



SHARP Health Plan

Member Resource Guide

Exclusively for Federal Employees Health Benefits
(FEHB) members and their dependents

Effective Jan. 1, 2026

More than just great health coverage



Truly personal service

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.



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 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 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.

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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, such as 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 4 – 9 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.

Sharp Health Plan is your connection to The Sharp Experience from Coverage to Care™.



Your care team

Sharp Health Plan has a family of health care providers close to where you live and work. 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.



2,400+ Doctors¹



40 Urgent care centers¹



13 Hospitals¹



Large behavioral health network

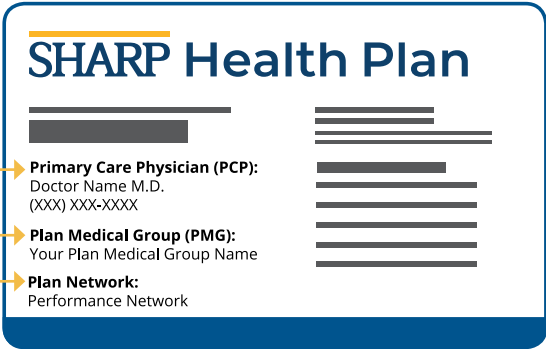


7 Plan medical groups¹



MinuteClinic locations nationwide

Your member ID card



- Your PCP** → **Primary Care Physician (PCP):**
Doctor Name M.D.
(XXX) XXX-XXXX
- Your Plan Medical Group** → **Plan Medical Group (PMG):**
Your Plan Medical Group Name
- Your Plan Network** → **Plan Network:**
Performance Network

¹ The data shown here reflects Sharp Health Plan's Performance Network as of January 2026.

Your care team explained

Your care team includes your plan 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 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 your PCP's assigned medical group.^{1,2}



Your plan network

A plan network is a group of doctors, hospitals and other medical service providers associated with your unique plan. FEHB members have access to the Performance Network, with more options for people living in the North County area of San Diego.



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 ⁴
You Can Receive These Services:	Service Must Be Provided By:
Acupuncture / Chiropractic	American Specialty Health (ASH)

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.

¹ Sharp Health Plan only covers care you receive from doctors and facilities in your PMG, except in emergencies. Sharp Health Plan shall arrange for the provision of covered services from providers outside the plan's network if unavailable within the network and if medically necessary for the enrollee's condition. Your plan 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. ⁴ Only services offered through plan providers are covered, unless prior authorization from Sharp Health Plan is obtained.



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 non-emergency 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.

¹ Sharp Health Plan only covers care you receive from doctors and facilities in your PMG, except in emergencies. Your plan network, PMG and PCP are listed on the front of your Sharp Health Plan member ID card.

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, if you are assigned to a doctor and would like to change to a different PCP in your plan network, you can do that 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.



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



Behavioral health

We believe your mental health is just as important as your physical health. That's why we're proud to partner with OptumHealth Behavioral Solutions of California (Optum Behavioral Health) to provide behavioral health benefits to our members, making it easy to access 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 Optum Behavioral Health).

Here's what's covered in your plan:

- Behavioral health care services for all ages
- Inpatient hospital services¹
- Outpatient hospital services²
- Outpatient therapy
- Autism services²
- Video visits³

Children between the ages of 8 and 18 can get a free behavioral health and wellness screening every year. This screening can help find signs of depression, anxiety and other common conditions for early treatment. If you would like your child screened, please schedule a preventive care visit with their doctor.

If you or someone you care about is experiencing a suicidal or mental health crisis, please call or text the 988 Suicide and Crisis 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.

▶ sharphealthplan.com/bh

¹ Emergency hospital care does not require prior authorization. ² Services require prior authorization to a contracted provider. ³ Select doctors offer this service.



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. You can change your newborn's PMG or PCP at any time by calling Customer Care. Go online to learn more about newborn coverage and explore helpful resources before your baby is born.

▶ sharphealthplan.com/newborn

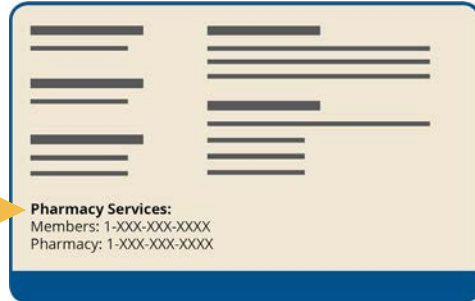
Need community resources?

