



2018 Member Resource Guide



Hello

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At Sharp Health Plan, our members are our first priority. So, we've created this Member Resource Guide to help you get the absolute most out of your coverage. We are sincere and passionate about making a positive difference, because we are the people of San Diego County—and the only commercial not-for-profit health plan in town.



¹ The source for this data is Quality Compass[®] 2017 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass[®] 2017 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): 58.90 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.71; 64.62 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.34; 70.45 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.26; and 77.18 for Rating of Specialist compared to the California all LOBs average (excluding PPOs & EPOs) of 65.86.

We're more than just great health coverage



Highest member-rated health plan

We're the highest member-rated health plan in California for rating of Health Plan, Health Care, Personal Doctor and Specialist among reporting California Health Plans.¹ As a member, you'll receive award-winning care from our nationally recognized doctors, medical groups and hospitals.



Quick and easy access to care

Through Sharp Nurse Connection[®], our after-hours nurse advice line; MinuteClinic[®], the walk-in medical clinic inside CVS Pharmacy[®]; and our Emergency Travel Services, our members have access to a variety of care options in San Diego, across the country and around the world.



Health care, simplified

We believe health care should be simple. So please consider us your personal health care assistant. We're dedicated to getting you the information you need, as soon as you need it.



Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're a local not-for-profit commercial health plan, designed for people just like you.

3 steps to getting the most from your coverage

1 Carry your Member ID card

Your Member ID card is your key to accessing care. You will need it when you seek medical services, like visiting your doctor or filling a prescription. Your Member ID card also contains important benefit information. Be sure to carry it with you wherever you go.

2 Activate your member account

If you haven't already, visit sharphealthplan.com/login to register for our all-access member portal, Sharp Connect. You can view your unique plan information, see what you can expect to pay for office visits and more. Everything you need to manage your plan, and your health, is at your fingertips.

3 Take your Wellness Assessment

We're here to help you make your health a priority. Each year, take your Wellness Assessment for insights into your current health, and use our preventive care checklists as a starting point for every member of your family. Putting your health first today can make all the difference tomorrow.

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Elite-rated¹ health care

Sharp Health Plan has a family of providers and pharmacies close to where you live and work. In addition to regional partners, our network includes Sharp Rees-Stealy Medical Group and Sharp Community Medical Group, both awarded "Elite" status, the highest possible rating for Standards of Excellence.¹



2,230+ Doctors*



12 Hospitals*



5 Medical Groups*



60+ Urgent Care Centers*



400+ Pharmacies*

Your care team

Having one doctor, your Primary Care Physician (PCP), who oversees all of the care you receive is one of the many advantages of being a member of Sharp Health Plan. The intent of this coordinated care is to have one team working together to help you stay healthy.



Your Network

A Network is a group of doctors, hospitals, pharmacies, and other medical service providers associated with your unique health plan. Your Network is listed on the front of your Member ID card.



Your Plan Medical Group

A Plan Medical Group (PMG) is a designated group of physicians and hospitals associated with your Network. You have access to hospitals, specialty care and urgent care centers affiliated with your PMG. It is important to keep in mind that referrals / authorizations do not transfer between PMGs. You only have access to one PMG at a time. Your PMG is listed on the front of your Member ID card.



Your connection to
The Sharp Experience

¹ Recipients of "Elite" status in 2017 by CAPG, the Voice of Accountable Physician Groups

^{*} Based on Choice Network. Network varies based on your or your employer sponsored plan. Provider counts vary based on network.



Your Plan Medical Group continued

Care within your PMG

The following services must be obtained within your PMG. In most cases, a referral from your Primary Care Physician is required.

- Specialist
- Lab
- Radiology
- Physical Therapy / Occupational Therapy / Speech Therapy
- Outpatient Surgery & Procedures
- Infusion
- Hospital
- Urgent Care
- Home Health
- Maternity
- Dialysis
- Durable Medical Equipment (DME)
- Skilled Nursing Facility (SNF)

Care outside of your PMG

There may be times when you need to access care outside of your PMG. These services do not require prior authorization or referrals from your PCP.



The following services are available to members in any PMG:

- Mental Health / Chemical Dependency: PCSD
- Outpatient Prescription Drugs: Contracted Pharmacy
- ER Services: Nearest Hospital

Depending on your plan, you may have selected benefits that also grant you access to providers outside your PMG.

