

Dear Member,

We would like to take this opportunity to thank you for choosing Scripps Health Plan to be your partner in good health. We are committed to providing quality health care and excellent customer service to all of our members. This Member Welcome Guide is intended to assist you with questions you may have regarding access to health care services. We also encourage you to visit www.ScrippsHealthPlan.com to review the Evidence of Coverage and Disclosure Form, and Summary of Benefits for a detailed description of your benefits and coverage, applicable copayments for services, 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.

As an added feature, by accessing the website, you are able to enroll and log in to **MyScripps**, a secure online portal which offers patients personalized and secure access to portions of their medical records to help manage and receive information about your health. Sections outlined in this guide are as follows:

- **Using Your Benefits**
 - The Role of your Primary Care Physician (PCP)
 - Accessing Specialty Care
 - Prior Authorization Requirements and Process
 - Behavioral Health Services
 - Language Interpretation and Hearing Services
- **Emergency and Urgent Care Services**
 - Emergency Services
 - Urgent Care Services
- **Appeals & Grievance Process**
 - Information Regarding Policies and Review Guidelines
 - Department of Managed Health Care Complaint Process
- **COBRA & Cal-COBRA**
 - Individual continuation of benefits, COBRA and/or Cal-COBRA
- **Members' Rights and Responsibilities**

Scripps Health Plan Health Maintenance Organization (HMO) is designed to provide comprehensive medical benefits, excellent customer service and quality care. Scripps Health Plan is licensed by the California Department of Managed Health Care (DMHC) to provide medical, mental health and pharmacy benefits.

We are very pleased to have you as a member of our medical family.

Sincerely,

Scripps Health Plan

USING YOUR BENEFITS

The Role of your Primary Care Physician (PCP)

Your health care needs are important to Scripps Health Plan. If you are new to an HMO, you may not have chosen a PCP in the past. It is important to understand the role your PCP will play in your health care. With few exceptions, your PCP is responsible for providing or arranging all your health care needs including preventive care services, referrals to Specialists and authorizations for hospitalization or outpatient treatment.

The PCPs affiliated with Scripps Health Plan include Family Practice, General Medicine, Internal Medicine, Pediatrics and Obstetrics & Gynecology (OB/GYN). A member may elect an OB/GYN to serve as Primary Care Physician if the provider is designated as a PCP in the directory. If you have not yet chosen a PCP, please feel free to contact our Customer Service Department for assistance by calling toll free at **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired). Our hours of operations are Monday – Friday from 8:00 a.m. – 5:00 p.m. Pacific Standard Time. Our Customer Service Department will be able to answer any questions about the physicians affiliated with Scripps Health Plan and can help you elect a PCP that meets your needs. Once you elect your PCP, we recommend that you schedule an appointment to meet with him or her within your first **ninety (90) days** of becoming effective with Scripps Health Plan. This will give your new physician the opportunity to learn about your medical history and assist you in developing a health care program to fit your lifestyle and medical needs.

Accessing Specialty Care

Your PCP is most qualified to ensure that you are receiving all the care that is medically necessary for you. He or she will coordinate all referrals to Specialists that are affiliated with the same medical group, and work with these Specialist to develop the most appropriate treatment plan for you. In most cases, the Specialist will be a provider associated with Scripps Health Plan. There may be cases when the type of Specialist you require is not available within our network. Should this occur, your PCP will work with your medical group to obtain an authorization to the type of Specialist you need.

Prior Authorization Requirements and Process Some services require approval or prior authorization before you can receive services. Prior authorization requirements for certain services help to ensure that you are getting the services you need when you need them. If prior authorization is needed, your PCP or Specialist will submit a prior authorization request to your medical group or Scripps Health Plan. You should always work with your treatment team to make sure that when authorization is required, the provider has received authorization prior to rendering services. You will be notified in writing of the determination status of all authorization requests. An authorization approval letter will include the name of the provider, the treatment and/or services authorized, and the effective dates of the authorization. A denial letter will include the reason for the denial and will include information regarding your rights to appeal the decision. If you do not receive an approval or denial letter, please contact the ordering provider, your medical group, or Scripps Health Plan Customer Service to confirm the authorization is in place prior to receiving services. You may be responsible for all costs related to your services if the required authorizations are not approved prior to receiving care.