Visit our Community Resource Hub at sharphealthplan.com/community to find support or an event near you.

Prescription drug information

All FEHB members have pharmacy benefits through Sharp Health Plan.

There is a **pharmacy number** on the back of your member ID card for 24/7 support.¹



As a Sharp Health Plan member, you have access to in-network pharmacies in San Diego and across the country. To learn more about your pharmacy benefits, visit sharphealthplan.com/pharmacy or log in to your Sharp Health Plan online account at sharphealthplan.com/login.



¹ Card may differ for different plans.

* Mail delivery is covered under your pharmacy benefits through CVS Caremark®.

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.





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

Does this drug require prior authorization?

Some medications require 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.

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 or visit the URL below for the latest telehealth service information.¹

▶ 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



Same-day doctor's visits

Same-day and next-day care is available virtually and in person to ensure you get care as soon as you need it.

▶ sharphealthplan.com/samedaycare



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 services are a covered benefit for members of all ages and are provided by Optum Behavioral Health. No referral is needed to access outpatient therapy with a provider in your network.

▶ Call 1-844-483-9013, 24 hours a day, 7 days a week or visit sharphealthplan.com/mentalhealthprovider



Global Travel Assistance Services

When faced with a medical need while traveling 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).

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.

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.



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"> • Anxiety • Breast cancer • Cervical cancer • Cholesterol • Colorectal cancer • Depression • Diabetes • Hypertension • Maternal mental health • Obesity • Prostate cancer • Sexually transmitted infections • Tobacco and alcohol use / misuse

For more information about vaccine schedules, please visit cdc.gov/vaccines/imz-schedules/index.html.



Scan the QR code or visit sharphealthplan.com/checklists to download your preventive care checklists.

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.

Best Health[®] wellness program

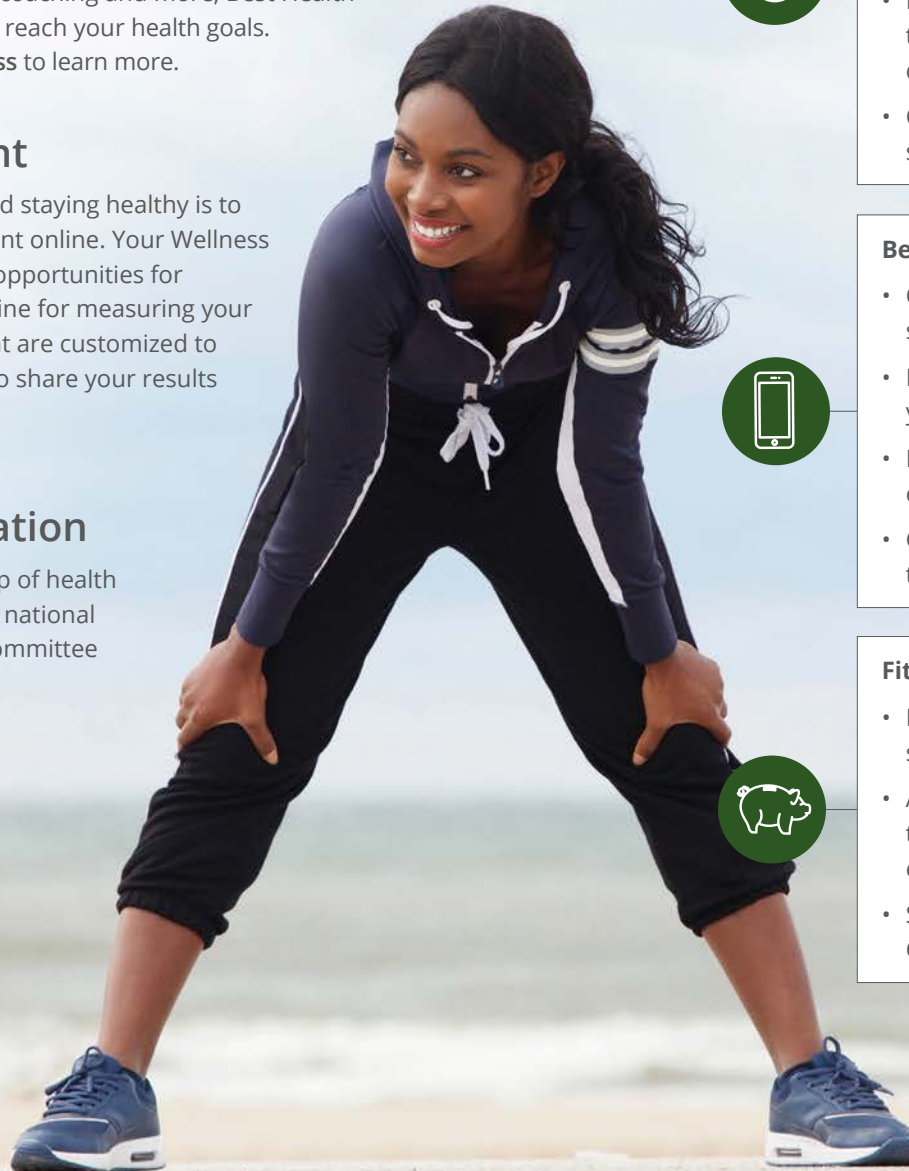
Best Health is a no-cost, comprehensive wellness program available to Sharp Health Plan members ages 18+. Offering robust online wellness tools, one-on-one health coaching and more, Best Health provides resources you can use to reach your health goals. Visit sharphealthplan.com/wellness to learn more.

