



2019 CalPERS Member Resource Guide



Hello +

At Sharp Health Plan, we make CalPERS members a priority. We're passionate about making a positive difference in each and every interaction you have with us — that's what it means to be a part of The Sharp Experience.



¹ The source for this data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2018 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): 61.24 for Rating of the Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.26; 56.71 for Rating of Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.08; and 72.51 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.75.

We're more than just great health coverage



Highest member-rated health plan

We're proud to say we're the highest member-rated health plan in California for the fourth year in a row, with the highest member ratings for health care, health plan and personal doctor among reporting California health plans.¹



Quick and easy access to care

Whether you're home or around the world, we've got you covered. Get the care you need right away through a number of options, including video and phone visits, MinuteClinic® and Emergency Travel Services. Flip to pages 10–11 for details.



Health care, simplified

We make it easy to manage your plan, find great care, view your benefits and more, all online and available whenever you need. Turn to pages 22–23 to see how we're simplifying health care for you.



Local and not-for-profit

We've been connecting San Diegans to health insurance since 1992. We're the largest local not-for-profit commercial health plan, and we're honored to serve you.

What's inside

This guide includes information about how your health plan works, so you can feel confident knowing how to get the most out of your benefits.

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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 whenever you seek medical services, like when you visit your doctor. Your member ID card also contains important benefit information. Carry it with you wherever you go.

② Activate your member account

If you haven't already, register for our all-access member portal, Sharp Connect. View your unique plan information, see what you can expect to pay for health care services and more. It's everything you need to manage your plan, and your health. Visit sharphealthplan.com/CalPERS/login to sign up.

③ Put your health first

Putting your health first today can make all the difference tomorrow. Each year, take your online Wellness Assessment for insights into your current health, and use our preventive care checklists on pages 15–19 as a starting point for you and your family. Visit CalPERS.yourbesthealth.com today.



Sharp Health Plan is your connection to
The Sharp Experience, from card to care.

Elite-rated¹ health care

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



1,750+ Doctors*



13 Hospitals*



7 Medical Groups*



40 Urgent Care Centers*



450+ Pharmacies*



15 MinuteClinics®

Your care team

You create your care team — including your network, plan medical group (PMG) and your primary care physician (PCP), who is your personal doctor — when you enroll. Knowing who's part of your team is an important first step to understanding how your health plan works. Pages 5–9 explain what you need to know about each part of your care team.



Your network

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



Your plan medical group

A PMG is a designated group of doctors 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 and prior authorizations do not transfer between PMGs. You have access to only one PMG at a time. Your PMG is listed on the front of your member ID card.

Same-day, next-day and after-hours appointments

Select doctors may offer same-day and next-day appointments as well as weekend and evening visits. Contact your PCP for more information.



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 PCP is required.

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

Care outside of your PMG

You can access certain services outside of your PMG without a prior authorization or referral from your PCP.

All Members Can Get These Services	Service Must Be Provided By
Emergency Room Services	Nearest Hospital
Mental Health / Chemical Dependency	Psychiatric Centers at San Diego (PCSD)
Outpatient Prescription Drugs	OptumRx
Acupuncture / Chiropractic	American Specialty Health (ASH)
Vision	Vision Service Plan (VSP)



Your primary care physician

Your PCP is who you will see if you need a checkup or routine care, want advice about a health problem, or get sick or hurt. They provide care as soon as you need it, listen carefully, and explain things in a way that is easy to understand.

Partner with your PCP

Your PCP oversees all the care you receive. Whether it's your first visit or an annual visit, here are a few things to know:

Tips to Partner With Your PCP

Call your PCP first for all of your health care needs. If you are a new patient, ask your previous doctor to forward a copy of your medical records to your PCP before your first appointment.

Tell your PCP about your health history, current treatments, medical conditions, and medications you are taking in addition to any other doctors treating you.

Call your PCP's office to arrange your annual preventive care visit.* Be sure to bring the results of your Best Health® Wellness Assessment (visit page 20 to learn more). If you have never been seen by your PCP, make an appointment for an initial visit.

If you have a non-emergency situation that cannot wait until the next business day, you can contact your PCP's office 24 hours a day. If your PCP is not available, or if it is after their regular business hours, leave your name and phone number with their answering service to receive a call back from a physician or qualified health care professional within 30 minutes.