Those services include:

- Vision: Vision Service Plan (VSP)
- Dental: Premier Access
- Acupuncture / Chiropractic: American Specialty Health (ASH)



Your Personal Doctor

Your Personal Doctor, also known as your Primary Care Physician or PCP, is who you will see if you need a check-up or routine care, want advice about a health problem, or get sick or hurt. They make sure you get care as soon as you need it, and it's their job to explain things in a way that is easy to understand. Your PCP will also provide referrals to other plan providers within your PMG.

Partner with your PCP

Your PCP is your partner in health. Whether it's your first visit or an annual visit, they will ensure you get routine care and checkups as soon as you need to. Here are a few things to know:

Tips for partnering with your PCP

Call your PCP first for all of your health care needs. If you are a new patient, be sure to forward a copy of your medical records to your PCP.

Make sure to tell your PCP about your health history, current treatments, medical conditions, prescription medications you are taking and about other doctors treating you.

If you have never been seen by your PCP, you should make an appointment for an initial visit.

You can contact your PCP's office 24 hours a day. If your PCP is not available, or if it is after regular office hours, leave a message and you will get a return call in 30 minutes or less.

If you need immediate advice or guidance after hours, you can call Sharp Nurse Connection® at 1-800-359-2002 to talk to a trained registered nurse.

Getting the most out of your appointment

Before your appointment, prepare a list of questions. Answering the following questions before your medical appointments will help you make the most of your time with your doctor and health care team. Remember, it's your doctor's job to explain things in a way that is easy to understand, listen carefully to what you have to say, and spend enough time with you so you feel well taken care of and have all of the information you need.

Appointment checklist		
Do you want to talk about a health problem?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, what health problem/s do you want to talk about? Why?		
Do you want to change a medication?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which medication do you want to change? Why?		
Do you want to talk about a medical test?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which medical test do you want to talk about? Why?		
Do you want to talk about a surgery or treatment option?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, which surgery or treatment option do you want to talk about? Why?		

No-cost preventive care vs. treatment

As a Sharp Health Plan member, you have many preventive care services available to you at no additional charge. When you schedule a routine check-up with your PCP, let them know it's for a preventive care visit. You will need to schedule a separate office visit to address other issues or concerns that fall outside of preventive care services. Flip to page 16 for more information about preventive care.

If medical symptoms, concerns or conditions are discussed at a preventive care visit, it could be considered a medical treatment. This may require a copayment or deductible.

Did you know?

It is a good idea to stay with a PCP. They can get to know your health needs and history. However, with Sharp Health Plan you may change to a different PCP in your Network whenever you like. For more information about our providers, go to the online provider directory "Find A Doctor" at sharphealthplan.com.



Get the care you need, as soon as you need it

Out-of-area care

You have several options for receiving care when you're outside of San Diego. During regular business hours, it is usually best to call your PCP, your main point of contact.

- After hours and on weekends, you can call Sharp Nurse Connection® to talk to a registered nurse.
- For minor illnesses and injuries, visit any MinuteClinic®, the walk-in clinic at select CVS Pharmacy® stores nationwide.
- If your situation is more serious, go directly to the nearest urgent care facility or emergency room—and afterward connect with your PCP to coordinate any follow-up care needs.



Specialist care

In most cases, when you need specialty care your PCP will refer you to a specialist in your Plan Medical Group (PMG) to ensure that you receive proper medical attention.

sharphealthplan.com/findadoctor



Urgent care

If you require prompt medical attention for a non-life-threatening situation, you can most likely be treated at one of our many urgent care centers within your PMG.¹ If you have a life-threatening emergency, go to the nearest emergency room or call 911.

sharphealthplan.com/urgentcare





MinuteClinic®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.²

[cvs.com/minuteclinic](https://www.cvs.com/minuteclinic)



Emergency Travel Services

When faced with a medical emergency while traveling 100 miles or more away from home or in another country, we can connect you to doctors, hospitals, pharmacies and other services.

[sharphealthplan.com/travel](https://www.sharphealthplan.com/travel)



Sharp Nurse Connection®

After hours and on weekends, Sharp Nurse Connection's registered nurses are available. 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.

5 p.m. – 8 a.m., Monday to Friday, and 24 hours on weekends



Emergency Room

A hospital emergency room provides fast, life- or limb-saving care, 24/7. If you are in life-threatening danger or at risk of being permanently disabled, it is an emergency and you should call 911 or go immediately to the nearest emergency room.

[sharphealthplan.com/hospitals](https://www.sharphealthplan.com/hospitals)

¹ You may need prior authorization from your Primary Care Physician (PCP). You must use an urgent care facility within your Plan Medical Group (PMG) unless you are traveling outside San Diego or Southern Riverside County.

