



8520 Tech Way, Suite 200  
San Diego, CA 92123

## **RE: Loss of Coverage**

Dear <Name>,

**Urgent: Your health coverage is at risk.** Take action by Dec. 15, 2018, or you may not have health coverage in 2019.

Thank you for choosing Sharp Health Plan for your health care needs. We're here to help you prepare for Open Enrollment.

### **Why am I getting this letter?**

**Beginning Jan. 1, 2019, we won't offer your current health coverage. This means you may lose your health coverage. You must enroll in a new plan to have health coverage.** The last day of your current coverage is Dec. 31, 2018. Read this letter carefully and review your options.

You can choose a different plan between Oct. 15, 2018, and Jan. 15, 2019. **To make sure there isn't a gap in your coverage, enroll in a different plan by Dec. 15, 2018.**

### **What you need to do**

Review your coverage and pick a different plan. If you don't have health care coverage, you'll have to pay for all of your health care.

Here are some ways to look at other plans and enroll:

- Check with Sharp Health Plan to see what other plans may be available. You won't get financial help unless you qualify and enroll through Covered California.
- Visit [www.coveredca.com](http://www.coveredca.com) to see Covered California plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.

We're here to help.

- Call Sharp Health Plan at 1-858-499-8300 or visit [sharphealthplan.com](http://sharphealthplan.com).
- Visit [www.coveredca.com](http://www.coveredca.com), or call (800) 300-1506 to learn more about Covered California, and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at [www.coveredca.com/resources](http://www.coveredca.com/resources).



8520 Tech Way, Suite 200  
San Diego, CA 92123

- Contact an agent or broker that you've worked with before.
- Call (800) 300-1506 or TTY: (888) 889-4500 to request a reasonable accommodation at no cost to you if you have a disability.

Sincerely,

A handwritten signature in black ink that reads "Leslie Pels-Beck".

Leslie Pels-Beck  
Vice President, Chief Operations Officer

Encl: California Supplement



8520 Tech Way, Suite 200  
San Diego, CA 92123

Dear <Name>,

As of Jan. 1, 2019, your current health insurance coverage will end. Sharp Health Plan will no longer offer health coverage to enrollees who live in the following ZIP codes: 91934, 92004, 92036, 92066.

California law requires Sharp Health Plan to provide you with the information in this supplement.

**Authorization for Use or Disclosure of Health Information Form**

Sharp Health Plan will share your continuity of care needs, prescription drug history, current prior authorizations, and case management assessments with your new health plan with only your written consent.

Continuity of care applies when you are receiving services from a provider for one of six conditions — acute condition, serious chronic condition, pregnancy, terminal illness, pending surgery or other procedure, or care of a newborn child between birth and age 36 months — and that provider is no longer in your new health plan network.

Call Customer Care (1-858-499-8300) to request an Authorization for Use or Disclosure of Health Information Form or download the form from our website:

<https://www.sharphealthplan.com/docs/default-source/pdfs/auth-for-use-or-disclosure-of-health-information-english.pdf?sfvrsn=4>.

Sharp Health Plan will begin processing your request once we have received your completed form.

**Your Health Insurance Choices Are Different. You May Qualify for Free or Low-Cost Health Insurance.**

Because of changes in federal law, you have different health insurance choices that may save you money.

Starting in January 2014, you cannot be denied health insurance because you have health problems or a pre-existing condition. There are new options for low cost or free health insurance for you or your dependents.



8520 Tech Way, Suite 200  
San Diego, CA 92123

### **Covered California**

You can buy health insurance through Covered California. The State of California set up Covered California to help people and families, like you, find affordable health insurance. You can use Covered California if you do not have insurance through your employer, or Medicare. You can also apply for Medi-Cal through Covered California.

You must apply during an Open or Special Enrollment period, except a Medi-Cal application can be made at any time. Open Enrollment begins Oct. 1, 2018, and ends Jan. 31, 2019. If you have a life change such as marriage, divorce, a new child or loss of a job, you can apply at the time the life change occurs ("Special Enrollment Period").

Through Covered California, you may also get help paying for your health insurance:

- Receive tax credits: You can use your tax credit to help pay your monthly premium.
- Reduce your out of pocket costs: Out-of-pocket costs are how much you pay for things like going to the doctor or hospital or getting prescription drugs.

To qualify for help paying for insurance, you must:

- Meet certain household income limits; and
- Be a U.S. citizen, U.S. national or be lawfully present in the U.S.
- In addition, other rules and requirements apply.

You can also buy coverage directly from health insurers, health plans or insurance agents during Open Enrollment and Special Enrollment periods, but the financial help is available only if you select a Covered California product.

### **Medi-Cal Is Changing Too**

Free or low-cost health insurance is available through Medi-Cal. Medi-Cal is California's health care program for people with low incomes. You can get Medi-Cal if:

- Your income is low; and
- You are a U.S. citizen, U.S. national or lawfully present in the U.S.

Your eligibility is based on your income. It is not based on how much money you have saved or if you own your own home. You do not have to be on public assistance to qualify for Medi-Cal. You can apply for Medi-Cal anytime.

To qualify for Medi-Cal if you are over 65, disabled or a refugee, other rules and requirements apply. You may also qualify for health insurance with Medi-Cal even if you are not a U.S. citizen or national.



