

SHARP Health Plan

Member Resource Kit

Effective Jan. 1, 2024

Better health insurance matters.



More than just great health coverage

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 Experience.



Highest member-rated health plan in San Diego

We're proud to say we are the highest member-rated commercial health plan in San Diego¹ and were voted the Best Health Insurance in the 2023 Union-Tribune Readers Poll!²



Quick and easy access to care

We're here to make sure you can safely receive the care you need, when you need it. We offer a number of options for care, including video and phone visits, After-Hours Nurse Advice, MinuteClinic® and more. Flip to pages 10 – 11 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 page 20 to see how we're simplifying health care for you.



Local and nonprofit

We've been connecting San Diegans to health insurance since 1992. We're a locally based, nonprofit health plan, and we're honored to serve you.



Truly personal health coverage

The Sharp Experience isn't one thing we do. It's everything we do. Our members enjoy an extra level of personalized care and service that we strive to provide throughout your entire health care journey. Sharp Health Plan is your connection to The Sharp Experience, providing direct access to Sharp HealthCare, from coverage to care.

¹ Among reporting CA plans. Based on 2023 NCQA Quality Compass CAHPS results. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). ² Voted 'Best Health Insurance' in the San Diego's Best Union-Tribune Readers Poll, 2021-23.

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Get the most out of your coverage

As a member, there 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 care team is an important first step to understanding how your health plan works. Learn more on pages 3 – 7 of this kit.



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.

Stay informed

Get the latest news and alerts delivered to your email inbox! Go to sharphealthplan.com/contactinfo and take a minute to check your contact information with us.



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 other 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 and southern Riverside, so no matter where you are, from Chula Vista to El Cajon to Del Mar, we've got you covered.



2,500+ Doctors²



45+ Urgent care centers²



13 Hospitals²



Expanded behavioral health network



10 Plan medical groups²

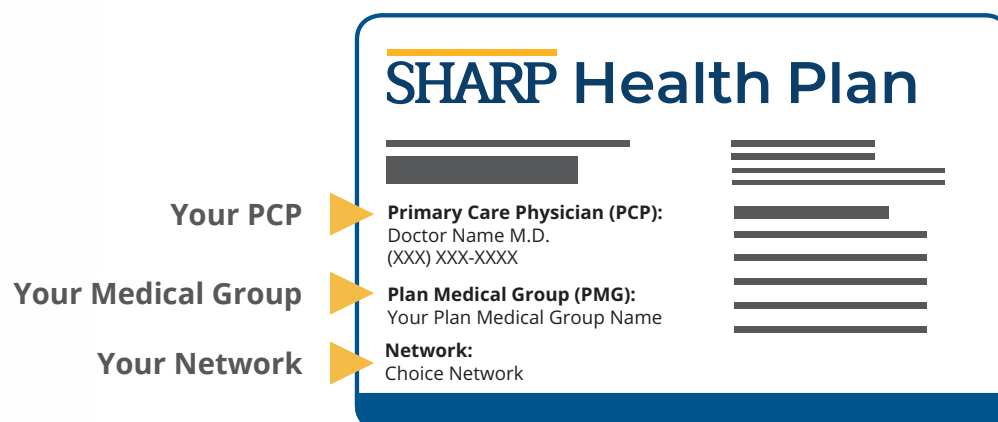


MinuteClinic locations nationwide

Your care team

Your care team includes your network, plan medical group (PMG) and primary care physician (PCP). These can be found on your member ID card. It's important to know who is on your care team, as this will determine where and how you access care.

Your member ID card



¹ Recipients of "Elite" status in the 2022 national Standards of Excellence™ survey by America's Physician Groups.

² The data shown here reflects the Choice Network as of July 2023.

Your care team explained

Your care team — including your plan network, PMG and PCP — is determined at the time of enrollment. 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.^{1,2}



Your plan network

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



Your plan medical group

A PMG is a group of doctors and hospitals associated with your plan network. You have access to hospitals, specialty care and urgent care centers affiliated with your PMG. Referrals and prior authorizations do not transfer between PMGs. You have access to only one PMG at a time.