Prior Authorization is NOT required for:

- Emergency Services
- Family Planning Services
- Preventive Care, such as, immunizations and routine physicals
- Basic Prenatal Care
- Sexually Transmitted Disease Services
- Human Immunodeficiency Virus (HIV) Testing

Second opinion: Scripps Health Plan allows for a second medical opinion from a qualified health professional at no extra cost to you. Prior authorization is required when the second opinion referral is for a provider who is outside of your medical group or outside of Scripps Health Plan's provider network.

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract.

What is the turnaround time once a prior authorization has been submitted?

- Routine requests and concurrent reviews: Five (5) working days from the receipt of the information.
- Expedited (if your provider believes that your condition is life-threatening): 72-hours from the receipt of the information. If the request is not deemed to be expedited based on the information submitted, a decision will be made in no more than five (5) working days.
- Extension: Up to forty-five (45) calendar days when it is in the member's best interest to obtain additional information that would support the request. A member or provider may request this so they can provide the needed information.
- Routine Requests for Pharmacy Authorization: 72-hours from receipt of the information
- Expedited Pharmacy or drug requests (if your provider believes that your condition is life-threatening): 24-hours from the receipt of the information

Scripps Health Plan Utilization Management decision making is based on appropriateness of care and service; and does not compensate practitioners or individuals for denials and does not offer incentives to encourage denials. Utilization Management team hours of operations are Monday – Friday from 8:00 a.m. – 5:00 p.m. Pacific Standard Time.

Behavioral Health Services

Scripps Health Plan utilizes Cigna Behavioral Health as the Mental Health Service Administrator (MHSA). You may seek behavioral health and substance use disorder services directly from these providers without a referral from your PCP. Crisis intervention and stabilization are considered emergency services and do not require prior authorization. Scripps Health Plan covers the following behavioral health services:

- Crisis services
- Inpatient psychiatric hospital services
- Services from licensed behavioral health professionals
- Services for the diagnosis and medically necessary treatment of behavioral health conditions including Autism Spectrum Disorder
- Substance use disorder treatment

Your PCP and mental health providers will coordinate your care consistent with professionally recognized evidence-based standards of practice, across the health care network. For more information about your Cigna Behavioral Health Plan go to: www.cigna.com.

Information Regarding Policies and Review Guidelines

You or your designated representative have the right to request information on the operational policies and clinical review criteria used by Scripps Health Plan to coordinate your health care needs. You or your designated representative may obtain a copy of the benefit provision, guideline, protocol or other similar criterion on which the denial decision was based, free of charge, by calling Scripps Health Plan at **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired).

Language Interpretation and Hearing Services

At Scripps Health Plan, we understand that health care can be complex and confusing; it can be even harder to understand if English isn't your primary language. We provide free interpreter and translation services for all of our members. If you need help talking to your provider, understanding written communications or obtaining care, please call Scripps Health Plan Customer Service at **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired). We have representatives who have access to interpreter services in over 100 other languages who focus on health care communication.

EMERGENCY AND URGENT CARE SERVICES**Emergency Services**

An emergency means a medical and/or psychiatric screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate licensed persons under the supervision of a physician, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, if within the scope of that person's license, necessary to relieve or eliminate the emergency medical condition, within the capability of the facility.

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part.

"Psychiatric Emergency Medical Condition" means a mental health disorder manifested by acute symptoms that render a patient (1) an immediate danger to himself, herself or others; or (2) immediately unable to provide for or utilize food, shelter or clothing. Psychiatric emergencies may present independent or concurrent with a physical emergency medical condition.

"Active labor" means a labor at a time at which either there is inadequate time to effect safe transfer to another hospital prior to delivery or a transfer may pose a threat to the health and safety of the patient or the unborn child.

A patient is "stabilized" or "stabilization" has occurred when, in the opinion of the treating physician, or other appropriate licensed persons acting within their scope of licensure under the supervision of a treating physician, the patient's medical condition is such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from, or occur during, the release or transfer of the patient.

What to do in case of Emergency?

Members who reasonably believe that they have an emergency medical or mental health condition which requires an emergency response are encouraged to appropriately use the "911" emergency response system or to go to the nearest hospital.

