




# New Member ID Card Samples

## ID Cards Effective 1/1/18

### Sample: On Exchange HMO (Covered California)



<firstname><lastname><suffix>  
ID# <920003456789\*01>  
DOB: <MM/DD/YY>  
Effective: <MM/DD/YY>  
Benefit Plan: <Plan Description>

<b>Primary Care Physician:</b> <First Name> <Last Name> <XXX-XXX-XXXX>	<b>Deductible:</b> <\$x,xxx>
<b>Plan Medical Group:</b> <Affiliated Network>	<b>Cost Share:</b>
<b>Network:</b> <Network>	PCP <\$xx or xx%>
	Specialist <\$xx or xx%>
	Hospital <\$xx or xx%>
	Urgent Care <\$xx or xx%>
	ER <\$xx or xx%>

Please visit [sharphealthplan.com](http://sharphealthplan.com) for member questions.

**Member Questions:**  
1-800-359-2002


**Pharmacy Questions:**  
MedImpact:  
1-800-788-2949  
PCN# 56900  
BIN# 003585

**Mental Health Questions:**  
1-800-359-2002


**Provider Questions:**  
1-800-359-2002

**Medical Claims:**  
PO Box 939036  
San Diego, CA 92193

**IMPORTANT:**  
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.



**Dental coverage for members under 19:**  
Access Dental Plan 1-866-650-3660  
PO Box 659032 Sacramento, CA 95865-9032




Covered California 1-800-300-1506

Questions about enrolling or Federal Premium Assistance call Covered California

Please visit [sharphealthplan.com](http://sharphealthplan.com) for member questions.

### Sample: Commercial HMO (No Dental)



<firstname><lastname><suffix>  
ID# <920003456789\*01>  
DOB: <MM/DD/YY>  
Effective: <MM/DD/YY>  
Account: <Account Name>  
Account #: <Account #>

<b>Primary Care Physician:</b> <First Name> <Last Name> <XXX-XXX-XXXX>	<b>Deductible:</b> <\$x,xxx>
<b>Plan Medical Group:</b> <Affiliated Network>	<b>Cost Share:</b>
<b>Network:</b> <Network>	PCP <\$xx or xx%>
	Specialist <\$xx or xx%>
	Hospital <\$xx or xx%>
	Urgent Care <\$xx or xx%>
	ER <\$xx or xx%>

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**Member Questions:**  
1-800-359-2002

**Pharmacy Questions:**  
MedImpact:  
1-800-788-2949  
PCN# 56900

**Mental Health Questions:**  
BIN# 003585  
1-800-359-2002

**Provider Questions:**  
1-800-359-2002

**Medical Claims:**  
PO Box 939036  
San Diego, CA 92193

**IMPORTANT:**  
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# New Member ID Card Samples

## ID Cards Effective 1/1/18

### Sample: Commercial HMO (Pediatric Dental)



**<firstname><lastname><suffix>**  
**ID# <920003456789\*01>**  
 DOB: <MM/DD/YY>  
 Effective: <MM/DD/YY>  
 Account: <Account Name>  
 Account #: <Account #>

<p><b>Primary Care Physician:</b>                  &lt;First Name&gt; &lt;Last Name&gt;                  &lt;XXX-XXX-XXXX&gt;</p> <p><b>Plan Medical Group:</b>                  &lt;Affiliated Network&gt;</p> <p><b>Network:</b> &lt;Network&gt;</p>	<p><b>Deductible:</b> &lt;\$x,xxx&gt;</p> <p><b>Cost Share:</b></p> <p>PCP &lt;\$xx or xx%&gt;                  Specialist &lt;\$xx or xx%&gt;                  Hospital &lt;\$xx or xx%&gt;                  Urgent Care &lt;\$xx or xx%&gt;                  ER &lt;\$xx or xx%&gt;</p>
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**Member Questions:**  
1-800-359-2002


**Pharmacy Questions:**  
 MedImpact:  
 1-800-788-2949  
 PCN# 56900  
 BIN# 003585

**Mental Health Questions:**  
1-800-359-2002

**Provider Questions:**  
1-800-359-2002

**Medical Claims:**  
 PO Box 939036  
 San Diego, CA 92193

**IMPORTANT:**  
 Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.





**Dental coverage for members under 19:**  
 1-866-650-3660  
 Access Dental Plan  
 PO Box 659032  
 Sacramento, CA 95865-9032

Please visit [sharphealthplan.com](http://sharphealthplan.com) for member questions.

### Sample: Point of Service (POS)

**<first name> <last name> <suffix>**      **ID# <920003456789\*01>**  
 DOB: <MM/DD/YY>      **Point of Service (POS)**  
 Account: <Account Name>      Effective: <MM/DD/YY>  
 Account #: <Account #>

 <p><b>Tier 1: HMO Benefit Level</b></p> <p><b>Primary Care Physician:</b>                  &lt;First Name&gt; &lt;Last Name&gt;                  &lt;XXX-XXX-XXXX&gt;</p> <p><b>Plan Medical Group:</b>                  &lt;Affiliated Network&gt;</p> <p><b>Network:</b> &lt;Network&gt;</p>	<p style="text-align: center;"><b>Network</b> By </p> <p><b>Tier 2: Open Choice PPO Network</b></p> <p><b>Deductible:</b> &lt;\$x,xxx&gt;</p> <p><b>Cost Share:</b></p> <p>PCP &lt;\$xx&gt;                  Specialist &lt;\$xx&gt;                  Hospital &lt;\$xx&gt;                  Urgent Care &lt;\$xx&gt;                  ER &lt;\$xx&gt;</p>
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Please visit [sharphealthplan.com](http://sharphealthplan.com) for member questions.

**Member Questions:**  
1-844-483-9011

**Pharmacy Questions:**  
 MedImpact:  
 1-800-788-2949  
 PCN# 56900 BIN# 003585

**Mental Health Questions:**  
1-844-483-9011

**Provider Questions:**  
1-844-483-9012

**Sharp Health Plan and Aetna Medical Claims:**  
 PO Box 939036  
 San Diego, CA 92193

**IMPORTANT:**  
 Emergency services and out of area urgent care services are covered without Prior Authorization. For urgent care in San Diego or Southern Riverside, call your Primary Care Physician.

Some HMO Benefit Level services require Prior Authorization. See your Primary Care Physician for information. Other services may require Precertification. Failure to obtain Precertification will result in reduced coverage. See your Health Plan Benefits and Coverage Matrix to determine which services require Pre-certification.

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