Care within your PMG

The following services must be obtained within your PMG.² 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 (SNF)
- Specialist
- Urgent Care³

Care outside of your PMG

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

All Members Can Receive These Services:	Service Must Be Provided By:
Emergency Room Services	Nearest Hospital
Mental Health / Substance Use Disorder	Contracted Provider ²
You Can Receive These Services If They Are In Your Plan:	Service Must Be Provided By:
Acupuncture / Chiropractic	American Specialty Health (ASH)
Pediatric Dental	Delta Dental of California
Vision	Vision Service Plan (VSP)



Your primary care physician

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 when 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 (including prescription, nonprescription and supplements) and any other doctors who are treating you.

Call your PCP's office to arrange your annual no-cost wellness exam.¹
Be sure to bring the results of your Best Health Wellness Assessment (see page 18 to learn more).
If you have never been seen by your PCP, make an appointment for an initial visit.

If you have a nonemergency situation that cannot wait until the next business day, you can contact your PCP's office 24 hours a day. If your PCP is not available, or if it is after their regular business 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.

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. 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 for new referrals for specialty care, medical supplies or other services you may need. Visit sharphealthplan.com/findadoctor to learn more.

1 Click

Finding a new PCP is only a click away. 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 Health Plan online account at sharphealthplan.com/login to make the change. You can also contact Customer Care via email at customer.service@sharp.com or by calling 1-800-359-2002.

¹ 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. ² Only services offered through plan providers are covered, unless prior authorization by Sharp Health Plan is obtained. ³ Members can access out-of-network urgent care centers outside of San Diego and 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.



Your specialist access

In most cases, when you need a specialist, your PCP will refer you to one within your PMG. OB-GYN care may be obtained without a referral.

▶ sharphealthplan.com/findadoctor



Your expanded behavioral health network

We believe your mental health is just as important as your physical health. That's why we make it easy for you to access behavioral health care, with a large network of behavioral health providers across the county, plus telehealth visits. You don't need a referral from your primary care physician for outpatient therapy with a provider in your network. However, only services offered through plan providers will be covered (unless approved by Sharp Health Plan).

▶ sharphealthplan.com/bh

Here's what's covered in your plan:

- Behavioral health care services for all ages
- Inpatient hospital services
- Outpatient hospital services
- Outpatient therapy
- Autism services
- Video visits¹

If you or someone you care about is experiencing a suicidal or mental health crisis, please call or text the National Suicide Prevention Lifeline at 988 or dial 1-800-273-TALK (8255). If emergency medical care is needed, call 911 or go to the emergency room of the nearest hospital.



Newborn coverage

In most cases, newborns are assigned to their mother's plan medical group until the first day of the month after their birth (or discharge from the hospital, whichever is later). To continue coverage after this 31-day period, please contact your employer's health benefit officer to add your child as a dependent. Go online to learn more about newborn coverage and explore helpful resources before your baby is born.

▶ sharphealthplan.com/newborn



What to ask your care team

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

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

Please visit sharphealthplan.com/ask for more information on how to partner with your care team.

Need community resources?

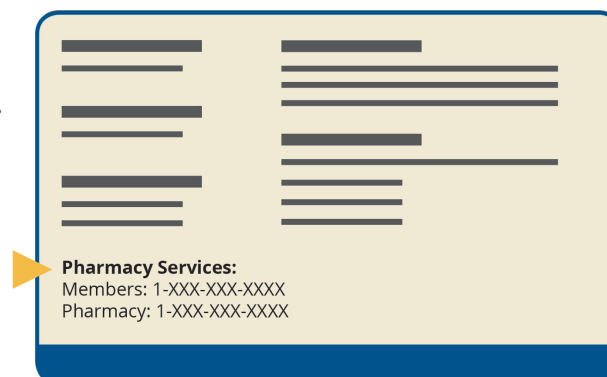
211 San Diego is a free, 24-hour, confidential phone and online service that connects you to more than 7,000 resources across San Diego, from COVID-19 and legal assistance to financial and senior services. Learn more at 211sandiego.org or simply dial 211.

¹ Select doctors offer this service.

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.¹



If Pharmacy Services' phone numbers are not listed, your human resources representative can provide information about 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

Please review the important information below about prescription drugs 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 three-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.

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

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

¹ Card may differ for different plans.

New prescription from your doctor?

Here's what to ask:

Does this drug require prior authorization?