After Hours:

Your PCP or a designated covering physician will be available to you by telephone 24 hours a day, 7 days a week. When you need care after hours, on weekends or on holidays, always try to call your doctor first. He or she will be able to direct you to the most appropriate place for treatment.

Life-Threatening Condition:

Obtain care immediately. Contact your PCP no later than 24 hours after the onset of the emergency, or as soon as it is medically possible for the member to provide notice.

Non-Life-Threatening Condition:

Consult your PCP, anytime day or night, regardless of where you are prior to receiving medical care.

Post Stabilization:

Once your emergency medical condition is stabilized, your treating health care provider may believe that you require additional medically necessary hospital services prior to your being safely discharged. If the hospital is not part Scripps Health Plan's contracted network, the hospital will contact your assigned medical group or the plan to obtain timely authorization for these post-stabilization services. If Scripps Health Plan determines that you may be safely transferred to a plan-contracted hospital, and you refuse to consent to the transfer, the hospital must provide you written notice that you will be financially responsible for 100% of the cost for services provided to you once your emergency condition is stable. Also, if the hospital is unable to determine your name and contact information of your health plan in order to request prior authorization for services once you are stable, it may bill you for such services.

Urgent Care Services:

Unforeseen injuries or illnesses that require medical attention within a short time frame (usually twenty-four (24) hours) but which are not life threatening are considered Urgent Care Services. When an urgent situation occurs, please do the following:

1. Call your PCP for instructions.
2. If you are calling during non-business hours and reach an answering service, ask the operator to page your physician or the physician on call. When you receive a return call, explain the situation and follow the physician's instructions.
3. If you are unable to reach your PCP, follow the instructions under "Emergencies".

Follow-Up Care:

Follow-up care, which is any care provided after the initial emergency room or urgent care visit, is not considered an emergent or urgent condition and is not covered as part of an emergency room or urgent care visit. Once you have been treated and discharged, contact your PCP for any necessary follow-up care.

APPEALS & GRIEVANCE PROCESS

An appeal or grievance is a term used when an HMO member notifies the health plan that they are unsatisfied with the health plan, a contracted provider or a decision made by the Plan. Contacting the Plan regarding the issue, is called "filing an appeal or grievance". An appeal or grievance may be filed for issues relating to access to care, a decision to deny services, quality of care, quality of provider sites, timeliness of the services, benefits, billing, or financial issues.

You may file an appeal if you disagree with a decision to deny a service or benefit. You may file a grievance if you concerned with or not satisfied with the quality of services you have received.

If you have any questions or concerns, please contact our Customer Service Department at **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired) or follow the instructions listed below so we may assist you. Scripps Health Plan's Customer Service Department is trained to help you file an appeal or a grievance.

At Scripps Health Plan it is our priority to provide superb health care and customer service throughout every aspect of your care. We encourage you to notify us if you are unhappy with any aspect of your care. If your concerns are related to a provider within our provider network, we would suggest that you first discuss those concerns with staff at the point of care. If you are not satisfied or the resolution is not acceptable, we welcome you to contact Scripps Health Plan Customer Service.

If you want to file an appeal or grievance, you may do so verbally, via facsimile, electronically or in writing:

- File a verbal appeal or grievance by calling **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired).
- To file an appeal or grievance electronically fill out a Grievance Form online at www.scrippshealthplan.com.
- To file an appeal or grievance via facsimile or in writing, print and fill out a Grievance Form available online at www.scrippshealthplan.com and mail or fax it to:

Scripps Health PlanAttention: **Appeals & Grievances**

Mail Drop: 4S-300

10790 Rancho Bernardo Road

San Diego, California 92127

Fax: **858-260-5879**

We will send a written acknowledgement letter of your grievance within five (5) calendar days of receipt, and a final decision letter within thirty (30) calendar days. You have the right to an expedited appeal if you feel that waiting for the standard appeal time (30 calendar days) could seriously harm your health or ability to function. You may request an expedited appeal for reasons including, but not limited to, severe pain, or potential loss of life, limb, or major bodily function. The request may be initiated by you or by your physician; we will provide you with a decision within 72 hours. You have at least one hundred and eighty (180) calendar days to file a verbal, written, or electronic complaint of your dissatisfaction.

