

Dear Member,

Thank you for selecting Scripps Health Plan HMO. 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:

Section	Description of Change
Eligibility and Enrollment	Corrected the number of days of newborn coverage, electing a PCP and qualifying event days from 31 days of life to 30 days of life
Choice of Physicians and Providers	Added language that includes how member should verify that PCP status is accepting new patients prior to election, unless member is an established patient Added language related to newborn medical group assignments following birth
Continuity of Care by a Terminated or Non-Participating Provider	Added maternal mental health as a covered condition
Expedited Decisions	Addition of canceled, rescinded or non-renewal of enrollment coverage to reasons for requested an expedited decision
Transgender Benefits	Added covered benefit definition pertaining to services covered. Added member cost sharing language in same section
Preventive Health Services	Added diabetic eye exam to the list of preventive health services Added clarification of when services are billed as preventive and covered at 100% and when member cost sharing may apply.
Durable Medical Equipment	Clarified when prosthetic lenses are covered Added coverage for wigs under certain conditions
Pregnancy and Maternity Care	Clarified routine prenatal and postnatal care versus specialist care that is in addition to routine care.
Infertility Services	Removed menotropins, storage of sperm and cryopreservation as an exclusion
Urgent Care Services	Removed language outlining member financial responsibility for urgent care services
Emergency Services	Removed language outlining member financial responsibility for emergency services
Home Health Care Services	Revised language defining the skilled service that would work in conjunction with a Certified Home Health Aide
Prescription Drugs	Updated to reflect change to mail order pharmacy Added language specific to weight loss or any form of weight management excluded from pharmacy benefit coverage
Outpatient Mental Health and Substance Use Disorder Services	Clarified that certain additional services for pervasive development disorder and autism that are not part of behavioral health treatment must be coordinated through member's PCP
Medical Treatment of the Teeth, Gums, Jaw Joints or Jaw Bones	Added coverage for teeth impacted in the jaw bone
Bariatric Surgery	Added language specific to weight loss or any form of weight management excluded from pharmacy benefit coverage
Diabetes Care	Added language in diabetic equipment to include authorization for continuous glucose monitors and all related necessary supplies
Vision and Hearing Services	Clarified that certain vision services are covered following cataract surgery only
Exclusions and Limitations	Clarified the exclusion of Private Duty Nursing Clarified the exclusion of coverage for services performed or supplies provided by you or a close family member Removed exclusion related to Sexual Dysfunction
Grievance Process	Addition of canceled, rescinded or non-renewal of enrollment coverage to reasons for requested an expedited decision
Termination of Group Membership	Changed verbiage from 15 days after notification of non-payment to 30 days
Individual Continuation of Benefits, COBRA and/or Cal-COBRA	Added language outlining Scripps Health Plan's responsibility for benefit notification, enrollment and payment options
Definitions	Added clarifying language under various existing terms Added definition of "Drug Tier" Added definition of "Exception Request" Added definition of "Out of Pocket Cost" Added definition of "Prescription" Added definition of "Prior Authorization"

We encourage you to visit www.ScrippsHealthPlan.com to review the [Evidence of Coverage](#) and [Summary of Benefits and Coverage](#) for further description of your benefits

and coverage. These will assist you with questions you may have regarding access to health care services.

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 emails, 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