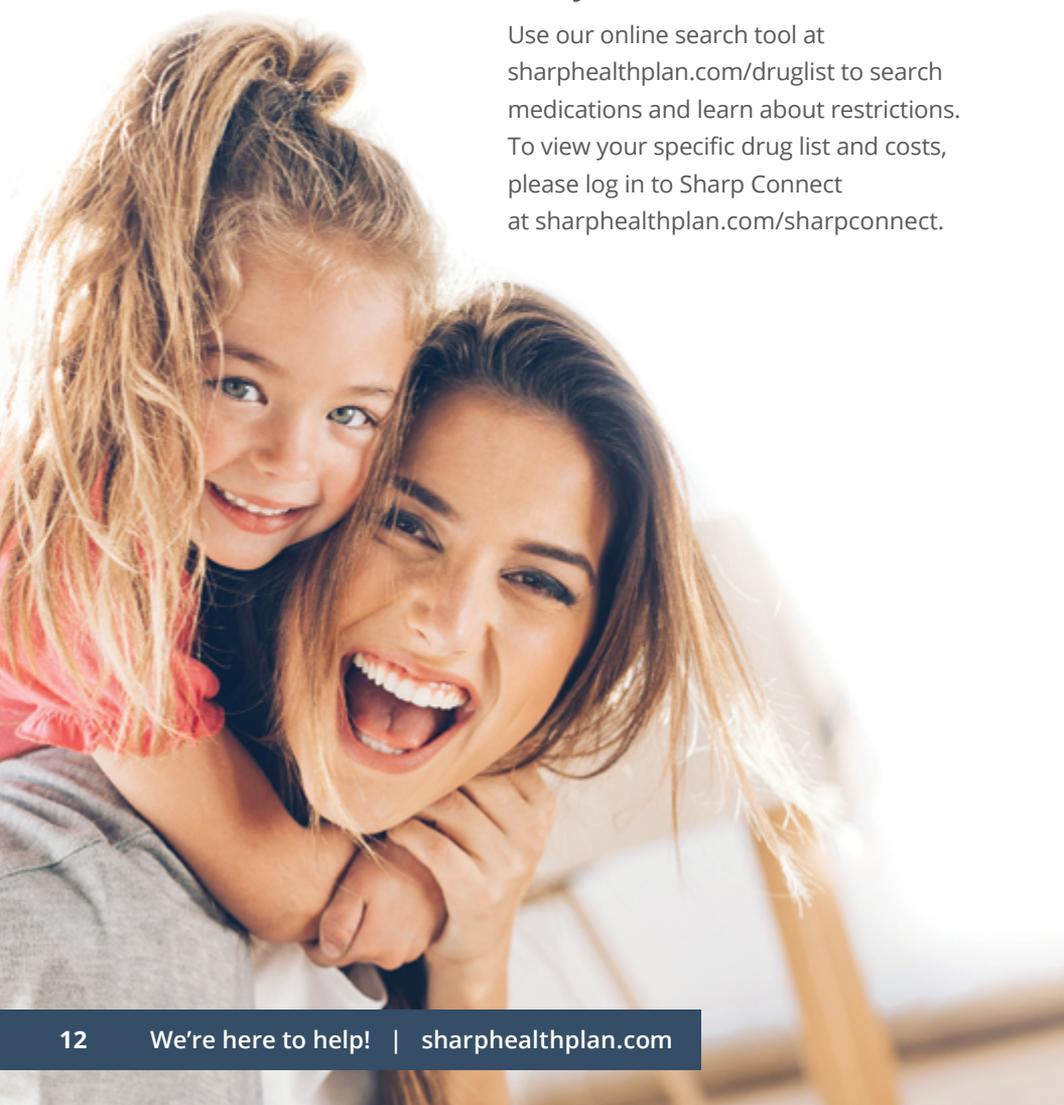
² A \$40 copay will apply to most services except flu shots, which have a copay of \$10.

Your prescription drug plan

We're here to make it easy to use your prescription drug plan to get the medicines your doctor prescribes. Prescription drug coverage is included in your plan to help cover the cost of these medications. You obtain covered outpatient prescription drugs from Sharp Health Plan contracted pharmacies located throughout San Diego County. You also have the option of using mail-order pharmacy services for maintenance medications.

Is my medication covered?

Use our online search tool at sharphealthplan.com/druglist to search medications and learn about restrictions. To view your specific drug list and costs, please log in to Sharp Connect at sharphealthplan.com/sharpconnect.