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 National Committee for Quality Assurance (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.



Best Health website

- 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

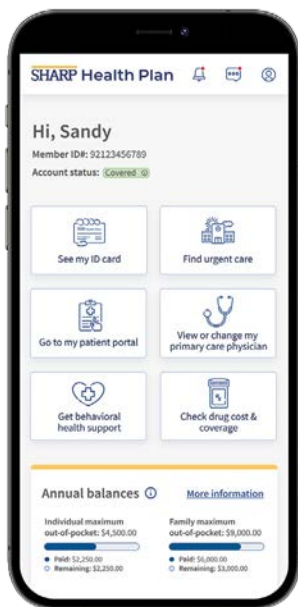
- Enjoy access to 15,000+ workout videos designed for every style and fitness level at no cost with Active&Fit Direct™.
- Access fitness centers nationwide with a discounted rate through the Active&Fit Direct™ program (plus a one-time enrollment fee and applicable taxes).
- Save 15% – 50% on wellness products through ChooseHealthy®.

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
- Find in-network providers and facilities near you
- 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.



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 Medicare plans for your unique needs, all with direct access to Sharp HealthCare. Our team is ready to help — every step of the way. If you know someone looking for a high-quality, affordable Medicare Advantage plan, please tell them about Sharp Health Plan!

► sharphealthplan.com/referral

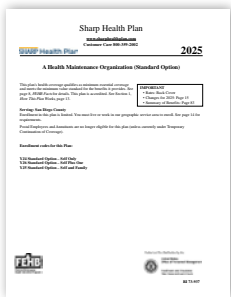
Important plan information

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.

Benefit Brochure

Your Benefit Brochure 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 Benefit Brochure 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 Benefit Brochure 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 Benefit Brochure.

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® 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.

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 Healthcare Research and Quality, 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

Non-Urgent 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, 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 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.

Important information about your right to appeal

What if I need help understanding this denial?

Please contact Customer Care at 1-800-359-2002 on Monday through Friday, 8 a.m. – 6 p.m., for help understanding this notice.

What if I don't agree with this decision?

Initial denial of pre-service requests:

If you have a pre-service claim and you do not agree with our decision regarding precertification of an inpatient admission or prior approval of other services, you may request a review as described below. If your claim is in reference to a contraceptive, call Customer Care at 1-800-359-2002. To ask us in writing to reconsider our initial request, you must:

- a. Write to us within six months from the date of our decision; and
- b. Send your request to us at: Sharp Health Plan, Attention: Appeal/Grievance Department, 8520 Tech Way, Suite 200, San Diego, CA 92123-1450; and
- c. Include a statement about why you believe our initial decision was wrong, based on specific benefit provisions in your Federal Employees Health Benefits (FEHB) Brochure; and
- d. Include copies of documents that support your claim, such as physicians' letters, operative reports, bills, medical records and explanation of benefits (EOB) forms.

We will provide you, free of charge and in a timely manner, with any new or additional evidence considered, relied upon or generated by us or at our

direction in connection with your claim and any new rationale for our claim decision. We will provide you with this information sufficiently in advance of the date that we are required to provide you with our reconsideration decision to allow you a reasonable opportunity to respond to us before that date. However, our failure to provide you with new evidence or rationale in sufficient time to allow you to timely respond shall not invalidate our decision on reconsideration. You may respond to that new evidence or rationale at the Office of Personnel Management (OPM) review stage described in Step 4 of the disputed claims process detailed in Section 8 of your FEHB Brochure.

