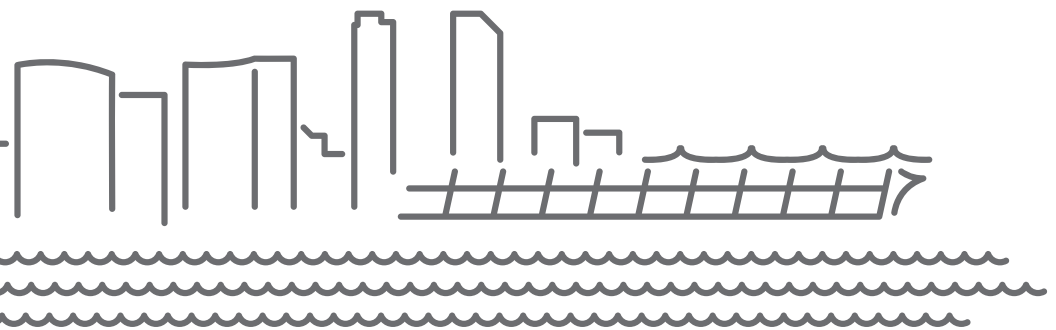
SHARP HEALTH PLAN

2023 CalPERS

Important Plan Information

Effective Jan. 1, 2021



What's inside

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 **calpers.sharphealthplan.com** or contact Customer Care.

Combined Evidence of Coverage and Disclosure Form

Your Combined Evidence of Coverage and Disclosure Form provides information on how to use your Sharp Health Plan benefits, including:

- What services are included or excluded from coverage
- How to find information about Sharp Health Plan providers
- How to access primary, specialty, behavioral health and hospital services
- What to do if you need care before or after regular office hours
- How to access care when you are outside the service area
- What to do if you need emergency services
- How to voice a complaint or file an appeal
- How to request language assistance
- How to submit a claim
- Benefit restrictions that apply to services outside of Sharp Health Plan

All of this information and more can be found online in the Combined Evidence of Coverage and Disclosure Form at **calpers.sharphealthplan.com**. You will also find additional information about your specific benefit plan, including copayments and other financial responsibilities.

If you have any questions about this information or would like a paper copy of the Combined Evidence of Coverage and Disclosure Form, please email Customer Care at customer.service@sharp.com or call 1-855-995-5004. We are available to assist you 7 a.m. to 8 p.m., seven days a week.

Protected health information

We understand the importance of keeping your personal information confidential, and we 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 **calpers.sharphealthplan.com/privacypractices** or in the Combined Evidence of Coverage and Disclosure Form.

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 1-855-995-5004. 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 1-855-995-5004. 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 2021, a random sample of 468 Sharp Health Plan members shared their feedback by participating in the CAHPS survey process. Based on survey results, Sharp Health Plan is serving its members well. Sharp Health Plan's performance as the highest-rated health plan in California, among reporting California health plans, places us at the 90th percentile nationally.[1]

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

% of Members Who Rated 9, 10	Sharp Health Plan Summary Rate	California Average
Rating of Health Plan (a measure of member experience and satisfaction with the health plan)	59.05%	47.93%
Rating of Health Care (a measure of member experience and satisfaction with health care received)	59.00%	50.13%
Rating of Specialist (a measure of member experience and satisfaction with specialist)	74.67%	64.54%

[1] The source for this data is Quality Compass® 2021 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2021 includes certain CAHPS® data. Any data display, analysis, interpretation or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ). Sharp Health Plan achieved the following summary ratings (9+10): 64.73 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 50.74; 69.47 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 56.87; 75.69 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 65.86; and 76.15 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 68.84.

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, 7 a.m. to 8 p.m., to answer questions regarding utilization management. Call 1-855-995-5004. 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 1-855-995-5004 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 1-855-995-5004 to be connected.
- Utilization reviews include prior authorization, retrospective post-service reviews and inpatient concurrent reviews. Some medical services may require prior authorization before you can access care. This means a physician must complete a Prior Authorization Request form and submit it with relevant medical information to Sharp Health Plan. Information submitted will be evaluated and a decision will be made based on established clinical criteria.
- Sharp Health Plan is committed to providing members with access to the most up-to-date treatment and state-of-the-art care that is both safe and effective. This commitment requires thoughtful evaluation of emerging technologies on an ongoing basis for inclusion in the Sharp Health Plan benefit package.