Which pharmacies can I go to?

As a Sharp Health Plan member, you can visit hundreds of local pharmacy locations and almost all major national pharmacies, including:

- Costco
- CVS
- Ralphps
- Rite Aid
- Sav-on
- Target
- Vons
- Walgreens
- Walmart

Use our pharmacy search tool at sharphealthplan.com/pharmacy to browse all Sharp Health Plan contracted pharmacies.

Tips for saving time & money on your prescription drugs

Ask for a generic drug. Like most health plans, we don't cover brand-name drugs when a generic version is available unless there is a medical reason why the generic cannot be used.

Get a larger supply of medicine. If you have a chronic long-term condition, you may qualify for a 3-month supply of your prescription at either a retail or mail-order pharmacy. This can reduce trips to the pharmacy each month. Find out if this option is right for you at sharphealthplan.com/pharmacybyemail.

Shop around. Costs for medicines may vary from pharmacy to pharmacy, especially on plans with deductibles.

Call ahead. Ensure your prescription is ready for pick-up and save yourself a wasted trip.

Avoid busy times. Pharmacies have the most pick-ups from noon to 2 p.m. and in the evening from 5 p.m. to 7 p.m.

Know when to order refills. Pharmacies can often tell you how many days ahead of schedule you can order a refill. That way you can set a reminder on your calendar or smartphone.

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

Do I need prior authorization?

Some medications require prior authorization before you can pick them up from the pharmacy. If your doctor prescribes you a new medication, be sure to ask if you need prior authorization.

Are there any special instructions for taking this medication?

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 to 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. But as a precaution, ask your pharmacist what you should do in case you miss a dose.

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.



Want your medications delivered?

Mail order is an easy and affordable way to get the medications you and your family need, delivered right to your door. Find out if this option is right for you at sharphealthplan.com/pharmacybymail.

Preventive care at no additional cost

Take advantage of the many preventive care services available to you at no additional charge. Scheduling annual preventive care visits, even when you are feeling fine, is important for early detection and can help you avoid health problems and prevent illness down the road. During your appointment, your doctor will determine what tests or health screenings are right for you based on your age, gender, health status and family history. Plan your preventive care visit well in advance, as physician offices may schedule and prioritize appointments based on the appointment type.

Benefits for members

The following are examples of preventive care benefits that are covered and have no copayment or deductible:²

Copay	Preventive care
\$0	Well baby and well child (up to age 18) physical exams, immunizations and related screenings
\$0	Well adult physical exams, immunizations and related screenings
\$0	Routine gynecological exams, immunizations and related screenings
\$0	Screening: <ul style="list-style-type: none">• Breast cancer• Cholesterol• Cervical cancer• Colorectal cancer• Depression• Diabetes• Hypertension• Obesity• Prostate cancer• Sexually transmitted infections• Tobacco and alcohol use/misuse

Preventive care checklists

We're here to help you make your health a priority. To get started, use our preventive care checklists highlighting some of the exams, vaccines and screenings that can help you and your loved ones avoid or minimize potential health problems.¹

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

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Human Papillomavirus (HPV) ²	26 and younger	<input type="radio"/>
Pneumococcal (Pneumonia)	65 and older	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap) (every 10 years)	18 and older	<input type="radio"/>
Zostavax (Shingles)	60 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Blood Sugar (Diabetes) ²	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Cholesterol ²	20 and older	<input type="radio"/>
Colon Cancer (Colonoscopy, Sigmoidoscopy, Stool Test)	50 – 75	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Tuberculosis ²	18 and older	<input type="radio"/>

¹ The information in this guide includes recommendations adapted from the following sources as of June 2017 and is subject to change: Preventive services with a rating of A or B from the US Preventive Services Task Force; immunization for children, adolescents and adults recommended by the Centers for Disease Control and Prevention; and preventive care screenings for infants, children, adolescents and women supported by the Health Resources and Services Administration.

² Based on risk factors, and as advised by your doctor.

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

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Human Papillomavirus (HPV)	26 and younger	<input type="radio"/>
Pneumococcal (Pneumonia)	65 and older	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Td/Tdap) (every 10 years)	18 and older	<input type="radio"/>
Zostavax (Shingles)	60 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Blood Sugar (Diabetes) ¹	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Breast Cancer (Mammogram) ¹	40 – 74	<input type="radio"/>
Cervical Cancer (Pap Smear, HPV Testing)	30 – 65	<input type="radio"/>
Chlamydia ¹	24 and younger	<input type="radio"/>
Cholesterol ¹	20 and older	<input type="radio"/>
Colon Cancer (Colonoscopy, Sigmoidoscopy, Stool Test)	50 – 75	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Osteoporosis ¹	65 and older	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Tuberculosis ¹	18 and older	<input type="radio"/>

¹ Based on risk factors, and as advised by your doctor.