Some medications require a prior authorization before you can pick them up from a pharmacy. A prior authorization is a requirement for the member or member's prescribing provider to obtain 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 and the drug is not excluded from coverage.

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 rather than later.



You can access information about your pharmacy benefits by creating an account with CVS Caremark, which is accessed through your pharmacy portal at sharphealthplan.com/search-drug-list or by going to sharphealthplan.com/caremark.

This will allow you to view information such as eligibility for Prescription Drugs, your current Formulary, Authorization requirements, Formulary alternatives and Cost Sharing amounts. Any changes to the information on your CVS pharmacy portal will be updated one business day after a change is made.

Get the care you need, when 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/getcare for more information on when and where to get care.



Video and phone visits

Get the care you need wherever you are with a video or phone visit, also known as telehealth. Call your PCP's office for the latest telehealth service information.¹

▶ [Call your PCP or visit sharphealthplan.com/telehealth](https://sharphealthplan.com/telehealth)



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. You may need prior authorization from your PCP. Be sure to use an urgent care within your PMG unless you are traveling outside San Diego or southern Riverside counties.

▶ 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 medical clinic located in select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care to help you stay healthy on your schedule.²

▶ 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 believe your mental health is just as important as your physical health. Behavioral health care services are a covered benefit for members of all ages. No referral is needed to access outpatient therapy from a provider in your plan network.

- ▶ sharphealthplan.com/bh



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 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 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 diagnosis or 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, most immunizations and related screenings
\$0	Routine gynecological exams, most immunizations and related screenings
\$0	Screenings: <ul style="list-style-type: none">AnxietyBreast cancerCervical cancerCholesterolColorectal cancerDepressionDiabetesHypertensionObesityProstate cancerSexually transmitted infectionsTobacco 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.¹

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

Visits		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Vaccines		
COVID-19* (Series and Booster)	18 and older	<input type="radio"/>
Flu Shot (every fall)	18 and older	<input type="radio"/>
Hepatitis B	19 – 59 ⁶	<input type="radio"/>
Human Papillomavirus (HPV) ^{2,3}	26 and younger	<input type="radio"/>
Measles, Mumps and Rubella (MMR)	18 and older ⁸	<input type="radio"/>
Pneumonia (Pneumovax 15 followed by Pneumovax or Prevnar 20)	19 – 64 ² 65 and older	<input type="radio"/>
RSV	60 and older ²	<input type="radio"/>
Shingles (Shingrix)	50 and older ⁷	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap every 10 years)	18 and older	<input type="radio"/>
Screenings		
Abdominal Aorta Aneurysm ^{2,4}	65 – 75	<input type="radio"/>
Anxiety	18 – 64	<input type="radio"/>
Blood Pressure	18 and older ²	<input type="radio"/>
Blood Sugar (Diabetes) ²	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Cardiac Arrest	18 – 21	<input type="radio"/>
Cholesterol	18 and older ²	<input type="radio"/>
Colon Cancer (Colonoscopy, Sigmoidoscopy, Stool Test)	45 – 75	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Hepatitis B	18 and older ²	<input type="radio"/>
Hepatitis C	18 – 79 ⁴	<input type="radio"/>
HIV ²	18 – 65	<input type="radio"/>
Lung Cancer ⁵	50 – 80	<input type="radio"/>
Tobacco, Drug and Alcohol Use Screening	18 and older	<input type="radio"/>
Tuberculosis ²	18 and older	<input type="radio"/>

* Some COVID-19 vaccines are authorized under EUA (emergency use authorization). ¹ The information in these checklists includes recommendations adapted from the following sources as of November 2023 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 For ages 27 – 45, shared clinical decision-making between member and PCP. ⁴ One-time screening. ⁵ With a 20-pack-a-year smoking history and currently smoke or have quit within the past 15 years. ⁶ Recommended for men 18 and older with additional risk factors. ⁷ 19 and older if immunodeficient or immunosuppressed because of disease or therapy. ⁸ If not given in childhood.

