

Dear Member,

Thank you for selecting Scripps Health Plan HMO. We have updated important documents to provide you with more information on how to use your HMO benefits to access care. We regularly review and update the 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 for our members. The newly posted Evidence of Coverage includes the following changes:

Category	Description of Change
Diagnostic Lab Services	To comply with SB 306, the Plan will cover sexually transmitted disease home test kits, and the lab costs for processing those kits, that are deemed medically necessary or appropriate and ordered directly by a provider or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs.
Emergency Services Out of Area	Added billing language pertaining to emergency services that are received out of network, stating that the most facilities/providers can bill members is the members' in-network cost sharing amount (such as copayments). Members cannot be balanced billed for such services.
Pediatric Screenings	To comply with SB 428, the Plan will cover adverse childhood experiences (ACE's) screenings for children and adults.
Preventative Health Services	To comply with AB 342, the Plan will cover, at zero cost sharing, the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a colorectal cancer screening exam or lab test identified assigned either a grade of A or B by the USPSTF.
Prior Authorizations	To comply with SB 535, added language stating the Plan will not require prior authorization for biomarker testing for a member with advanced metastatic stage 3 or 4 cancer or biomarker testing for cancer progression or recurrence in members with advanced metastatic stage 3 or 4 cancer.
Service Area Zip Codes	Revised the zip code list that identifies service area coverage. Removed those zip codes that are no longer valid.
Telehealth Services	To comply with AB 457, the Plan has existing language that it will provide coverage and reimburse the treating provider for services appropriately delivered to a member through telehealth on the same basis and to the same extent as in-person services. Additionally, the Plan has included that these services are also available to members in-person or via telehealth, where applicable, through the member's PCP, specialist, or from another contracted individual, facility, or provider. Further, members have a right to access their telehealth medical records and records of any services provided through the Plan's third-party corporate telehealth provider, Doctor On Demand ("DOD"), will be shared with the member's PCP unless there is an objection.
Timely Access to Care	To comply with SB 221, the Plan included that non-urgent follow-up appointments with a nonphysician mental health care or substance use disorder provider for those undergoing a course of treatment will be offered within 10 business days following the prior appointment.
Urgent Care Coverage	Added radiology services to existing language for Coverage for Urgent Conditions.
Vision and Hearing Services	Revised language to include as a covered benefit medically necessary visits to diagnose and treat injuries or diseases of the eye, as well as refraction services necessary for the assessment or treatment of a medical condition.
Vision and Hearing Services	Revised hearing services covered benefits to outline that hearing molds/inserts not in conjunction to a hearing device are not covered benefits.

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 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