

Sharp Health Plan Supplemental Information to the Member Handbook

The following information is attached to this Member Handbook, representing your Combined Evidence of Coverage and Disclosure Form, in compliance with the Knox-Keene Health Care Service Plan Act of 1975, as amended. **The following sections of your Member Handbook are either deleted from, added to, deleted and replaced or amended and restated as follows upon the effective date indicated:**

Effective January 2017

1. The following underlined language is added to the *Obtain Required Authorization* subsection of the **“HOW DO YOU OBTAIN MEDICAL CARE?”** section of the Member Handbook:

Except for PCP services (including outpatient mental health or chemical dependency office visits), Emergency Services, and obstetric and gynecologic services, you are responsible for obtaining valid Authorization before you receive Covered Benefits.

2. The following language replaces the heading and first sentence of the subsection entitled “*Second Medical Opinions*” in the **“HOW DO YOU OBTAIN MEDICAL CARE?”** section of the Member Handbook:

Second Opinions

When a medical or surgical procedure or course of treatment (including mental health or chemical dependency treatment) is recommended, and either the Member or the Plan Physician requests, a second opinion may be obtained.

3. The following language in strikethrough is removed from the section entitled “*Emergency Services and Care*” in the **“HOW DO YOU OBTAIN MEDICAL CARE?”** section of the Member Handbook:

An Emergency Medical Condition is a medical condition, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a ~~reasonable lay~~ person could reasonably expect the absence of immediate attention to result in:

- a) Placing the patient’s health in serious jeopardy,
- b) Serious impairment of bodily functions; or
- c) Serious dysfunction of any bodily organ or part.

4. The following sentence is added to the “*Emergency Services*” subsection in the **“WHAT ARE YOUR COVERED BENEFITS?”** section of the Member Handbook:

“Emergency Services and care include both physical and psychiatric mental health conditions, and active labor.”

5. The following language replaces the section entitled “*Injectable Drugs*” subsection in the **“WHAT ARE YOUR COVERED BENEFITS?”** section of the Member Handbook:

Injectable Drugs

Outpatient injectable drugs and self-injectable drugs are covered. Outpatient injectable drugs include those drugs or preparations which are given by the intramuscular or subcutaneous route. Outpatient injectable medications (except insulin) are covered when self-administered or administered as a customary component of a Plan Physician’s office visit and when not otherwise limited or excluded (e.g., certain immunizations, infertility drugs, or off-label use of covered injectable drugs). Self-administered drugs are drugs that are injected subcutaneously (under the skin) that are approved by the

FDA for self-administration and/or are packaged in patient friendly injections devices along with instructions on how to administer. Self-injectable insulin and GLP1 agents for diabetes are covered under the outpatient prescription drug benefit, most other self-administered injectable drugs are covered as part of the medical benefit.

6. The following sentence is added to the “*Preventative Care Services*” subsection in the “**WHAT ARE YOUR COVERED BENEFITS?**” Section of the Member Handbook:

“HIV testing regardless of whether the testing is related to a primary diagnosis.”

7. The following language replaces the section entitled “*Skilled Nursing Facility Services*” in the “**WHAT ARE YOUR COVERED BENEFITS?**” Section of the Member Handbook:

Skilled Nursing Facility Services

Skilled Nursing Facility Services are covered for up to a maximum of 100 days per calendar year in a semi-private room (unless a private room is Medically Necessary). Covered Benefits for skilled nursing care are those services prescribed by a Plan Provider and provided in a qualified licensed Skilled Nursing Facility. Covered Benefits include:

- Physician and Skilled Nursing on a 24-hour basis.
- Room and board.
- X-ray and laboratory procedures.
- Respiratory therapy.
- Short term physical, occupational and speech therapy.
- Medical social services.
- Prescribed drugs and medications.
- Behavioral Health Treatment for pervasive developmental disorder or autism.
- Blood, blood products and their administration.
- Medical supplies, appliances and equipment normally furnished by the Skilled Nursing Facility.

8. The following language is added to the “*Termination of Pregnancy*” subsection in the “**WHAT ARE YOUR COVERED BENEFITS?**” section of the Member Handbook:

“The Copayments and Deductibles for termination of pregnancy services are determined based on the type and location of the service. For example, if the service was provided in an outpatient surgery setting, the outpatient surgery cost-share will apply. If the service is provided in an inpatient hospital setting, the inpatient hospital cost-share will apply. The Plan does not vary cost-sharing based on the reason for the service.”

9. The following language replaces the section entitled “*Ambulance*” in the “**WHAT IS NOT COVERED?**” section of the Member Handbook:

Ambulance and Medical Transportation Services

Ambulance services is not covered when a Member does not reasonably believe that his or her medical condition is an Emergency Medical Condition that requires ambulance transport services, unless for a nonemergency ambulance service listed as covered in this Handbook. Wheelchair transportation service (e.g., a private vehicle or taxi fair) is also not covered.

10. The following language replaces the section entitled “*Durable Medical Equipment*” in the “**WHAT IS NOT COVERED?**” section of the Member Handbook:

Durable Medical Equipment (DME)

The following items are not covered:

- Equipment that basically serves comfort or convenience functions (e.g., physical fitness equipment, trays, backpacks, wheelchair racing equipment).
- DME that is primary for the convenience of the Member or caretaker.
- Exercise and hygiene equipment.
- Experimental or research equipment.
- Devices not medical in nature such as sauna baths and elevators or modifications to the home or automobile.
- Generators or accessories to make home dialysis equipment portable for travel.
- Deluxe equipment. More than one piece of equipment that serves the same function.
- Replacement of lost or stolen DME.

11. The following language in strikethrough is deleted from the “*Mental Health Services*” subsection of the “**WHAT IS NOT COVERED?**” section of the Member Handbook:

~~Treatment for a mental health diagnosis other than a severe mental illness or serious emotional disturbance, unless specified as covered in the Health Plan Benefits and Coverage Matrix or as provided as a supplemental benefit.~~

12. The following language replaces the definition of “*Emergency Medical Condition*” in the “**GLOSSARY**” section:

Emergency Medical Condition means a medical condition, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a person could reasonably expect the absence of immediate attention to result in:

- 1.) Placing the patient’s health in serious jeopardy;
- 2.) Serious impairment to bodily functions; or
- 3.) Serious dysfunction of any bodily organ or part.

13. The following definition is added to the “**GLOSSARY**” section:

Mental Disorder means a mental health condition identified as a “mental disorder” in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) that results in clinically significant distress or impairment of mental, emotional, or behavioral functioning. Mental Disorders include, but are not limited to, Serious Mental Illness of a person of any age and Serious Emotional Disturbance of a Child under age 18.

14. The following language replaces the definition of “*Serious Emotional Disturbance (SED)*” in the “**GLOSSARY**” section:

Severe Emotional Disturbance (SED) means one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, to include Rhett’s Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder and other pervasive developmental disorders not otherwise specified (including Atypical Autism), in accordance with the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) other than a primary substance use

disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms. One or more of the following must also be true:

- 1.) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships or ability to function in the community, and either of the following occur:
 - a. The child is at risk of removal from the home or has already been removed from the home; or
 - b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year if not treated; or
- 2.) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder; or
- 3.) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.