8520 Tech Way, Suite 200  
San Diego, CA 92123

### **For More Information**

To learn more about Covered California or Medi-Cal, visit [www.CoveredCA.com](http://www.CoveredCA.com) or call 1-800-300-1506. When you apply for coverage through Covered California, you will find out if you are eligible for Medi-Cal. You can also get more information or apply for Medi-Cal by calling 1-800-430-4263, visiting [www.benefitscal.org](http://www.benefitscal.org) or [www.beneficioscal.org](http://www.beneficioscal.org) (Spanish) online, or visiting your county human services office in person.

### **Right to Submit Request for Review of Cancellation, Rescission, or Nonrenewal of Your Plan Contract, Enrollment, or Subscription**

If you believe your plan coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a Request for Review.

You have the options of going to the plan and/or the Department if you do not agree with the plan decision to cancel, rescind or not renew your plan coverage.

Option (1) — You may submit a Request for Review to your plan.

- You may submit a Request for Review to Sharp Health Plan by calling 1-800-359-2002 or submitting a request at [sharphealthplan.com](http://sharphealthplan.com), or by mailing your written Request for Review to:

Sharp Health Plan Appeals and Grievances  
8520 Tech Way, Suite 200  
San Diego, CA 92123

- You may want to submit your Request for Review to Sharp Health Plan first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Requests for Review should be submitted as soon as possible after you receive the Notice of Cancellation, Rescission, or Nonrenewal.
- Sharp Health Plan will resolve your Request for Review or provide a pending status within three (3) days. If the plan upholds your cancellation, rescission or nonrenewal, it will immediately transmit your Request for Review to the Department of Managed Health Care and you will be notified of the plan's decision and your right to also seek a further review of the plan's decision by the Department as detailed under Option 2, below.



8520 Tech Way, Suite 200  
San Diego, CA 92123

Option (2) — You may submit a Request for Review to the Department of Managed Health Care.

- You may submit a Request for Review directly to the Department of Managed Health Care without first submitting it to the plan or after you have received the plan's decision on your Request for Review.
- Requests for Review by the Department of Managed Health Care may be submitted:

By mail:

HELP CENTER  
DEPARTMENT OF MANAGED HEALTH CARE  
980 NINTH STREET, SUITE 500  
SACRAMENTO, CALIFORNIA 95814-2725

By phone:

1-888-466-2219  
TDD: 1-877-688-9891  
FAX: 1-916-255-5241

Or online:

[WWW.HEALTHHELP.CA.GOV](http://WWW.HEALTHHELP.CA.GOV)

### **Questions?**

If you have any questions about the information in this notice, please contact Customer Care at 1-800-359-2002 or email [customer.service@sharp.com](mailto:customer.service@sharp.com). We are available to assist you Monday to Friday, 8 a.m. to 6 p.m.

# Notice of Nondiscrimination

Sharp 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. Sharp 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.

## Sharp Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (such as large print, audio, accessible electronic formats, or other formats) free of charge
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Care at 1-800-359-2002.

If you believe that Sharp 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 with our Civil Rights Coordinator at:

- Address: Sharp Health Plan Appeal/Grievance Department 8520 Tech Way, Suite 200 San Diego, CA 92123-1450
- Telephone: 1-800-359-2002 (TTY: 711) Fax: (619) 740-8572

You can file a grievance in person or by mail, fax, or you can also complete the online Grievance/Appeal form on the Plan's website [sharphealthplan.com](http://sharphealthplan.com). Please call our Customer Care team at 1-800-359-2002 if you need help filing a grievance. You can also file a discrimination complaint if there is a concern of discrimination based on race, color, national origin, age, disability, or sex 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/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

The California Department of Managed Health Care is responsible for regulating health care service plans. If your Grievance has not been satisfactorily resolved by Sharp Health Plan or your Grievance has remained unresolved for more than 30 days, you may call toll-free the Department of Managed Care for assistance:

- 1-888-HMO-2219 Voice
- 1-877-688-9891 TDD

The Department of Managed Care's Internet Web site has complaint forms and instructions online: <http://www.hmohelp.ca.gov>.

# Language Assistance Services

## English

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-359-2002 (TTY:711).

## Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-359-2002 (TTY:711).

## 繁體中文 (Chinese)

注意：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 1-800-359-2002 (TTY:711)。

## Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-359-2002 (TTY:711).

## Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-359-2002 (TTY:711).

## 한국어 (Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-359-2002 (TTY:711) 번으로 전화해 주십시오.

## Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-800-359-2002 (TTY (հեռատիպ)՝ 711)։

## فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-359-2002 (TTY:711) تماس بگیرید.

## Русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-359-2002 (телетайп: 711).

## 日本語 (Japanese):

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。1-800-359-2002 (TTY:711) まで、お電話にてご連絡ください。

## عربي (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-359-2002 (رقم هاتف الصم والبكم: 711).

**ਪੰਜਾਬੀ (Punjabi):**

ਪਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-359-2002 (TTY:711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ខ្មែរ (Mon Khmer, Cambodian):**

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-359-2002 (TTY:711)។

**Hmoob (Hmong):**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-359-2002 (TTY:711).

**हिंदी (Hindi):**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-359-2002 (TTY:711) पर कॉल करें।

**ภาษาไทย (Thai):**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-359-2002 (TTY:711).

**IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call Sharp Health Plan right away at (858) 499-8300 or 1-800-359-2002.**

**IMPORTANTE: ¿Puede leer esta carta? Si no le es posible, podemos ofrecerle ayuda para que alguien se la lea. Además, usted también puede obtener esta carta en su idioma. Para ayuda gratuita, por favor llame a Sharp Health Plan inmediatamente al (858) 499-8300 o 1-800-359-2002.**