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

Visits		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance) and/or a Yearly Well Woman Preventive Visit with PCP/OB-GYN ²	18 and older	<input type="radio"/>
Vaccines		
COVID-19* (Series and Booster)	18 and older	<input type="radio"/>
Flu Shot (every fall)	18 and older	<input type="radio"/>
Hepatitis B	19 – 59 ⁶	<input type="radio"/>
Human Papillomavirus (HPV) ^{2,3}	26 and younger	<input type="radio"/>
Measels, Mumps and Rubella (MMR)	18 and older ⁸	<input type="radio"/>
Pneumonia (Pneumovax 15 followed by Pneumovax or Prevnar 20)	19 – 64 ² 65 and older	<input type="radio"/>
RSV	60+ and pregnant women ^{2,10}	<input type="radio"/>
Shingles (Shingrix)	50 and older ⁷	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap every 10 years)	18 and older	<input type="radio"/>
Screenings		
Anxiety	18 – 64	<input type="radio"/>
Blood Pressure	18 and older ²	<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"/>
Cardiac Arrest	18 – 21	<input type="radio"/>
Cervical Cancer (Pap Smear, HPV Testing)	21 – 65	<input type="radio"/>
Cholesterol	18 and older ²	<input type="radio"/>
Colon Cancer (Colonoscopy, Sigmoidoscopy, Stool Test)	45 – 75	<input type="radio"/>
Depression	18+, pregnant and postpartum women	<input type="radio"/>
Healthy Weight Counseling ⁹	Women 40 – 60 with a BMI range of 18.5 – 29.9 kg/m ²	<input type="radio"/>
Hepatitis B	18+ ² and pregnant women	<input type="radio"/>
Hepatitis C	18 – 79 ⁴	<input type="radio"/>
HIV ²	18 – 65	<input type="radio"/>
Intimate Partner Violence	18 and older	<input type="radio"/>
Lung Cancer ⁵	50 – 80	<input type="radio"/>
Osteoporosis ²	65+, under 64 ²	<input type="radio"/>
Sexually Transmitted Disease (Chlamydia, Gonorrhea, Syphilis) ²	18 and older	<input type="radio"/>
Tobacco, Drug and Alcohol Use Screening	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

Visits		
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		
COVID-19* (Series and Booster)	18 and older	<input type="radio"/>
Flu Shot (every fall)	18 and older	<input type="radio"/>
Pneumonia (Pneumovax 15 followed by Pneumovax or Prevnar 20)	19 – 64 ² 65 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Blood Sugar (HbA1c; 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"/>
Depression and Suicide Risk	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"/>
Tobacco, Drug and Alcohol Use Screening	18 and older	<input type="radio"/>
Visual Foot Inspection (Diabetes)	18 and older	<input type="radio"/>
Program Referral		
Disease Management Program ²	18 and older	<input type="radio"/>
Health Coaching Program ²	18 and older	<input type="radio"/>

For more information about vaccine schedules, please visit cdc.gov/vaccines/schedules.

*Some COVID-19 vaccines are authorized under EUA (emergency use authorization). ¹The information in these checklists includes recommendations adapted from the following sources as of November 2023 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. Also check the age-related preventive health checklist. Other immunizations may be recommended by your provider depending on vaccine and indication. ²Based on risk factors, and as advised by your doctor. ³For ages 27 – 45, shared clinical decision-making between member and PCP. ⁴One-time screening. ⁵With a 20-pack-a-year smoking history and currently smoke or have quit within the past 15 years. ⁶Recommended for women 60 years and older if they have additional risk factors. ⁷19 and older if immunodeficient or immunosuppressed because of disease or therapy. ⁸If not given in childhood. ⁹Based on HRSA/WPSI effective 1/1/2023. ¹⁰Gestational age 32 – 36 weeks.