* Not all providers will conduct a preventive care exam on the initial visit. When establishing care with a new PCP, please ask your provider about their policies on preventive care visits.

Choose or change your PCP in 3 easy steps

It is a good idea to stay with a PCP so they can get to know your health needs and history. However, you can change to a different PCP in your plan network for any reason, at any time.

1 Click

Finding a new PCP is only a click away. Simply visit **sharphealthplan.com/CalPERS/findadoctor** for a full listing of doctors in your plan network.

2 Search

You can search for a PCP by plan network (as listed on your member ID card), language preference, gender, location, name or specialty. PCPs specialize in family medicine, general practice, internal medicine or pediatrics.

3 Choose

Log into your Sharp Connect account at **sharphealthplan.com/CalPERS/login** to make the change. You can also contact customer service via email at **customer.service@sharp.com** or by calling 1-855-995-5004. In most cases, the change will be effective the first day of the following month. If you choose a PCP in a new PMG, remember to ask your new PCP about any specialists or other services you may need.



What to ask your care team

Every time you talk to a health care provider — your PCP, a nurse, pharmacist or other person on your care team — we recommend asking these three basic questions.

Good Questions for Your Good Health

- 1 What is my main problem?
- 2 What do I need to do?
- 3 Why is it important for me to do this?

When can I ask questions?

Anytime! For example, you can ask questions to your PCP before you take a medical test, to your nurse when they take your vitals, or to your pharmacist when picking up your medicine.

What if I ask and still don't understand?

Let your PCP, nurse, pharmacist or provider know if you still don't understand. You could say, "This is new to me. Will you please explain that to me one more time?"

I'm nervous asking questions. What should I do?

Know that you aren't alone, and it's okay to feel nervous — everyone wants help when it comes to understanding health information. When you see your doctor, nurse or pharmacist, take your time in asking questions. You should never feel rushed or embarrassed if you don't understand something. It's okay to ask your provider as many times as you need to.

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

Whether you're looking for care after hours, with a specialist or outside of San Diego, we offer several options for you.



Video and phone visits¹

If you have a medical concern or need a follow-up appointment — and you'd like to save a trip to the doctor's office — a video or phone visit might be the ideal option. Plus, you'll be able to have your appointment from wherever is most convenient for you.

Call your PCP or visit

sharphealthplan.com/CalPERS/videoandphonevisits



Specialist care

In most cases, when you need specialty care your PCP will refer you to a specialist in your PMG. You can access OB-GYN care within your PMG without a referral from your PCP.

sharphealthplan.com/CalPERS/findadoctor



Urgent care

If you need medical attention right away and your life is not in danger, you can most likely be treated at an urgent care center within your PMG.²

sharphealthplan.com/CalPERS/urgentcare



Emergency room

If your life is in danger or you are at risk of being permanently disabled, it is an emergency. Call 911 or go to the nearest emergency room right away.

sharphealthplan.com/CalPERS/hospitals



MinuteClinic®

MinuteClinic is the walk-in medical clinic located inside select CVS Pharmacy® stores. MinuteClinic provides convenient access to basic care without an appointment.³

sharphealthplan.com/CalPERS/minuteclinic



After-Hours Nurse Advice

Registered nurses are available through Sharp Nurse Connection® after hours and on weekends. They can talk with you about an illness or injury, help you decide where to seek care and provide advice on any of your health concerns.

Call 1-855-995-5004, 5 p.m. – 8 a.m., Monday to Friday and 24 hours on weekends



Mental health support

We cover treatment of severe mental illness for all members, including serious emotional disturbances in children. Coverage of non-severe behavioral health issues may vary based on your benefit plan.

sharphealthplan.com/CalPERS/mentalhealth



Emergency Travel Services

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

sharphealthplan.com/CalPERS/travel

¹ Select doctors offer this service.

² You may need prior authorization from your primary care physician. You must use an urgent care facility within your plan medical group unless you are traveling outside San Diego or southern Riverside counties.

³ Your share of the cost for a MinuteClinic visit is equal to what you pay for a PCP office visit (deductible may apply). There is no copayment for flu vaccinations.

Prescription drug coverage

Prescription drug coverage is included in your plan. This helps cover the cost of medications that your doctor prescribes. As a Sharp Health Plan CalPERS member, OptumRx provides your pharmacy benefits. You can access your pharmacy benefits online by visiting optumrx.com/CalPERS anytime.

