

Dear Member,

Thank you for selecting Scripps Health Plan HMO as your medical plan for 2022!

If you need to change your PCP, find a provider or have any questions about your medical and prescription benefits, please reach out to the Scripps Health Plan Customer Service team at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065** or via email at **customerservice@scrippshealth.org**. We are available Monday through Friday from 8a.m. to 5p.m.

NOTICE REGARDING INSURANCE ID CARDS

You should have received new medical ID cards for yourself and any covered dependents.

1. Will I need to show my new insurance ID card to my provider or pharmacy?

If you are new to Scripps Health Plan HMO, you will need to update your provider and pharmacy with the new information. If you are continuing on with the HMO, there were no changes to identification numbers or plan codes. There were updates made to reflect benefit information on the front of the card and the Evernorth Behavioral Health contact information on the back of the card.

2. What should I do with the old insurance ID card?

Once you receive your new medical ID card, you can securely discard your old ID card. Keep in mind that your ID card for dental and vision benefits is a separate card managed by HealthComp and is not affected or replaced by this change.

UPDATE YOUR DEPENDENT(S) DEMOGRAPHIC INFORMATION

Do your dependents have a different address and phone number than you? The demographic information on file with Scripps HR for you and your dependents will be the same as the demographic information reflected for you and your dependents as a patient in Epic. ***As the insurance subscriber, it is important that you update your dependent(s) address and phone number with Scripps HR so that it is accurate in Epic.***

You can update their demographic information via the Scripps Benefits portal <https://benefits.scripps.org>, “View Benefits”. Please click [here](#) and follow the instructions outlined to update your dependent(s) address and phone number.

OUT OF AREA COVERAGE REMINDER

As a reminder, the Scripps Health Plan HMO service area is limited to San Diego County. This means that any routine care that you need must be received in San Diego County. ***Only urgent/emergent care will be covered outside of the county.***

If you are not living in San Diego County and find that coming to San Diego County for routine care is no longer convenient, please consider during the next open enrollment whether the Scripps EPO option may be a better choice for you and your family.

FLEXIBLE SPENDING ACCOUNT BENEFIT

The Scripps flexible spending account (FSA) is an employer-sponsored benefit that allows you to contribute pre-tax dollars into either a health care spending account and/or a dependent care spending account.

With flexible spending, you can pay for your qualifying expenses three ways:

- Obtain an FSA debit card from HealthComp and pay for expenses directly
- Select an “Auto Pay” option with HealthComp and HealthComp will reimburse members when the claim is received and processed (this works for HMO medical claims only at this time).
- Download the reimbursement form from Healthcomp Online to submit the form and receipts

If you would like more information or have questions, you may contact HealthComp at **(877) 552-7247, option 5** Monday through Friday, 6a.m. to 5p.m. (PST) or www.healthcomp.com.

YOUR ACTIONS NEEDED

- a. Do you have a **MyScripps** account? If not, [sign up](#) today!

Some great features are available in MyScripps:

- Schedule appointments with Scripps providers
- Connect with your Scripps providers by e-visits and video visits
- E-Check in for your upcoming appointments with Scripps providers
- Communicate with your Scripps providers and request prescription refills
- View your billing statements and pay bills
- View/Print your Scripps Health Plan insurance ID card
- View and print your insurance Explanation of Benefits (EOBs)

- b. Submit your annual **Coordination of Benefits** form if you or your dependents have additional insurance coverage.

To ensure your claims are paid correctly, Scripps Health Plan asks members to complete a **Coordination of Benefits (COB) form** every year. This form allows you to provide information about whether you, your spouse or your eligible dependents are covered under more than one health plan. The information you provide allows Scripps Health Plan to comply with State and Federal laws that mandate the order of payment responsibility. If you have other coverage, please complete and submit the form electronically through our new **COB form tool** so we may update our records accordingly. You may also access the coordination of benefits form via www.scrippshealthplan.com, “I’m a member”, “Benefit Information and Forms”.

- c. Respond to our *annual member satisfaction survey* if you are selected.

You, your spouse, or your eligible dependents may be randomly selected to participate in our annual member satisfaction survey. If you are selected to be part of this small sample, the survey will be mailed to your home starting in late January. Your feedback is very important to us so please respond by returning the completed survey.

2022 EVIDENCE OF COVERAGE CHANGES

We regularly review and update your plan's Evidence of Coverage document to ensure it is compliant with regulatory requirements and to clarify the language in the document to make it more user friendly. The newly posted Evidence of Coverage includes the following changes:

Category	Description of Change
Post Cataract Lenses Benefit	The Durable Medical Equipment (DME) deductible of \$250 will now be applied to post cataract lenses and/or frames for the Scripps Health Plan
Hospital Grade Breast Pumps	Language has been revised to reflect rental vs. purchase of a hospital grade breast pump. Coverage for the purchase is limited to one purchase per pregnancy. The decision to rent or purchase is at the discretion of the Plan.
Cigna Behavioral Health Name Change	Cigna Behavioral Health will be known as Evernorth Behavioral Health of California, Inc. There will be a new telephone number and URL. These changes will go into effect 1/1/2022.