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

Visits and Vaccines ²		
COVID-19* (Series and Booster)	6 months and older	<input type="radio"/>
Exam and Hepatitis B	Birth – first outpatient visit	<input type="radio"/>
Exam	1 month	<input type="radio"/>
RSV (RSV-mAB (Nirsevimab))	Infants younger than 9 months ²	<input type="radio"/>
Exam, DTaP-Hib (3 or 4 doses)-IPV, PCV-15 or 20 (4 doses), Hepatitis B (1 – 2mos), Rotavirus (2 – 3 doses)	2 months	<input type="radio"/>
Exam, DTaP-Hib-IPV, PCV-15 or 20, Rotavirus	4 months	<input type="radio"/>
Exam, DTaP-Hib-IPV (6 – 18 mos), PCV-15 or 20, Hepatitis B (6 – 18 mos), Flu Shot, Rotavirus	6 months	<input type="radio"/>
Exam	9 months	<input type="radio"/>
Exam, Anemia Test, Possible TB and Lead Tests, MMR (12 – 18 mos), Varicella (12 – 15 mos), Hepatitis A	12 months	<input type="radio"/>
Exam, DTaP (15 – 18 mos)-Hib (12 – 15 mos), PCV-15 or 20 (12 – 15 mos)	15 months	<input type="radio"/>
Exam, Flu Shot, Hepatitis A (12 – 23 mos, 2 doses) ³	18 months	<input type="radio"/>
Exam and Hepatitis A ³	24 months	<input type="radio"/>
Exam and Flu Shot	3 years	<input type="radio"/>
Exam, Flu Shot, DTaP (4 – 6y), Polio (4 – 6y), MMR (4 – 6y) and Varicella (4 – 6y)	4 years	<input type="radio"/>
Exam and Flu Shot	5 years	<input type="radio"/>
Exam and Flu Shot (exams every 1 – 2 years, flu shot annually)	6 – 10 years	<input type="radio"/>
PCV 15 or 20 with any risk condition who have not received PCV 13,15 or 20	6-18 years	<input type="radio"/>
Human Papillomavirus (HPV) ⁴	9 – 12 years	<input type="radio"/>
Tdap	11 – 12 years	<input type="radio"/>
Screenings		
Anxiety	8 – 10	<input type="radio"/>
Body Mass Index (BMI)	2 years and older	<input type="radio"/>
Dental Caries	Birth – 5 years	<input type="radio"/>
Hepatitis B	Birth – 10 years	<input type="radio"/>
Obesity	6 years and older	<input type="radio"/>
Skin Cancer Behavioral Counseling	6 months – 10 years (with fair skin)	<input type="radio"/>
Vision	3 – 5 years (at least once)	<input type="radio"/>

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

Visits		
Yearly Well Visit with Your Adolescent's Doctor (schedule at least 2 months in advance)	11 – 17	<input type="radio"/>
Vaccines ²		
COVID-19* (Series and Booster)	11 and older	<input type="radio"/>
Flu Shot (every fall)	11 and older	<input type="radio"/>
Human Papillomavirus (HPV) ⁴	9 – 12	<input type="radio"/>
Meningococcal B ⁵	16 – 17	<input type="radio"/>
Meningococcal Conjugate (MCV4) ^{4,5,6}	11 – 12 and 16	<input type="radio"/>
RSV	Pregnant women ⁷	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Tdap)	11 – 12 and pregnant adolescents at 27-36 weeks	<input type="radio"/>
Screenings		
Anxiety	11 and older	<input type="radio"/>
Body Mass Index (BMI)	11 and older	<input type="radio"/>
Cardiac Arrest	11 and older	<input type="radio"/>
Depression and Suicide Risk	12 and older	<input type="radio"/>
Hepatitis B	11 and older	<input type="radio"/>
HIV ⁵	15 and older	<input type="radio"/>
Obesity	11 and older	<input type="radio"/>
Sexually Transmitted Infections (STIs) ⁸	Sexually active adolescents who are at increased risk for STIs	<input type="radio"/>
Skin Cancer	11 and older	<input type="radio"/>
Tobacco, Drug and Alcohol Use Counseling	11 and older	<input type="radio"/>

What's required for school admission?

Vaccines required for elementary school admission include DTaP, Tdap (adolescents), hepatitis B, Hib, MMR, varicella and polio. Check with your child's school to see what other vaccines are required.

* Some COVID-19 vaccines are authorized under EUA (emergency use authorization). ¹ The information in these checklists includes recommendations adapted from the following sources as of November 2023 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 And infants with special circumstance aged 8 – 19 months. ³ Hepatitis A at 18 months or 24 months if less than 6 months from first shot. ⁴ 2 or 3 doses depending on age at initial vaccination. Routinely recommended at age 11 – 12 years, but can start at 9 years based on risk and be given through age 18. ⁵ Based on risk factors, and as advised by your doctor. ⁶ Or MENABCWY when MEN ACWY and MEN B are indicated at same visit. ⁷ Gestational age 32 – 36 weeks. ⁸ Counseling for all sexually active adolescents recommended.