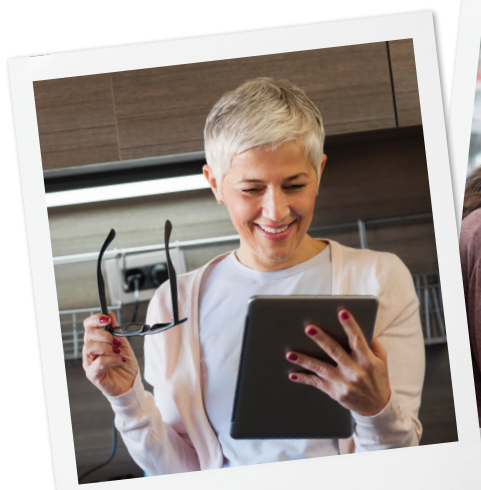
Tips to Save Time and Money on Your Prescription Drugs

Prescriptions filled with generic equivalent medications generally have lower copayments and also help to manage the cost of health care without compromising the quality of your pharmaceutical care.

Get a larger supply of medicine when you can. If you have a constant health problem, you may qualify for a 3-month medicine supply. Using a mail-order service can also reduce your pharmacy trips.

Call ahead to ensure your prescription is ready for pickup. Avoid busy times — noon to 2 p.m. and 5 to 7 p.m. — when pharmacies have the most pickups.

Set a reminder on your calendar. Pharmacies often tell you how many days ahead of schedule you can order a refill.



New prescription from your doctor?

Here's what to ask:

Do I need prior authorization?

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

Are there any special instructions for taking this medicine?

Sometimes you'll need to take a certain medicine in the morning or at night, or with a meal or on an empty stomach. And some drugs shouldn't be taken with certain foods. Be sure you understand how to take your medicine before you leave the pharmacy.

What should I do if I miss a dose?

Do your very best to take your medication as prescribed. Just in case you do miss a dose, consult your pharmacist beforehand so you'll know exactly what to do.

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.

Are there any storage requirements?

Ask your pharmacist if there is anything you should keep in mind. For example, some medications need to be refrigerated or kept in a cool place.

How do I get a refill before a trip?

If you are planning on traveling, make sure you have enough of your medication to last through your trip. If you need to request a refill before your trip, please get in touch with your prescribing doctor.

Preventive care at no additional cost

Take advantage of the many preventive care services available to you at no additional charge. Scheduling an annual preventive care visit, even when you are feeling fine, is important for early detection and can help you avoid health problems down the road. Be sure to schedule your visit well in advance to ensure availability. If medical symptoms, concerns or conditions are discussed at a preventive care visit, it could be considered a medical treatment, and may require a copayment or deductible. You will need to schedule a separate office visit to address these issues.

No-cost benefits for CalPERS members

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

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	Screenings: <ul style="list-style-type: none">• Breast cancer• Cervical cancer• Cholesterol• Colorectal cancer• Depression• Diabetes• Hypertension• Obesity• Prostate cancer• Sexually transmitted infections• Tobacco and alcohol use / misuse

Preventive care checklists¹

Discuss your checklist with your doctor to develop your own personalized preventive care plan. Your doctor will help you determine which tests and health screenings are best for you based on your age, gender, health status and family history.

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"/>
Shingrix (shingles) ³	50 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"/>
Fall Prevention	65 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 these checklists include recommendations adapted from the following sources as of November 2018 and is subject to change: Preventive services with a rating of A or B from the U.S. 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.

³ Or Zostavax at age 60 or older (discuss with 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"/>
Shingrix (shingles) ¹	50 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"/>
Breast Cancer (mammogram) ²	40 – 74	<input type="radio"/>
Cervical Cancer (Pap smear, HPV testing)	30 – 65	<input type="radio"/>
Chlamydia ²	24 and younger	<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"/>
Osteoporosis ²	65 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 Or Zostavax at age 60 or older (discuss with your doctor).

² 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"/>

Key: DTaP (Diphtheria, Tetanus, Pertussis), Hib (Haemophilus Influenzae Type b), MMR (Measles, Mumps and Rubella), Pentacel (DTaP, Polio, Hib), Pevnar (Pneumococcal Conjugate), TB (Tuberculosis), Varicella (Chickenpox)

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"/>
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 ³	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. The program is one of a select group of health plan wellness programs to receive national accreditation from the NCQA. 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 **CalPERS.yourbesthealth.com** to learn more.