Department of Managed Health Care Complaint Process

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-844-337-3700** or **TTY/TDD at 1-888-515-4065** (for the hearing and speech impaired) and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

California Department of Managed Health Care Help Center**Toll Free: 1-888-466-2219 TDD/TTY 1-877-688-9891**<http://www.dmhc.ca.gov>.**COBRA AND CAL-COBRA****Continuation of Benefits, COBRA and/or Cal-COBRA**

Scripps Health Plan members who lose their regular group coverage may be eligible to continue coverage for up to thirty-six (36) months through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and Cal-COBRA. COBRA and Cal-COBRA eligibility includes covered employees, their spouse, and dependent children who would otherwise lose coverage under the group health plan due to a qualifying event.

Continuation of coverage begins on the date of the qualifying event (for example: termination of employment or reduction of an employee's hours either voluntarily or involuntarily, divorce or legal separation of an employee from their spouse, a dependent child who reaches age 26 and is no longer eligible) or on the date of the loss of group coverage.

If you are eligible for COBRA, the COBRA plan administrator has 14 days after being informed of a qualifying event to send a Right of Continuation Notice to all qualified members. The employee and/or dependents have sixty (60) days from the date

they receive notice of their COBRA eligibility to elect and notify the COBRA plan administrator of their decision to continue the group health coverage. The employee and/or dependents must pay the initial premium within 45 days from the COBRA election date. All subsequent payments must be received by the COBRA administrator within 31 days of the premium due date. A late payment may disqualify you, your spouse, and your dependents from continuation of your benefits.

California provides an extension under Cal-COBRA for those who have exhausted their 18 months on federal COBRA, for a total extension that cannot exceed thirty-six (36) months. The COBRA plan administrators responsible for notifying Scripps Health Plan ninety (90) days prior to the exhaustion of the federal COBRA benefit. Upon receipt of the notification, Scripps Health Plan will prepare and send the appropriate election form directly to the qualified member. The member has sixty (60) days from the date they are notified to elect Cal-COBRA coverage. The employee and/or dependents then have forty-five (45) days from the election date to pay the initial premium, and subsequent payments should be received by the first of each month. There is a 30-day grace period after which time, coverage will be terminated.

Read your plan documents carefully. You are responsible for your premium and enrollment responsibilities under a continued plan. See your Scripps Health Plan Evidence of Coverage or contact your employer for more information. You may also qualify for assistance with your health care premiums under the Affordable Care Act. To find out what benefits you qualify for, visit the **U.S Department of Labor's website:** www.dol.gov/ebsa/cobra.html.

MEMBERS' RIGHTS AND RESPONSIBILITIES

Scripps Health Plan is committed to treating members in a manner that respects their rights. Also, Scripps Health Plan has certain expectations of members' responsibilities. Both these commitments will be upheld at all times by all staff in all activities. As a member, you have the **Right** to:

1. Receive considerate and courteous care, with respect for your right to personal privacy and dignity.
2. Receive information about all health services available to you, including a clear explanation of how to obtain them.
3. Receive information about your rights and responsibilities.
4. Receive information about your Scripps Health Plan, the services we offer you, and the physicians and other practitioners available to care for you.
5. Select a PCP and expect his/ her team of health workers to provide and/or arrange the care that you need.
6. Have reasonable access to appropriate medical services.
7. Participate actively with your physician in decisions regarding your medical care. To the extent permitted by law, you also have the right to refuse treatment.
8. A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
9. Receive from your physician an understanding of your medical condition and any proposed appropriate or medically necessary treatment alternatives, including available success/outcomes information, regardless of cost or benefit coverage, so you can make an informed decision before you receive treatment.
10. Receive preventive health services.
11. Know and understand your medical condition, treatment plan, expected outcome and the effects these have on your daily living.
12. Have confidential health records, except when disclosure is required by law or permitted in writing by you. With adequate notice, you have the right to review your medical record with your PCP.
13. Communicate with and receive information from Customer Service in a language you can understand.
14. Know about any transfer to another hospital, including information as to why the transfer is necessary and any alternatives available.
15. Obtain a referral from your PCP for a second opinion.

16. Be fully informed about the Scripps Health Plan grievances procedure and understand how to use it without fear of interruption of health care.
17. Voice complaints about the Scripps Health Plan or the care provided to you.
18. Participate in establishing public policy of Scripps Health Plan, as outlined in your Evidence of Coverage and Disclosure Form or Health Service Agreement.
19. Make recommendations regarding Scripps Health Plan Member rights and responsibilities policy.

