

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
<b>Biomarker Testing</b>	Clarified coverage for medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a member’s disease or condition to guide treatment decisions.
<b>Confidentiality of Medical Records and Personal Health Information</b>	Statement regarding confidentiality protection for those individuals seeking or obtaining an abortion or abortion-related services. Outlines the limited circumstances where information may be disclosed and to whom.
<b>Definitions</b>	Updated several key terms, including Basic Health Care Services, Biomarker Testing, Genetic Test, and Medical Information.
<b>Emergency Services</b>	Revised the definition of Emergency Medical Condition, clarified eligibility for post-stabilization services, and updated copayment structure for emergency room visits. Prior authorization is not required for emergency services. Emergency Department copay is waived if admitted for inpatient care where inpatient copay will apply instead. Expanded clarification on emergency room coverage for both in-network and out-of-network services.
<b>Exclusions and Limitations</b>	Clarified exclusion for Organ Transplants to include member preference(s).
<b>Hearing Services</b>	Clarified coverage that ear molds/inserts not in conjunction with a hearing device are not covered benefits.
<b>Mental Health and Substance Use Disorder Services</b>	Clarified benefit inclusions for behavioral health services, a member’s right to receive timely and geographically accessible services and the process to follow if a member cannot find a network provider that offers timely access to care.
<b>Prescription Drugs</b>	Revised the copayment structure of Tier 4 Specialty Medications to state that member copay will not exceed 50% of Scripps Health Plan’s cost.
<b>Telehealth Services</b>	Clarified that office visits may be rendered in-person or via telehealth and applicable copayments apply.
<b>Weight Control Services</b>	Clarified coverage for authorized, medically necessary services related to weight control, including bariatric surgery, prescription drugs and related services.

We encourage you to visit [www.ScrippsHealthPlan.com](http://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