Best Health[®] wellness program

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





Coaching and support

- Get free, personalized one-on-one coaching in a six-week, phone-based program.
- Make positive changes during weekly 30-minute sessions with our nationally board-certified health coaches.
- Define your personal goals and co-create an action plan to eat healthier, increase physical activity, manage stress, quit tobacco use or achieve a healthy weight.
- Connect with our local Best Health team members to support your wellness journey.



Online wellness tools

- Complete your Wellness Assessment and receive suggestions for customized resources.
- Engage in a variety of interactive activities to support your health and well-being.
- Learn about stress management, healthy eating, sleep, emotional health, exercise and more.
- Connect a variety of compatible physical activity trackers to help you see progress toward your goal.



Fitness and well-being discounts

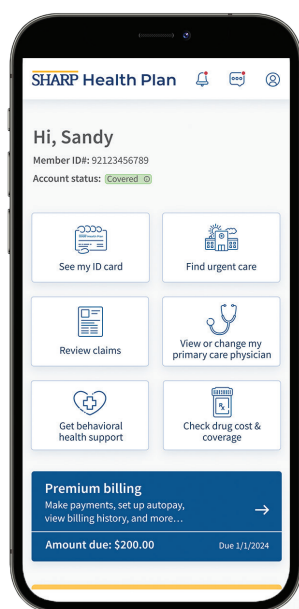
- Save 15%–50% on wellness products through ChooseHealthy®.
- Stream hundreds of fitness classes with Studio SWEAT onDemand® for \$9 per month (50% off the regular subscription fee).
- Access 12,000+ participating fitness centers nationwide; plus, access 9,300+ guided workout videos in the comfort of your home from \$28 a month through the Active&Fit Direct™ Program (plus a one-time enrollment fee and applicable taxes).

Stay connected to your coverage

One of the best ways to manage your plan is to create your Sharp Health Plan online account. Your online account will connect you to your coverage and give you quick, secure access to:

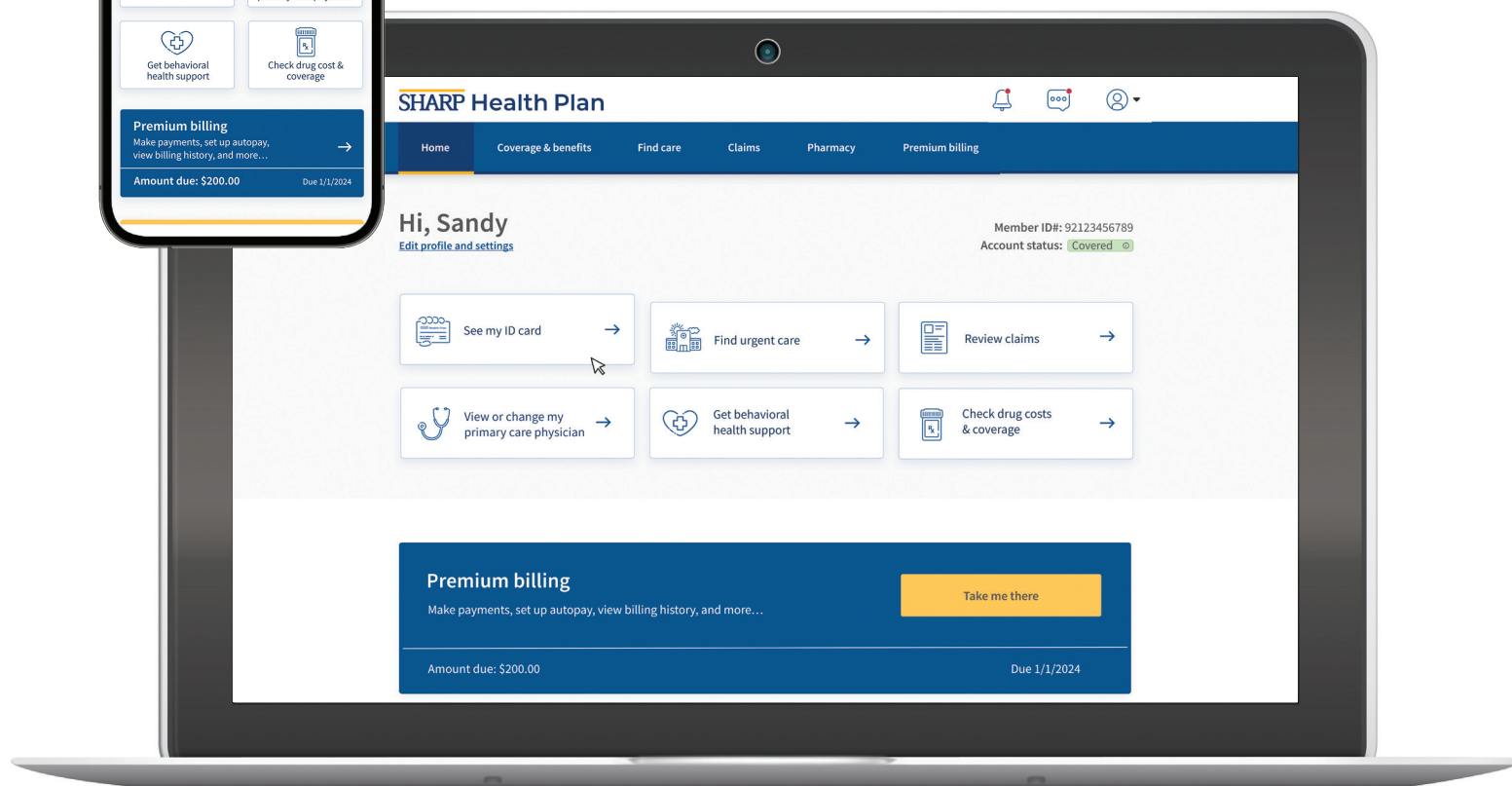
- Check benefits, balances and costs
- See claims and coverage documents
- Change a primary care physician
- View or print your member ID card
- Choose paperless options
- Set communication preferences
- Share access to your account
- And much more

