

SUBJECT: ANNUAL NOTICE REGARDING INFORMATION SHARED WITH COVERED CALIFORNIA

California Law requires Scripps Health Plan to notify you every year that we will provide your information, including your name and your insurance coverage subscriber's name, email address, mailing address, county of residence, telephone number(s) and preferred language to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage.

If you do not want to allow Scripps Health Plan to share your information with Covered California, you may opt out of this information sharing. If you do not want us to share your information with Covered California, contact Scripps Health Plan Customer Service at **1-844-337-3700** or for the hearing and speech impaired TTY: **1-888-515-4065** within 15 days to opt out of this information sharing.

Thank you.

Sincerely,

Scripps Health Plan