We have 30 days from the date we receive your written request for consideration to complete one of the following:

1. Pre-certify your hospital stay or, if applicable, arrange for the health care provider to give you the care or grant your request for prior approval for a service, drug or supply; or
2. Ask you or your provider for more information.

You or your provider must send the information so that we receive it within 60 days of our request. We will then decide within 30 more days.

If we do not receive the information within 60 days, we will decide within 30 days of the date the information was due. We will base our decision on the information we already have. We will write to you with our decision.
3. Write to you and maintain our denial.

For urgent services

If you have a serious or life-threatening condition (one that may cause permanent loss of bodily function or death if not treated as soon as possible), and you did not indicate that your claim was a claim for urgent care, then call us at 1-800-359-2002. We will expedite our review (if we have not yet responded to your claim); or we will inform OPM so they can quickly review your claim on appeal. You may call OPM at 1-202-606-0737 between 8 a.m. and 5 p.m. Eastern Time.

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.

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.

Coverage Termination: State Requirement

California Senate Bill 260 requires Sharp Health Plan to notify you every year that we must provide the following information to Covered California if you end your coverage with us so that they can help you find other health care coverage:

- Your name and the names of covered family members on your plan (ages 18+)
- Your contact information, including mailing address, phone number and email
- Date your Sharp Health Plan coverage ended
- Your written and spoken language preferences

If you do not want us to share your information with Covered California, please contact Sharp Health Plan at customer.service@sharp.com or 1-800-359-2002.

How can you participate in plan policy?

The Plan has established a Member Advisory Committee (previously called the Public Policy Committee) for members to participate in making decisions to assure patient comfort, dignity and convenience from the plan providers that provide health care services to you and your family.

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. A copy of the Nondiscrimination Notice can also be accessed at sharphealthplan.com/disclosures.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters.
- Provides reasonable modifications for individuals with disabilities, and appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternative formats, such as braille or large print, free of charge and in a timely manner, when such modifications, aids, and services are necessary to ensure accessibility and an equal opportunity to participate to individuals with disabilities.
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters and language assistance services, including electronic and written translated documents and oral interpretation, free of charge and in a timely manner, when such services are a reasonable step to provide meaningful access to an individual with limited English proficiency. If you need these services, contact Customer Care at 1-800-359-2002 (TTY 711).

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 and Section 1557 Nondiscrimination Coordinator at:

- Address: Sharp Health Plan Compliance Department, Attn: Director of Compliance and Regulatory Affairs Department, 8520 Tech Way, Suite 200, San Diego, CA 92123-1450
- Telephone: 1-800-359-2002 (TTY 711)
- Fax: 1-619-740-8572
- Email: shpcompliance@sharp.com

You can file a grievance in person or by mail or fax, or you can also complete the online Grievance/ Appeal form on the plan's website, sharphealthplan.com.

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

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

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

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

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

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)

ՈՒՇՄԱՂՆՈՒԹՅՈՒՆՆԵՐ ԵՐԻՏ Խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-359-2002 (TTY (հեռախոյ) 711).

(Farsi): فارسی

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

:آبیر علا (Arabic)

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

ਪੰਜਾਬੀ (Punjabi):

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

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់បម្រើអ្នក។ 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। कॉल करें।

ภาษาไทย (Thai):

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

Health insurance terms and definitions

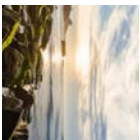
Term	Definition
Brand-Name Drug	A drug that has a trade name used for marketing and advertising. These drugs are patented and can be sold only by the company with the patent.
Coinsurance	The percentage of costs of a covered health care service you pay (20%, for example).
Copayment or Copay	A fixed amount (\$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. The list includes all drugs covered under that product's outpatient prescription drug benefit.
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.
Plan 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.



Scan the QR code or visit
sharphealthplan.com/definitions
to learn additional terms.

SHARP HEALTH PLAN

8520 Tech Way, Suite 200
San Diego, CA 92123



La Jolla
Photo Credit: Stephen Bay



Consider us your personal
health care assistant[®]

sharphealthplan.com
customer.service@sharp.com

<<First Name>><<Last Name>>

<<Address line 1>>

<<Address line 2>>

<<Address line 3>>