Plus, it's available on any device with internet access, including desktop and mobile. Visit sharphealthplan.com/login and follow the instructions to create an account.



New! Sharp Health Plan app

Designed for members, the official Sharp Health Plan app makes it easy to access your online account anytime, anywhere.



Images may not reflect your actual benefit plan. Please review your coverage documents for plan information.



Better health insurance for all ages

We're proud to offer several different plan options for your unique needs, all with direct access to Sharp HealthCare. Whether you're looking for financial assistance with Covered California™, individual and family plans for you and your loved ones, coverage for your employees or a Medicare Advantage plan, we've got you covered. No matter what your current health coverage situation is, our team is ready to help — every step of the way.

And if you know someone looking for high-quality health insurance or Medicare Advantage plans, please tell them about Sharp Health Plan!

► sharphealthplan.com/referral



More financial help available!

Californians now have access to more financial help to pay for health insurance — and that includes individuals and families who haven't qualified for assistance in the past. Sharp Health Plan also offers Covered California plans for as low as \$0 a month, based on eligibility. Visit sharphealthplan.com/eligibility to see if you qualify.

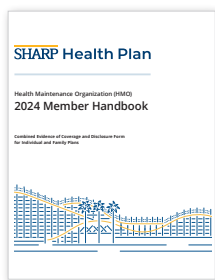
Important plan information

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 Health Plan online 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/privacypractices 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.
- 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. CAHPS (Consumer Assessment of Healthcare Providers and Systems) standardized surveys measure consumers' satisfaction with their health care experiences and customer service.

In 2023, a random sample of 364 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 commercial health plan in San Diego, among reporting California health plans, places us in the 75th 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)	56.5%	44.7%
Rating of Health Care (a measure of member experience and satisfaction with health care received)	62.1%	47.5%
Rating of Specialist (a measure of member experience and satisfaction with specialist)	74.8%	63.3%
Rating of Customer Service (a measure of member experience and satisfaction with customer service)	88.0%	84.59%

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, 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 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
No prior authorization required	48 hours
Prior authorization required	96 hours

Nonurgent Appointments	Maximum Wait Time
Primary care physician (excludes preventive care appointments) Behavioral health care physician (psychiatrist)	10 business days
Nonphysician behavioral health care or substance use disorder providers (includes follow-up appointments)	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

Rescheduling appointments

If your appointment requires rescheduling, it shall be promptly rescheduled in a manner that is appropriate to your health care needs and continuity of care, consistent with good professional practice.