You, as a Scripps Health Plan Member, have the **Responsibility** to:

1. Carefully read all Scripps Health Plan materials immediately after you are enrolled so you understand how to use your benefits and how to minimize your out-of-pocket costs. Ask questions when necessary. You have the responsibility to follow the provisions of your Scripps Health Plan membership as explained in the Evidence of Coverage and Disclosure Form.
2. Maintain your good health and prevent illness by making positive health choices and seeking appropriate care when it is needed.
3. Provide, to the extent possible, information that your physician, and/or the Plan need to provide appropriate care for you.
4. Understand your health problems and take an active role in making health care decisions with your medical care provider, whenever possible.
5. Follow the treatment plans and instructions you and your physician have agreed to and consider the potential consequences if you refuse to comply with treatment plans or recommendations.
6. Ask questions about your medical condition and make certain that you understand the explanations and instructions you are given.
7. Make and keep medical appointments and inform the Plan physician ahead of time when you must cancel.
8. Communicate openly with the PCP you choose so you can develop a strong partnership based on trust and cooperation.
9. Offer suggestions to improve the Scripps Health Plan.
10. Help Scripps Health Plan to maintain accurate and current medical records by providing timely information regarding changes in address, family status, and other health plan coverage.
11. Notify Scripps Health Plan as soon as possible if you are billed inappropriately or if you have any complaints.
12. Select a PCP for your newborn before birth, when possible, and notify Scripps Health Plan as soon as you have made this selection.
13. Treat all Plan personnel respectfully and courteously as partners in good health care.
14. Pay your dues, copayments and charges for non-covered services on time.
15. For all mental health and substance use disorder services, follow the treatment plans and instructions agreed to by you and the MHSA and obtain prior authorization for all non-emergency mental health and substance use disorder services when applicable.

TIMELY ACCESS TO CARE

You have the right to appointments within the following timeframes:

Urgent Appointments	Wait Time
For services that do not require prior authorization, such as with your PCP	48 hours
For services that require prior authorization, such as with a Specialist	96 hours
Non-Urgent Appointments	Wait Time
Primary Care Appointment	10 business days
Specialist Appointment	15 business days
Appointment with a mental health care provider who is not a physician	10 business days
Ancillary services (such as X-Ray, MRI, Physical Therapy, etc.)	15 business days

Your provider may give you a longer wait time if it would not be harmful to your health.

You may call your provider’s office 24 hours a day, 7 days a week. If you contact your provider’s office after business hours, you must receive a return call within 30 minutes.

You may call Scripps Health Plan during business hours at **1-844-337-3700** to speak with a Customer Service Representative, or for the hearing and speech impaired TTY: **1-888-515-4065**.

Nondiscrimination Notice & Language Access

In addition to the State of California nondiscrimination requirements, Scripps Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Scripps Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. To assist members in accessing services, Scripps Health Plan:

1. Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - a) Qualified sign language interpreters
 - b) Written information in other formats (large print, audio, accessible electronic formats, other formats)
2. Provides free language services to people whose primary language is not English, such as:
 - a) Qualified interpreters
 - b) Information written in other languages

If you need these services, contact Scripps Health Plan Customer Service by calling **1-844-337-3700 (TTY: 1-888-515-4065)**. If you believe that Scripps Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance to the Plan Compliance Officer or the Appeals and Grievance Department by mail, in person, telephone, fax, email, or online. If you need help filing a grievance, we are available to help you.

Scripps Health Plan

Attn: Appeals & Grievances
10790 Rancho Bernardo Road, 4S-300
San Diego, California 92127
Phone: 1-844-337-3700
TTY: 1-888-415-4065
Fax: 1-858-260-5879

Email: SHPSAppealsAndGrievancesDG@scrippshealth.org
Online: www.scrippshealthplan.com

If your health problem is urgent, you already filed a complaint and are not satisfied with the decision, or it has been more than thirty (30) days since you filed a complaint, you may submit an Independent Medical Review/Complaint Form with the Department of Managed Health Care (DMHC). You may submit a complaint form by calling the DMHC Help Desk at 1-888-466-2219 (TDD: 1-877-688-9891) or online at www.dmhc.ca.gov/FileaComplaint. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html/>

Spanish (Español)

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-844-337-3700** (TTY: **1-888-515-4065**). Scripps Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Chinese (中文)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-844-337-3700** (TTY **1-888-515-4065**)。Scripps Health Plan 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Vietnamese (Tiếng Việt)

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-844-337-3700** (TTY: **1-888-515-4065**). Scripps Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-844-337-3700** (TTY: **1-888-515-4065**). Sumusunod ang Scripps Health Plan sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.