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

Timely access to care

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

Appointment wait times

Urgent Appointments	Maximum Wait Time
No prior authorization required	48 hours
Prior authorization required	96 hours

Non-urgent Appointments	Maximum Wait Time
Primary care physician (excludes preventive care appointments or behavioral health care physician [psychiatrist])	10 business days
Non-physician 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

Exceptions to appointment wait times

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

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

Interpreter services

We provide free interpreter services at scheduled appointments. For language interpreter services, please call Customer Care at 1-855-995-5004. 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) 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. 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 **1-855-995-5004**. A representative will assist you.

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

If you prefer to send a written grievance or appeal, please send a detailed letter describing your grievance, or complete the Grievance Form available at **calpers.sharphealthplan.com/grievance** or from any plan provider or Customer Care. You may also call Customer Care at **1-855-995-5004**, 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 or 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, continued

The California Department of Managed Health Care (DMHC) 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 **1-855-995-5004** 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.

CalPERS Administrative Review, Administrative Hearing and Appeal Beyond Administrative Review, and Administrative Hearing

As a CalPERS member, you have access to additional levels of review by CalPERS, if you remain dissatisfied with the California Department of Managed Health Care's determination or the independent medical review's (IMR) determination. Additional information about the CalPERS Administrative Review and Administrative Hearing process and your rights to appeal beyond the CalPERS Administrative Review and Hearing process can be found at **calpers.sharphealthplan.com** in your Combined Evidence of Coverage and Disclosure Form.

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 **calpers.sharphealthplan.com/login** and log in. For assistance or to request an IMR application form, please contact Customer Care at 1-855-995-5004. 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 1-855-995-5004 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 from 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.

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 1-855-995-5004.

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: 1-855-995-5004 (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, **calpers.sharphealthplan.com**. Please call our Customer Care team at 1-855-995-5004 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 internet 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 1-855-995-5004 (TTY: 711).

Español (Spanish)
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-995-5004 (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 1-855-995-5004 (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 1-855-995-5004 (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 1-855-995-5004 (TTY: 711).

한국어 **(Korean):**
주의**:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다**.** 1-855-995-5004 (TTY: 711) 번으로 전화해 주십시오**.**

Հայերեն **(Armenian):**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-855-995-5004 (TTY (հեռատիպ)՝ 711).

(Farsi): فارسی
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما تماس بگیرید
.با .باشد می فراهم (TTY: 711) 1-855-995-5004

Русский (Russian):
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-995-5004 (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。**1-855-995-5004 (TTY: 711)** まで、お電話にてご連絡ください。

(Arabic): قييرعلا
(ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان .تصل برقم
: رقم هاتف الصم والبكم .(711 1-855-995-5004

ਪੰਜਾਬੀ (Punjabi):
ਧਿਆਨ ਦਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-995-5004 (TTY/TDD: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ខ្មែរ **(Mon Khmer, Cambodian):**
បុរយ័ត្ននៈ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សវោជំនួយជុនកែភាសា ដាយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរីអ្នក។ ចូរ ទូរស័ព្ទ 1-855-995-5004(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 1-855-995-5004 (TTY: 711).

हदिी (Hindi):
ध्यान दें: यदि आप हदिी बोलते हैं तो आपके लएि मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-995-5004 (TTY: 711) पर कॉल करें।कॉल करें।

ภาษาไทย (Thai):
เรียน**:** ถ้าคุณพดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-995-5004

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.
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.

Term	Definition
Plan Medical Group (PMG)	The group of doctors, specialists, urgent care centers and hospitals associated with your network. Your PMG is listed on the front of your member ID card.
Premium	The amount you pay for your health insurance every month. In addition to your premium, you usually have to pay other costs for your health care, including a deductible, copayments and coinsurance.
Primary Care Physician (PCP)	Your primary doctor and main point of contact for all of your health care needs.

Need community resources?

2-1-1 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.

SHARP HEALTH PLAN

8520 Tech Way, Suite 200
San Diego, CA 92123-1450

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