Extended 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 for your health.

Advance scheduling

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.

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 five (5) business days prior to your appointment date. If an interpreter is not available for face-to-face interpreting, Customer Care will arrange for telephone interpreting services.

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.

You may file a grievance or appeal with Sharp Health Plan up to 180 calendar days following any incident that is subject to your dissatisfaction. 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.

For Appeals involving outpatient prescription drug benefits (e.g., requests to reevaluate the Plan's coverage decision for a Prescription Drug):

Attn: Prescription Claim Appeals MC 109 – CVS Caremark
P.O. Box 52084
Phoenix, AZ 85072-2084
Toll-free: 1-855-298-4252
Fax: 1-866-443-1172

For Appeals or Grievances involving your dental benefits:

Delta Dental of California
Attn: Quality Management Department
P.O. Box 6050
Artesia, CA 90702
Toll-free: 1-800-471-9925

For all other Appeals and Grievances:

Sharp Health Plan, Attn: Appeal/Grievance Department
8520 Tech Way, Suite 200
San Diego, CA 92123-1450
Toll-free: 1-800-359-2002 Fax: 1-619-740-8572

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 and 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.

Grievances and appeals

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 website, www.dmhca.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 nonurgent 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.

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.

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

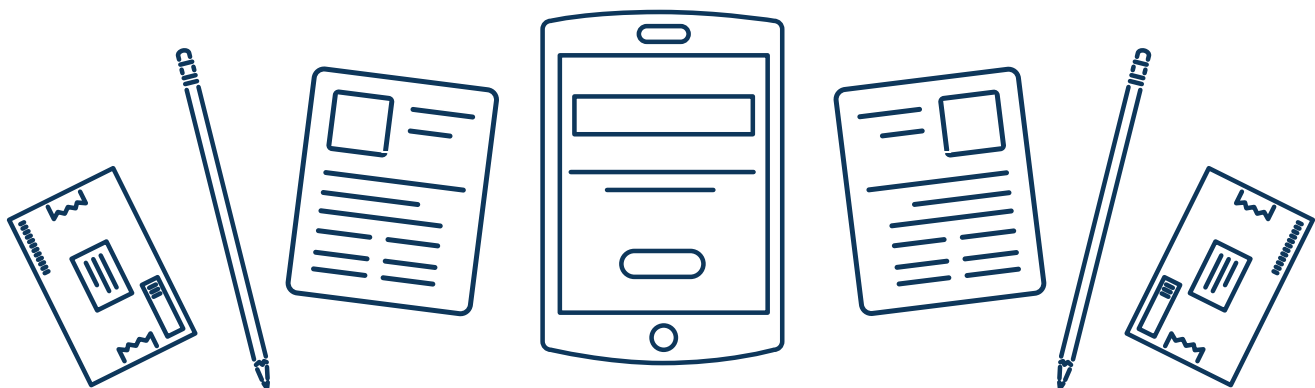
Right now, more than 23,000 Californians are waiting for an organ transplant. That's 18% of the more than 120,000 people waiting across our country. Tragically, one-third of them will die — waiting. There is something you can do to help. Your generosity can save up to eight lives through organ donation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

Broker disclosure

Sharp Health Plan's 2023 broker compensation commission schedule is 5% of the premium for initial enrollments and 4% of the premium for renewals. This amount is based on the gross premium and includes consideration of both direct and indirect compensation. This information applies only to members who enrolled in Sharp Health Plan with a broker. No action is required.



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 has 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, by mail or by fax, or you can 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 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 website has complaint forms and instructions online at dmhc.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):

ՈՒՇԱՒԴՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-359-2002 (TTY (հեռատիպ) 711)։

(Farsi): فارسی

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

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。

(Arabic): فېر علا

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

ਪੰਜਾਬੀ (Punjabi):

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

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសា ជាយមិនគិតលុយនូវ គឺអាចមានសំរាប់អ្នក។ 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

Health insurance terms and definitions

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 in a calendar year for certain covered benefits before Sharp Health Plan will start to pay for those covered benefits in that calendar year. Members enrolled in the Performance Plus plan do not have a deductible.
Formulary	The complete list of prescription drugs preferred for use and eligible for coverage under a health plan product; it 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.
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 plan 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.

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