sharp Health Plan or a plan medical group. Grievances and appeals are categorized by quality of care, access, quality of service, billing and financial issues, benefits, quality of practitioner site and other. Sharp Health Plan completes a thorough investigation and follow-up on each case. We also review all cases monthly, quarterly and annually to identify any trends.

If you are having problems with a plan provider or Sharp Health Plan, we'd like to hear from you. Start by calling Customer Care at **1-800-359-2002**. A representative will assist you.

If you wish to file a grievance or appeal, Sharp Health Plan's Grievance and Appeal Policy and Procedure can be obtained from your plan provider or by calling Customer Care.

If you prefer to send a written grievance or appeal, please send a detailed letter describing your grievance, or complete the Grievance Form available at sharphealthplan.com/grievance or from any plan provider or Customer Care. You may also call Customer Care at 1-800-359-2002 and we will help you complete the form. Sharp Health Plan will acknowledge receipt of your grievance or appeal within five days, and will send you a decision letter within 30 days. If the grievance or appeal involves an imminent and serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb or major bodily function, we will provide you with a decision within 72 hours. Grievances and appeals involving cancellation, rescission or nonrenewal of coverage will also be resolved within 72 hours.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-359-2002** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance.

You may also be eligible for an independent medical review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **1-888-466-2219** and a TDD line **1-877-688-9891** for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

Independent Medical Review

If care that is requested for you is denied, delayed or modified by Sharp Health Plan or a plan medical group, you may be eligible for an independent medical review (IMR). If you submit an eligible request for an IMR to the California Department of Managed Health Care (DMHC), your case will be reviewed by an independent medical specialist who will make a decision about your request. IMRs are available in the following situations:

- Denial of emergency or urgent medical services.
- Denial of experimental or investigational treatment for life-threatening or seriously debilitating conditions.
- Denial of a health care service as not medically necessary.

The IMR process is available in addition to any other procedures or remedies that may be available to you. You pay no fees of any kind for an IMR. For non-urgent cases, the independent medical specialist will make a decision within 30 calendar days. For urgent cases involving an imminent and serious threat to your health, the independent medical specialist will usually make a decision within three days.

Additional information about the IMR process can be found in the Sharp Health Plan Member Handbook, which is available when you visit **sharphealthplan.com/login** and log in. For assistance or to request an IMR application form, please contact Customer Care at 1-800-359-2002. We are available to assist you 7 a.m. – 8 p.m., seven days a week.

Women's health — what you should know

If you had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. Coverage will be provided in a manner determined in consultation with you and your doctor, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copayments and coinsurance applicable to other medical and surgical benefits provided under your plan.

Organ donation and end-of-life planning

Right now, more than 23,000 Californians wait for an organ transplant. That's 18% of the more than 120,000 people waiting across our country. Tragically, one-third of them will die — waiting. There is something you can do to help. Your generosity can save up to eight lives through organ donation, and enhance another 75 lives through tissue donation.

Almost everyone, despite age, gender, ethnicity or geographical location, can register to become an organ donor, including newborn infants and senior citizens. Only those who are HIV-positive or who suffer from active cancer or systemic infection are ineligible to donate. To become an organ or tissue donor, go to donatelifecalifornia.org and register with the Donate Life California Organ and Tissue Donor Registry online. Share your decision with family members and encourage them to consider organ donation.

Consider discussing end-of-life planning with your PCP. You can put your decisions about the type of treatment you would or would not want to receive, if you are unable to speak for yourself, in a legal document called an advance health care directive. Please visit sharp.com/advancedirective for more information.

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 interpreters
- 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: 1-619-740-8572

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.

Nondiscrimination Notice, continued

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 ocrportal.hhs.gov/ocr, 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, 1-800-537-7697 (TDD).

Complaint forms are available at ocrportal.hhs.gov

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 Health Care for assistance:

- 1-888-466-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Health Care's internet website has complaint forms and instructions online: dmhc.ca.gov

Language assistance services

English:

ATTENTION: If you speak a language other than 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):

ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ: Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք 1-800-359-2002 (TTY (հեռախոյ) 711):

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-359-2002 (TTY: 711) 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 متوفرة. 1-800-359-2002(رقم TTY:711) لك بالمجان. اتصل برقم هاتف الصم والبكم

ਪੰਜਾਬੀ (Punjabi):

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

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្តល់ឱ្យអ្នកសេរី ដោយមិនគិតលុយ គឺអាចមានសំរាប់ប្តីអ្នក។ 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).

Health insurance terms and definitions

We know health insurance can be confusing. We've provided the table below with common terms and definitions to help you better understand your plan and how it works.

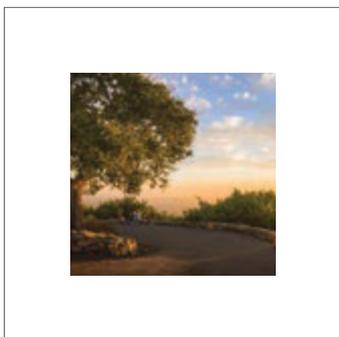
Term	Definition
Brand-Name Drug	A drug that has a trade name used for marketing and advertising. These drugs are patented and can be sold only by the company with the patent.
Coinsurance	The percentage of costs of a covered health care service you pay (20%, for example).
Copayment or Copay	A fixed amount (\$20, for example) you pay for a covered health care service.
Deductible	The amount you pay for covered health care services before your insurance plan starts to pay. With a \$2,000 deductible, for example, you pay the first \$2,000 of covered services.
Formulary	The complete list of prescription drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product.
Generic Drug	A drug that is the same as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance and intended use.
Network	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Term	Definition
Out-of-Pocket Maximum	The most you have to pay for covered services in a calendar year. After you spend this amount on deductibles, copayments and coinsurance, your health plan pays 100% of the costs of covered benefits.
Plan Medical Group (PMG)	The group of doctors, specialists, urgent care centers and hospitals associated with your network. Your PMG is listed on the front of your member ID card.
Premium	The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments and coinsurance.
Primary Care Physician (PCP)	Your primary doctor and main point of contact for all of your health care needs.

Tell a friend

Know someone who needs high-quality health insurance?

We have affordable plans for San Diegans of all ages, including Medicare plans. All of our plans are designed to meet the health care and financial needs of our members. If you are happy with Sharp Health Plan, please tell a friend!



Simple Pleasures | Mt. Helix Park
Photo Credit: Stephen Bay, San Diego



Consider us your personal
health care assistant®

sharphealthplan.com
customer.service@sharp.com
1-800-359-2002