Earn a \$150 wellness incentive*

1 Join

Commit to your health by visiting or registering at **CalPERS.yourbesthealth.com** today.

2 Participate

Complete your Wellness Assessment along with a six-week wellness activity. These activities include either phone-based personal health coaching or a virtual health coaching online course.

3 Earn rewards

Make healthy choices to earn rewards! Once you've completed the activities mentioned above, you will earn a \$150 Best Health Visa[®] Rewards Card.

* Only the primary subscriber (i.e., employee) is eligible for the \$150 wellness incentive. However, all CalPERS members (employees and dependents) enrolled with Sharp Health Plan are able to access the Best Health website and use the wellness tools and resources.



Tools and resources overview



Personal health coaching

- Get personalized, one-on-one advice from health and lifestyle coaches.
- Join simple, 30-minute sessions over the phone for 6 weeks.



Fitness center access and resources

- Access 9,000+ participating fitness centers nationwide for \$25 a month through the Active&Fit Direct™ Program (plus a one-time enrollment fee and applicable taxes).
- Get discounts on fitness products and specialty health practitioner services.



Mobile app

- Access your favorite trackers and tools.
- Manage risk factors like blood pressure and cholesterol.
- Complete your Wellness Assessment.



Healthy eating plans

- Create healthier, personalized meal plans.
- Track calories using your personal food log.



Exercise tools

- Choose from a variety of fitness plans or create your own.
- Track exercise progress online by connecting to your wearable fitness device or app.



Wellness workshops

- Learn about nutrition, work-life balance and more.
- Complete interactive activities to increase your health IQ.

sharphealthplan.com/CalPERS, at your service

Health care concerns can arise at any time. We're dedicated to providing updates and important information in a way that is most convenient for you. Our online resources connect you to the information you need, when you need it. From sharphealthplan.com/CalPERS, you can:

- Find a personal doctor or specialist
- Find an urgent care center, pharmacy or hospital near you
- Visit our prevention and wellness center
- Use health and wellness resources
- Access health news and articles
- Register for Sharp Connect

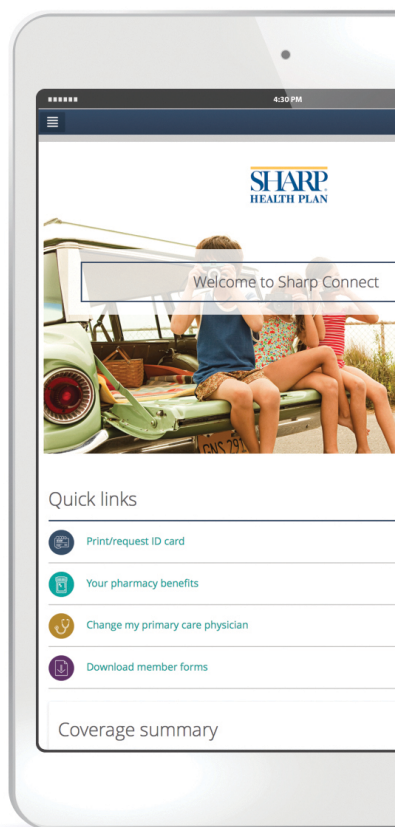


Sharp Connect, your member portal

Manage your plan by using our member portal, Sharp Connect. Create an account to securely access your complete health plan information and gain the ability to:

- See details of your coverage
- Check your benefits, eligibility and costs
- Choose or change your PCP
- Update your contact information
- View, print or request your member ID card
- Download member forms

Visit sharphealthplan.com/CalPERS/login to get started.



Need community resources?

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

Important plan information

We take pride in our role as your trusted health care partner and advocate. Please read this section carefully, as we're committed to providing you with regular updates and important information. If you have any questions about this section, please visit sharphealthplan.com/CalPERS 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 sharphealthplan.com/CalPERS. 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 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 in the Combined Evidence of Coverage and Disclosure Form or online at sharphealthplan.com/CalPERS/privacy-policy.

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.

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 to your PCP.
- Keep all appointments and arrive on time. If you are unable to keep an appointment, cancel 24 hours in advance, if possible.
- Notify Sharp Health Plan of any changes in your address or telephone number. Please also notify your employer or Covered California (if applicable).
- Let your health care provider or Sharp Health Plan know if you have any suggestions, compliments or complaints.
- Notify Sharp Health Plan of any changes that affect your eligibility, such as if you are no longer working or living in Sharp Health Plan's service area.

