

Dear Member,

Thank you for selecting Scripps Health Plan HMO as your medical plan for 2024! This letter includes important information and reminders about your medical coverage.

- 2024 Benefit Plan Changes
- How to make **medical group and/or PCP changes**
- **Having a baby?** Important information about newborn care during the first month
- When to expect new **insurance identification (ID) cards**
- How to update your dependent's **demographic information** in Epic
- **Out-of-area coverage** limitations
- Care management referrals
- Other insurance coverage – **coordination of benefits (COB)** form
- 2024 Evidence of Coverage changes
- MyScripps account
- Contact Information
- Additional Information

2024 BENEFIT PLAN CHANGES

Scripps Health Plan has made benefit plan changes for 2024. These changes were communicated during Open Enrollment. Please see the grid below of updated copayments:

Benefit	Scripps HMO 2023 Copay	Scripps HMO 2024 Copay
PCP Office Visit	\$15.00	\$20.00
Specialist	\$25.00	\$35.00
Doctor on Demand	\$15.00	\$20.00
Outpatient Surgery	\$100.00	\$200.00
Inpatient Hospital	\$250.00	\$300.00
Urgent Care	\$35.00	\$40.00
Outpatient Advanced Imaging	\$100.00	\$150.00
PT/OT/ST	\$25.00	\$30.00
Prescriptions:		
Generic Tier 1	\$10.00	\$20.00
High-Cost Generic/Brand Tier 2	\$35.00	\$40.00
Brand (non-formulary) Tier 3	\$55.00	\$80.00

HOW TO MAKE MEDICAL GROUP AND/OR PCP CHANGES

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 If you change your medical group, all previous authorizations for specialty care or procedures are no longer valid.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.

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.

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.

NEWBORN CARE

It’s important to know that newborns will be covered under the mother’s medical group for the first month following birth or longer if the baby remains in the hospital. This means that initial pediatrician appointments should be made with providers that are part of the mother’s medical group. If you would like to choose a different medical group or PCP for your baby, please call Scripps Health Plan Customer Service prior to receiving services. Medical group changes will be effective the first of the month following the baby’s date of birth or initial discharge from the hospital.

WHEN TO EXPECT NEW ID CARDS

Because there are benefit plan changes for 2024, Scripps Health Plan has re-issued new ID cards for all HMO members. New cards were mailed to HMO members at the end of December. Please allow 7-10 business days for the cards to arrive. If you have not received a new ID card, please contact our Customer Service Department toll free at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065**, Monday through Friday from 8 a.m. to 5 p.m. PST.

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

Yes, the new copay amounts are reflected on the front of your ID card.

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

Once you receive your new medical ID card, you can securely dispose of 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.

HOW TO 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 LIMITATIONS

As a reminder, the Scripps Health Plan HMO service area is limited to San Diego County. This means that any routine care 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.

COORDINATION OF BENEFITS

Let us know if you or your dependents have ***additional medical insurance coverage*** to ensure your claims are paid correctly. The information you provide allows Scripps Health Plan to comply with State and Federal laws that mandate the order of payment responsibility. If you or your dependents have other coverage, please complete and submit the form electronically through our [COB form tool](#) so we may update our records accordingly. You may also download and return the [form](#) by mail or fax. This form should be completed each year to ensure our records are updated and accurate.

2024 EVIDENCE OF COVERAGE CHANGES

We regularly review and update your plan 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
Mental Health Services - Community Assistance, Recovery and Empowerment (CARE) Court Program Services	Effective 7/1/23, this will include evaluation and provision of health care services when required/recommended pursuant to a CARE agreement/plan approved by a court by an in-network or out-of-network provider. Prior authorization and cost-sharing may be required for prescription drugs. This will be a \$0 copay per visit.
Mental Health Services – Mobile Crisis Team Services	The addition of language to include 988 Center and Mobile Crisis Team Services as a service that does not require obtaining prior authorization.
Family Planning Services – Clinical Services for Contraception Revision	The revision includes consultations, examinations, procedures, device insertion/removal, ultrasound, anesthesia, patient education, referrals, counseling, and management of side effects. The copay of administering provider per visit per provider remains the same.
Family Planning Services – Contraceptives Revision	This includes all FDA approved contraceptive drugs, devices, and other products, including over the counter as prescribed. This is still a \$0 copay.
Family Planning Services – Tubal Ligation Revision	Added language to include “vasectomy or other similar sterilization procedures”.
Family Planning Services – Abortion Services Revision	Language regarding “medically necessary” has been removed as well as “elective” copay amount of \$150. This is now a \$0 copay.
Family Planning Services – Prior Authorization Revision	Language revised to include “family planning services, including abortion services and FDA-approved contraceptive drugs, devices, and other products where prior authorization is NOT required.
Prescription Drug Services – Brand Name Drugs Revision	Language added whereas for select contraceptives they are covered with a \$0 copayment. If there is no therapeutic equivalent generic substitute available in the market for an original, brand name contraceptive, there will be a \$0 copay. If a covered therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by a provider, Scripps Health Plan shall defer to the determination and judgment of the provider and provide coverage for the alternative prescribed contraceptive drug, device, product, or service without imposing any cost-sharing requirements.
Role of the Medical Group	Added the following language: “Scripps Health Plan shall arrange for the provision of covered services from providers outside its network if unavailable within the network if medically necessary for a Member’s condition. For medically necessary referrals to non-network providers, your cost share will not exceed applicable in-network copayments, coinsurance, and deductibles.”
Confidentiality of Medical Records and Personal Health Information	Added the following language: “Scripps Health Plan will not release medical information related to a person or entity allowing a child to receive gender-affirming health care or mental healthcare in response to any civil action, including a foreign subpoena, based on another state’s law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or mental health care.”

YOUR ACTIONS NEEDED

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 your Scripps Health Plan insurance ID card via the mobile app
- View/Print your Scripps Health Plan insurance ID card via the desktop app
- View and print your insurance Explanation of Benefits (EOBs)

CONTACT INFORMATION

Scripps Health Plan Customer Service – **1-844-337-3700 (TTY: 1-888-515-4065)** or customerservice@scrippshealth.org

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

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 Group, Mercy Physicians Medical Group and Scripps Physicians Medical Group.**

- **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 (8 a.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>.

Care Management:

Scripps Health Plan's care management services are designed to provide a collaborative process that assesses, plans, implements, coordinates, and evaluates options and services to meet your individual health and social needs. These services focus on identifying member health needs, care coordination, disease management, complex and chronic care management and providing medically appropriate care in a coordinated manner. Our services are voluntary and are provided at no additional cost to you.

The care manager works directly with you and your family/caregiver(s), and your care team to develop an Individualized Care Plan (ICP) that is focused on increasing access to resources and services that support your health needs.

Our care management services are designed to complement the care delivered by your doctors and other health care providers and is not to replace the treatment, advice or recommendations of your health care providers.

Did you know that anyone can make a referral to our Care Management services? Referrals can be made via:

Email: shpsccmreferrals@scrippshealth.org

Voicemail: 888-399-5678

Fax: (858) 260-5834

[Care Management Referral Form](#)

Online 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**, Monday through Friday from 8 a.m. to 5 p.m. PST.

Sincerely,

Scripps Health Plan Customer Service