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

Well Child Exams and Vaccines		
Exam and Hepatitis B	1 – 2 weeks	<input type="radio"/>
Exam	1 month	<input type="radio"/>
Exam, Pentacel, Pevnar, Hepatitis B and Rotavirus	2 months	<input type="radio"/>
Exam, Pentacel, Pevnar and Rotavirus	4 months	<input type="radio"/>
Exam, Pentacel, Pevnar, Hepatitis B, Flu Shot and Rotavirus	6 months	<input type="radio"/>
Exam	9 months	<input type="radio"/>
Exam, Anemia test, possible TB and Lead tests, MMR, Varicella and Hepatitis A	12 months	<input type="radio"/>
Exam, Pentacel and Pevnar	15 months	<input type="radio"/>
Exam, Flu Shot and Hepatitis A	18 months	<input type="radio"/>
Exam	24 months	<input type="radio"/>
Exam and Flu Shot	3 years	<input type="radio"/>
Exam, Flu Shot, DTaP, Polio, MMR and Varicella	4 years	<input type="radio"/>
Exam and Flu Shot	5 years	<input type="radio"/>
Exam and Flu Shot	6 – 10 years (every 1 – 2 years)	<input type="radio"/>
Screenings		
Body Mass Index (BMI)	2 years and older	<input type="radio"/>
Vision Screening	3 – 5 years	<input type="radio"/>

What's required for school admission?

Vaccines required for elementary school admission include DTaP, Tdap (Adolescents), Hepatitis B, Hib, MMR, Varicella and Polio. Other vaccines are not required, but are strongly recommended.

Adolescents' preventive care checklist (11 to 17 years)

Exams		
Yearly Well Visit with Your Adolescent's Doctor (schedule at least 2 months in advance)	11 – 17	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	11 and older	<input type="radio"/>
Human Papillomavirus (HPV) ¹	11 – 12	<input type="radio"/>
Meningococcal Conjugate (MCV4) ¹	11 – 12	<input type="radio"/>
Tetanus, Diphtheria, Pertussis (Tdap) ¹	11 – 12	<input type="radio"/>
Screenings		
Body Mass Index (BMI)	11 and older	<input type="radio"/>
Chlamydia ²	Sexually active females	<input type="radio"/>
Depression	12 and older	<input type="radio"/>
Tobacco and Alcohol Use Counseling	11 and older	<input type="radio"/>



Diabetes and hypertension preventive care checklist (18 years and older)

Exams		
Periodic Well Visit with Your PCP (schedule at least 2 months in advance)	18 and older	<input type="radio"/>
Medication Review (with an RN, pharmacist or your PCP)	18 and older	<input type="radio"/>
Vaccines		
Flu Shot (every fall)	18 and older	<input type="radio"/>
Pneumococcal (Pneumonia)	65 and older	<input type="radio"/>
Screenings		
Blood Pressure	18 and older	<input type="radio"/>
Body Mass Index (BMI)	18 and older	<input type="radio"/>
Cholesterol ¹	20 and older	<input type="radio"/>
Depression	18 and older	<input type="radio"/>
Tobacco and Alcohol Use Counseling	18 and older	<input type="radio"/>
Blood Sugar (HbA1c, Diabetes) ³	18 and older	<input type="radio"/>
Visual Foot Inspection (Diabetes)	18 and older	<input type="radio"/>
Dilated Eye Exam (Diabetes) ³	18 and older	<input type="radio"/>
Kidney Function (Diabetes) ³	18 and older	<input type="radio"/>
Program Referral		
Health Coaching Program ³	18 and older	<input type="radio"/>
Disease Management Program	18 and older	<input type="radio"/>

¹ Catch-up doses can be given after age 12 throughout adolescence.

² Counseling for all sexually active adolescents recommended.

³ Based on risk factors, and as advised by your doctor.

Best Health[®] wellness program

Best Health[®] is a comprehensive wellness program available to all Sharp Health Plan members at no extra cost. Offering robust online wellness tools, interactive workshops, one-on-one health coaching and more, Best Health provides resources you can use to reach your health goals. Visit yourbesthealth.com and click on “Your health” to get started.