Korean (한국어)

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-844-337-3700** (TTY: **1-888-515-4065**) 번으로 전화해 주십시오. Scripps Health Plan 은(는) 관련 연방 공민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 이유로 차별하지 않습니다.

Armenian (հայերեն)

Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք **1-844-337-3700** (TTY (հեռատիպ)՝ **1-888-515-4065**): Scripps Health Plan-ը հետևում է քաղաքացիական իրավունքների մասին գործող դաշնային օրենքներին և խտրականություն չի ցուցաբերում՝ ռասայի, մաշկի գույնի, ազգային պատկանելության, տարիքի, հաշմանդամության կամ սեռի հիման վրա:

Persian (Farsi) فارسى

TTY: **توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. **1-888-515-4065** تماس بگیرید. **1-844-337-3700** از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت Scripps Health Plan ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

Russian (русском)

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-844-337-3700** (телетайп: 1-888-515-4065). Scripps Health Plan соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

Japanese (日本)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。 **1-844-337-3700**

(TTY: 1-888-515-4065) まで、お電話にてご連絡ください。Scripps Health Plan は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 - 3700 - 337 - 844 (رقم هاتف الصم والبكم بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو Scripps Health Plan يلتزم). 1 - 4065 - 515 - 888. الأصل الوطني أو السن أو الإعاقة أو الجنس.

Punjabi (ਪੰਜਾਬੀ ਦੇ)

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵ ਿੱਚ ਸਹਾਇਤਾ ਸੇ ਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-844-337-3700** (TTY: **1-888-515-4065**) 'ਤੇ ਕਾਲ ਕਰੋ। Scripps Health Plan ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਹੱਕਾਂ ਦੇ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਿਦੀ ਹੈ ਅਤੇ ਨਸਲ, ਿੰਗ, ਿਾਸ਼ਟੀ ਮੂਲ, ਉਮਿ, ਅਸਮਿਥਤਾ, ਜਾਂ ਰਲੰਗ 'ਤੇ ਅਧਾਿ 'ਤੇ ਰਿਤਕਿ ਨਹੀਂ ਕਿਦੀ ਹੈ।

Mon Khmer (ខ្មែរ)

ប ើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវន់នួយខ្លួនកភាសា ោយមិនគិតល្អល គីអាចមានសំរ ំ ំបរើអ្នក។ ចូរ ទូរស័ព្ទ **1-844-337-3700** (TTY: **1-888-515-4065**)។ Scripps Health Plan អ្នកគតតាមចា ំសិនធិញ្ញរដ្ឋនន សហព័ន្ធនធានសមរមយនិងមិនមានការបរើសបអុើស បលើមូលោបន ននព្យុជសាសន៍ ញ្ញំសមបុរ សញ្ញាតិបដើម អាយុ ពិការភាព ឬបេន។

Hmong (Hmoob)

Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-844-337-3700** (TTY: 1-888-515-4065). Scripps Health Plan ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqajj tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.

Hindi (ह िंदी)

यदि आप द िंिी बोलते ैं तो आपके लए मुफ्त में भाषा स ायता सेवएि उपलब्ध ैं। **1-844-337-3700**

(TTY: **1-888-515-4065**) पर कॉल करें। Scripps Health Plan लागू होने योग्य संघीय नागरिक अधिकाि कानून का पालन किता है औ जातत, िंग, िाष्ट्रीय मूल, आयु, विकलांगता, या ललंग के आि पि भेदभाि नहीं किता है।

Thai (ไทย)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-844-337-3700** (TTY: **1-888-515-4065**). Scripps Health Plan ได้ปฏิบัติตามรัฐธรรมนูญที่ตีความสิทธิ์ที่เหมาะสม และไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความทุพพลภาพ หรือเพศ__