Quality Improvement Program

Your health is our top priority. We strive to raise the standard of health care and to improve The Sharp Experience for you to get the care you need to feel your best.

Our quality improvement program focuses on patient safety, preventive health and clinical practice guidelines, access and availability, and health management programs.

We track the performance of our quality improvement activities through our HEDIS® and CAHPS® progress. HEDIS (Healthcare Effectiveness Data and Information Set) is the measurement tool used by the nation's health plans to evaluate their clinical quality and customer service performance. CAHPS (Consumer Assessment of Healthcare Providers and Systems) standardized surveys measure consumers' satisfaction with their health care experiences.

Questions about your rights?

If you have any questions, please contact Customer Care at 1-855-995-5004.



Quality Improvement Program continued

In 2018, a random sample of 572 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)	56.71%	47.08%
Rating of Health Care (a measure of member experience and satisfaction with health care received)	61.24%	52.26%
Rating of Personal Doctor (a measure of member experience and satisfaction with primary care physician [PCP])	72.51%	64.75%

¹ Based on Sharp Health Plan's overall 4.5 out of 5 rating in NCQA's Private Health Insurance Plan Ratings 2018–19.

² The source for this data is Quality Compass® 2018 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass® 2018 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): 61.24 for Rating of the Health Care compared to the California all LOBs average (excluding PPOs & EPOs) of 52.26; 56.71 for Rating of Health Plan compared to the California all LOBs average (excluding PPOs & EPOs) of 47.08; and 72.51 for Rating of Personal Doctor compared to the California all LOBs average (excluding PPOs & EPOs) of 64.75.

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 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 and 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
PCP, no prior authorization required	48 hours
Prior authorization required	96 hours

Non-urgent Appointments	Maximum Wait Time
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 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 three (3) days prior to your appointment date. If an interpreter is unavailable for face-to-face interpreting, Customer Care will arrange for telephone interpreting services.



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.

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 sharphealthplan.com/CalPERS/grievance 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 **1-855-995-5004** 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-HMO-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website (<https://dmhc.ca.gov/>) has complaint forms, IMR application forms and instructions online.

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 (DMHC) 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 sharphealthplan.com/CalPERS 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 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 three days.

Additional information about the IMR process can be found in the Sharp Health Plan Member Handbook, which is available when you visit sharphealthplan.com/CalPERS/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.

Women's health — what you should know

If you had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. Coverage will be provided in a manner determined in consultation with you and your doctor, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copayments and coinsurance applicable to other medical and surgical benefits provided under your plan.

Organ donation and end-of-life planning

Right now, more than 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 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 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 or by mail, fax, or you can also complete the online Grievance/Appeal form on the Plan's website **sharphealthplan.com/CalPERS**. 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/ocr**.

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

The Department of Managed Health Care's Internet Web site has complaint forms and instructions online: **<https://dmhc.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 1-855-995-5004 (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):

فارسی (Farsi)

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

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。

العربية (Arabic)

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

ਪੰਜਾਬੀ (Punjabi)

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

ខ្មែរ (Mon Khmer, Cambodian)

ប្រយ័ត្ន៖ ប៊ីសិនជាអ្នកកនិយាយ ភាសាខ្មែរ, សំដៅជំនួយជូនកែភាសា ដោយមិនគិតលុបនូវ គឺអាចមានសំរាប់ប៊ីអ្នក។ 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).

हिंदी (Hindi)

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

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-995-5004 (TTY: 711).

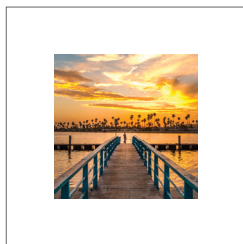
Health insurance terms and definitions

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

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 preferred list of medicines that your insurance plan covers for illnesses and conditions.
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.
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)	A designated group of physicians and hospitals associated with your network.
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.
Specialty Formulary	A list of approved specialty drugs used to treat complex or chronic conditions such as hepatitis or cancer.





View of Mission Bay, San Diego
Photo Credit: Evgeny Yorobe



Consider us your personal
health care assistant®

sharphealthplan.com/CalPERS
customer.service@sharp.com
1-855-995-5004