One-on-one health coaching

Sharp Health Plan members have direct access to personal health and lifestyle coaches. If you're ready to make a change, a Best Health coach can help! Coaching sessions are one-on-one and telephone based for your convenience. They are completely customized to your individual needs at no cost to you.



Best Health coaching programs are six weeks in length. You will spend 30 minutes on the phone each week with a personal health coach who can help you make positive changes.



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.

Interactive online tools and resources



Healthy eating plans

- Create healthier, personalized meal plans.
- Track calories using your personal food log.
- Choose from hundreds of healthy recipes and grocery lists.



Wellness workshops

- Choose from a variety of topics like nutrition or work/life balance.
- Complete interactive activities to help increase your health IQ.



Health trackers

- Track progress with your weight, body measurements and heart rate.
- Manage risk factors like blood pressure and cholesterol.
- Celebrate your progress with customized reports.



Exercise tools

- Get the benefits of a personal trainer without the cost. Choose from a variety of multi-week fitness plans or create your own.
- Connect your wearable fitness device or app to Best Health to conveniently track your exercise progress.



Mobile app

- Access your favorite Best Health trackers and tools from your iPhone and Android devices.

sharphealthplan.com, the information and help you need at your fingertips

Health care concerns can arise at any time. We have resources in place to connect you to the information you need, when you need it. Remember, we're just a click away!

Designed with you in mind, sharphealthplan.com is optimized for your smartphone, tablet and desktop. We're dedicated to providing updates and important information in a way that is most convenient for you.

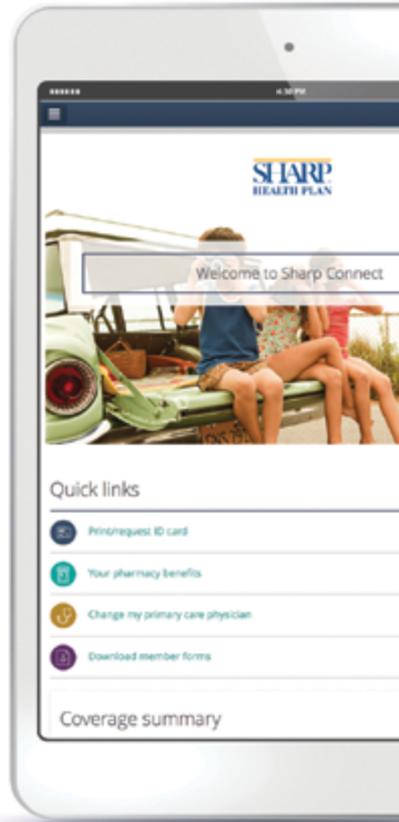


Sharp Connect, your member portal

Easily manage your plan through our member portal, Sharp Connect. By creating an account, you can securely access your complete plan information, including information about your PCP, estimated costs and so much more.

- Securely access details of your coverage
- Check benefits, eligibility and costs
- Choose or change your PCP
- Update your contact information
- View, print or request your Member ID card
- Find a network health care provider
- View your health care claims and out-of-pocket balances
- Find a doctor, hospital or urgent care center
- Download member forms and view correspondence
- Access health and wellness information

Visit sharphealthplan.com/sharpconnect to get started.



Need Community Resources?

2-1-1 San Diego is a free, 24-hour, confidential phone service that connects you to over 6,000 resources across San Diego. From housing and legal assistance, to financial and senior services, this is your connection to your community. Learn more at 211sandiego.org, or simply dial 211.

Important plan information

At Sharp Health Plan, we take pride in our role as your trusted health care partner and advocate. We provide updates and important information regularly to our members. Review this section and if you have any questions about the information provided, please contact Customer Care or visit sharphealthplan.com.

Member Handbook

Your Member Handbook 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
- Procedures for coverage of prescription drugs
- 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 Member Handbook, at sharphealthplan.com/sharpconnect, a secure website. 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 Member Handbook, 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.

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.

Quando usted llame, dejenos saber qué idioma prefiere. Podemos asistirle con alguien que le ayude a leer este documento. Usted también puede obtener información por escrito, en su idioma y la ayuda de un intérprete para hablar con su médico o su plan de salud. La ayuda con el idioma es gratuita y está disponible para todos los miembros de Sharp Health Plan.