CONTACT INFORMATION AND RESOURCES

Scripps Health Plan Customer Service – **1-844-337-3700 (TTY: 1-888-515-4065)**

Scripps Health Plan Web Site – www.ScrippsHealthPlan.com

American Specialty Health (acupuncture/chiropractic) – **1-800-678-9133**

Evernorth Behavioral Health of California, Inc. – **1-888-736-7009**

MedImpact Pharmacy Benefit Manager – **1-844-282-5343**

ADDITIONAL INFORMATION

The Scripps Health Plan HMO network is made of six medical groups consisting of thousands of providers located throughout San Diego County:

- Mercy Physicians Medical Group (MPMG)
- Primary Care Associates Medical Group (PCAMG)
- Scripps Clinic Medical Group (SCMG)
- Scripps Coastal Medical Center (SCMC)
- Scripps Physicians Medical Group (SPMG)
- Rady Children's Health Network (RCHN)

YOUR PCP AND MEDICAL GROUP

Each Scripps Health Plan HMO member is required to choose a Primary Care Physician (PCP) from the Scripps Health Plan HMO Network. Members may choose a different PCP and/or medical group for each family member. All your care and services must be received within your medical group's provider network. The PCP that you choose may have one or more medical group affiliations. Be sure to choose the correct medical group to meet your care needs.

Did you know that you can change your PCP and/or medical group at any time by calling Scripps Health Plan Customer Service? PCP and/or medical group changes are generally effective the first of the month following the date of your requested change. If you change your medical group, all previous referrals and/or authorizations for specialty care or procedures are no longer valid. You will need to establish yourself as a new patient with your newly assigned medical group and must obtain new referrals for services to specialists and providers within your new medical group. Additionally, changing your PCP or designated medical group during a course of treatment may interrupt the quality and continuity of your health care. For this reason, the effective date of your new PCP or designated medical group, when requested during a course of treatment, will be the first of the month following the date it is medically appropriate to transfer your care to your new PCP or designated medical group.

Please visit www.ScrippsHealthPlan.com and choose the 'Find a Provider' option to search for available providers by medical group or call Scripps Health Plan Customer Service for assistance.

ACCESSING CARE AND OBTAINING REFERRALS AND AUTHORIZATIONS

Your PCP will refer you to specialists and other services, when medically necessary, and will obtain any needed authorizations. You are not able to access care from providers who are part of medical groups other than the same group as your PCP. For example, if your PCP is part of Scripps Clinic Medical Group, you would not be referred to a specialist or be able to access care with **any** of the other five medical groups, including Scripps Coastal Medical Center, unless a prior authorization has been approved ***in advance*** by the medical group allowing you to access care out of network. Care accessed without the required referral or prior authorization will be denied as not covered and you will be responsible for the full billed charges.

AVOID UNNECESSARY ER VISITS BY UTILIZING OTHER CARE OPTIONS

- **Scripps HealthExpress** - These walk-in clinics offer same day, convenient adult and pediatric care for minor illnesses and health care needs. Minor illnesses include mild flu-like symptoms, cough and congestion, sore throat, ear pain, painful urination, and rashes without fever. Scripps HealthExpress walk-in clinics are ***in network*** for Scripps Health Plan members assigned to the following ***four*** medical groups: **Scripps Clinic Medical Group, Scripps Coastal Medical Center, Mercy Physicians Medical Group and Scripps Physicians Medical Group. Primary Care Associates Medical Group and Rady Children's Health Network *do not*** include Scripps HealthExpress clinics in their group networks.
- **Urgent Care** - If you require care for a serious, non-life-threatening condition, you can obtain care at an urgent care center. Urgent care centers can treat fever without a rash, vomiting or persistent diarrhea, abdominal pain, wheezing or shortness of breath, dehydration, moderate

flu-like symptoms, sprains and strains, and small cuts that may require stitches. If feasible, you should contact your PCP or assigned medical group to be directed to the appropriate urgent care that is within your assigned medical group. If it is within business hours (8a.m. to 5p.m.) and you need help finding an urgent care provider, you may contact Scripps Health Plan Customer Service, otherwise visit the nearest urgent care center to seek care. You will be responsible for a copay that will be collected at the time of your visit, and once you have been treated and discharged, you should contact your PCP for any necessary follow-up care.

- **Virtual Care** - As a Scripps Health Plan member, you have access to [Doctor on Demand](#) from your mobile device or computer 24 hours a day/7 days a week from anywhere in the United States. Doctor on Demand offers medical and behavioral health video visit services from board certified providers for a \$15 copay. If necessary, they can even prescribe medications and send the prescription to your local pharmacy.

In addition, e-visits and video visits are available for members assigned to Scripps Clinic Medical Group and Scripps Coastal Medical Center. Copays for these services are the same as an office visit and depends on whether you are seeing your PCP or a specialist. Access these services remotely via MyScripps! Learn more about these services at <https://www.scripps.org/virtual-care>.

ADDITIONAL MEMBER RESOURCES

Please visit www.scrippshealthplan.com to review our [Member Welcome Guide](#) which is intended to assist you with questions you may have regarding access to health care services. We also encourage you to read the [Evidence of Coverage](#) and [Summary of Benefits and Coverage](#) for further description of your benefits and coverage, and the [Notice of Privacy Practices](#) which details our policies and procedures regarding our confidentiality/privacy practices.

All of these documents can be viewed, downloaded, and/or printed at your convenience when accessing the 'I'm a Member' page, and 'Benefit Information & Forms' section, or by clicking on the blue text above. Should you have any additional questions regarding the information in this email, the Scripps Health Plan website, or the HMO plan in general, please feel free to call our Customer Service Department toll free at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065**, or via email at customerservice@scrippshealth.org. We are available Monday through Friday from 8a.m. to 5p.m.

Sincerely,

Scripps Health Plan Customer Service