Protected health information

We understand the importance of keeping your personal information confidential and work to ensure that all privacy laws are followed. 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 the HIPAA privacy law, members must be informed about how their PHI will be used and given the opportunity to object to or restrict the use or release of their information. You can find a copy of Sharp Health Plan's Notice of Privacy Practices in the Member Handbook. You can also find it online at sharphealthplan.com.

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.

Member rights and responsibilities continued

- 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.
- 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.
- 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 the Plan's service area.

Questions about your rights?

If you have any questions, please contact Customer Care at 1-800-359-2002.

Quality Improvement Program

At Sharp Health Plan, your health is our top priority. As a not-for-profit health plan, we take pride in our role as your trusted health care partner and advocate. We want to make sure that you have everything you need to be your healthiest and feel your best.

From earning an “Excellent” Accreditation status from the National Committee for Quality Assurance (NCQA), to being one of a select group of health plans nationwide to achieve accreditation specific to Wellness and Health Promotions (NCQA-WHP), to serving among the top health plans in the nation¹ and being named the highest member-rated health plan in California², we are fully committed to serving the health benefit needs of our community.

The National Committee for Quality Assurance has awarded its highest accreditation status of Excellent for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. These plans have high HEDIS^{®3} and CAHPS[®] scores. HEDIS (Healthcare Effectiveness Data and Information Set) is the measurement tool used by the nation's health plans to evaluate their clinical quality and customer service performance. CAHPS (Consumer Assessment of Healthcare Providers and Systems) standardized surveys measure consumers' satisfaction with their health care experiences.



Quality Improvement Program continued

In 2017, a random sample of 574 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. 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)	58.90%	47.71%
Rating of Health Care (a measure of member experience and satisfaction with health care received)	64.62%	52.34%
Rating of Personal Doctor (a measure of member experience and satisfaction with Primary Care Physician [PCP])	70.45%	64.26%

¹ Based on Sharp Health Plan's overall 4.5 out of 5 rating in NCQA Private Health Insurance Plan Rankings 2017-2018.

² The source for this data is Quality Compass® 2017 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2017 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): 58.90 for Rating of the Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.71; 64.62 for Rating of Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.34; and 70.45 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.26.

³ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 Monday through Friday, 8 a.m. to 5 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 Sharp Nurse Connection® 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, 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 and Medicaid Services, American Medical Association, U.S. Preventive Task Force and other professional medical association entities.

Timely access standards

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 after request
PCP, no prior authorization required	48 hours
Prior authorization required	96 hours

Non-Urgent appointments	Maximum wait time after request
PCP (Excludes preventive care appointments)	10 business days
Non-physician mental health care provider (e.g., psychologist or therapist)	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 time wait 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.

Telephone wait times

Service	Maximum wait time
Sharp Health Plan Customer Care (8 a.m. – 6 p.m., Monday to Friday)	10 minutes
Provider triage or screening services (24 hours/day, 7 days/week)	30 minutes

Interpreter services

Sharp Health Plan provides 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)

Members must make requests for face-to-face interpreting services at least three (3) days prior to the appointment date. In the event that an interpreter is unavailable for face-to-face interpreting, Customer Care can arrange for telephone interpreting services.

Case Management Programs

Case Management Programs are available to meet the health care needs of members with complex health conditions or diseases through communication, education and resources. If you would like more information about Case Management Programs, please contact Customer Care at 1-800-359-2002 or customer.service@sharp.com.



Join our Public Policy Advisory Committee

Our Public Policy Advisory Committee provides input on Sharp Health Plan policies. Contact Customer Care at 1-800-359-2002 if you are interested in joining.

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 **1-800-359-2002**. A representative will assist you.

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

If you prefer to send a written grievance or appeal, please send a detailed letter describing your grievance, or complete the Grievance Form available at sharphealthplan.com or from any Plan Provider or Customer Care. You may also call Customer Care, and we will help you complete the form. Sharp Health Plan will acknowledge receipt of your grievance or appeal within 5 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, potential loss of life, limb or major bodily function, we will provide you with a decision within 72 hours.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-359-2002** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a

grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (1-888-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms and instructions online.

Independent Medical Review

If care that is requested for you is denied, delayed or modified by Sharp Health Plan or a Plan Medical Group, you may be eligible for an Independent Medical Review (IMR). If you submit an eligible request for an IMR to the California Department of Managed Health Care (DMHC), your case will be reviewed by an independent medical specialist who will make a decision about your request. IMRs are available in the following situations:

- Denial of 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 non-urgent 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 7 days after the request qualifies for an IMR.

Additional information about the IMR process can be found in the Sharp Health Plan Member Handbook, which is available when you visit sharphealthplan.com 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 8 a.m. – 6 p.m., Monday to Friday.

Women's health—what you should know

If you have 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. For individuals receiving mastectomy-related benefits, 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 22,000 Californians wait 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 8 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. This includes newborn infants and senior citizens. In fact, the only people not eligible to donate are those who are HIV-positive or who suffer from active cancer or systemic infection. If you wish to become an organ and/or tissue donor, register online with Donate Life California Organ and Tissue Donor Registry at donatelifecalifornia.org. Be sure to share your decision with family members and encourage them to consider organ donation. Be sure to also consider discussing end-of-life planning with your PCP. Having a plan, called an advance health care directive, in place helps ensure you'll get the care you want if you are ever unable to speak for yourself.

Nondiscrimination Notice

Sharp Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Sharp Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Information in other formats (such as large print, audio, accessible electronic formats, or other formats) free of charge
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Care at 1-800-359-2002.

If you believe that Sharp Health Plan has failed to provide these services or 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:

Sharp Health Plan Appeal/Grievance Department

8520 Tech Way, Suite 200

San Diego, CA 92123-1450

Telephone: 1-800-359-2002 (TTY: 711)

Fax: (619) 740-8572

You can file a grievance in person or by mail, 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

Nondiscrimination Notice continued

at <https://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, 800-537-7697 (TDD).

Complaint forms are available at <http://www.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 Care for assistance:

- 1-888-HMO-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Care's Internet Web site has complaint forms and instructions online: <http://www.hmohelp.ca.gov>.

Language Assistance Services

English

ATTENTION: If you speak a language other than 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)

ՈՒՇՄԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգալհարեք 1-800-359-2002 (TTY (հեռախոյ) 711):

فارسی (Farsi)

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

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。

العربية (Arabic)

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

ਪੰਜਾਬੀ (Punjabi)

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

ខ្មែរ (Mon Khmer, Cambodian)

ប្រយ័ត្ន៖ ប៊ីសិនជាអ្នកនិយាយភាសាខ្មែរ, សំរេចជំនួយជូនកែភាសា ដោយមិនគិតល្បឿន គឺអាចមានសំរាប់ប៊ីអ៊ីអ៊ិន។ ចូរ ទូរស័ព្ទ 1-800-359-2002 (TTY: 711)។

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)

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

Health insurance terms and definitions

We know health insurance terms can be confusing. We've created this table with common terms and definitions to help you better understand your plan and how it works.

Term	Definition
Benefit Plan	The plan you select may determine the Plan Medical Groups (PMGs) and Primary Care Physicians (PCPs) that are available to you.
Coinsurance	Your share of the cost for covered benefits, expressed as a percentage of the contracted rate. Using a 20% coinsurance example, if Sharp Health Plan's contract rate for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20.
Copayment / Copay	A fixed amount you pay when you receive covered health care services. For example, you might have a \$40 copay to see your Primary Care Physician (PCP) and a \$20 copay for generic drugs.



Term	Definition
Deductible ¹	The amount you pay for certain health care services each year before Sharp Health Plan begins to help you pay for them.
Out-of-Pocket Maximum	The maximum total amount of coinsurance, copayments and deductibles you pay each year for covered benefits, excluding supplemental benefits.
Plan Medical Group (PMG)	A PMG is a designated group of physicians and hospitals associated with your plan.
Premium	The monthly amount you pay for your health coverage. For individual and family plans, you'll receive a bill each month. For employer-sponsored plans, this amount, minus your employer's contribution, is usually deducted from your paycheck.
Preventive Care	Health care services you receive when you are well, like check-ups, vaccinations and certain screening tests.
Generic Drug	A drug that is referred to by its chemical makeup without advertising. Generics are required to have the same active ingredient, strength, dosage form and route of administration as their brand-name equivalents.
Brand-Name Drug	A drug that has a trade name used for marketing and advertising. These drugs are patented and can only be sold by the company with the patent.
Maintenance Drug	A maintenance drug is prescribed to treat or stabilize chronic conditions such as diabetes or hypertension.
Formulary	The preferred list of medications we cover for illnesses and conditions.
Specialty Formulary	A list of approved specialty drugs used to treat complex or chronic conditions such as hepatitis or cancer.

¹ Not all plans include a deductible.



View of Ocean Beach, San Diego
Photo Credit: Evgeny Yorobe



Consider us your personal
health care assistantSM

sharphealthplan.com
customer.service@sharp.com
1-800-359-2002

