




New Member ID Card Samples

ID Cards Effective 1/1/20

Sample: Individual, Family or Employer-Sponsored Plans

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Group: <Group>
 Group #: <Group #>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
Plan Medical Group: <Affiliated Network>	
Network: <Network>	

Please visit sharphealthplan.com for any questions.

Customer Care:
1-800-359-2002

Mental Health Benefits:
1-800-359-2002

Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 004336
RxPCN: ADV
RxGROUP: RX4150


Provider Services:
1-800-359-2002

Provider Claims:
PO Box 939036
San Diego, CA 92193

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

Please visit sharphealthplan.com for any questions.

Sample: Individual, Family or Employer-Sponsored Plans (with pediatric dental coverage)

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Group: <Group>
 Group #: <Group #>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
Plan Medical Group: <Affiliated Network>	
Network: <Network>	

Please visit sharphealthplan.com for any questions.

Customer Care:
1-800-359-2002


Mental Health Benefits:
1-800-359-2002

Provider Services:
1-800-359-2002

Provider Claims:
PO Box 939036
San Diego, CA 92193


Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 004336 | RxPCN: ADV | RxGROUP: RX4150

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

 **Dental coverage for members under 19:**
Access Dental Plan 1-866-650-3660
PO Box 659032 Sacramento, CA 95865-9032

Please visit sharphealthplan.com for any questions.

Sample: Plans offered through Covered California

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Benefit Plan: <Plan Description>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
Plan Medical Group: <Affiliated Network>	
Network: <Network>	

Please visit sharphealthplan.com for any questions.

Customer Care:
1-800-359-2002

Mental Health Benefits:
1-800-359-2002

Provider Services:
1-800-359-2002

Provider Claims:
PO Box 939036
San Diego, CA 92193

Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 00433 | RxPCN: ADV | RxGROUP: RX4150

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

 **Dental coverage for members under 19:**
Access Dental Plan 1-866-650-3660
PO Box 659032 Sacramento, CA 95865-9032

 **Covered California** 1-800-300-1506
Questions about enrolling or premium assistance, call Covered California.


Please visit sharphealthplan.com for any questions.



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ID Cards Effective 1/1/20

Sample: San Diego Public Employee Benefit Association (SDPEBA)

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Group: City of San Diego/SDPEBA
 Group #: <Group #>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
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Please visit sharphealthplan.com for any questions.

Customer Care:
1-888-840-4747

Mental Health Benefits:
1-888-840-4747

Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 004336
RxPCN: ADV
RxGROUP: RX4150

Provider Services:
1-888-840-4747



Provider Claims:
PO Box 939036
San Diego, CA 92193

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

Please visit sharphealthplan.com for any questions.

Sample: Point of Service (POS) Plans

<first name> <last name> <suffix> **ID# <920000000-01>**
 DOB: <MM/DD/YY> **Point of Service (POS)**
 Group: <Group> **Effective: <MM/DD/YY>**
 Group #: <Group #>

	Network By 
Tier 1: HMO Benefit Level	Tier 2: Open Choice PPO Network
Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx> Specialist <\$xx> Hospital <\$xx> Urgent Care <\$xx> ER <\$xx>
Plan Medical Group: <Affiliated Network>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx> Specialist <\$xx> Hospital <\$xx> Urgent Care <\$xx> ER <\$xx>
Network: <Network>	

Please visit sharphealthplan.com for any questions.

Customer Care:
1-844-483-9011

Mental Health Benefits:
1-844-483-9011

Provider Services:
1-844-483-9011


Sharp Health Plan & Aetna medical claims:
PO Box 939036
San Diego, CA 92123

Pharmacy Services:
Members: 1-855-298-4252
Pharmacy: 1-800-364-6331
RxBIN: 004336 | RxPCN: ADV | RxGROUP: RX4150

IMPORTANT:
Emergency services and out of area urgent care services are covered without Prior Authorization. For urgent care in San Diego or Southern Riverside, call your Primary Care Physician. Some HMO Benefit Level (Tier 1) services require Prior Authorization. See your Primary Care Physician for information. Tier 2 services are available from Aetna Open Choice PPO providers. Tier 2 services may require Precertification. See your Health Plan Benefits and Coverage Matrix for information.

Please visit sharphealthplan.com for any questions.

Sample: CalPERS

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Group: <Group>
 Group #: <Group #>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
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
Please visit sharphealthplan.com/CalPERS for any questions.

Customer Care:
1-855-995-5004

Mental Health Benefits:
1-855-995-5004

Provider Services:
1-855-995-5004


Provider Claims:
PO Box 939036
San Diego, CA 92193

Pharmacy Services:
Members: 1-855-505-8110
Pharmacy: 1-855-438-4512
 optum.com/CalPERS
RxBIN: 610011
RxPCN: IRX
RxGROUP: CALPESHARP

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

Please visit sharphealthplan.com/CalPERS for any questions.

Sample: Customized Employer-Sponsored Plans (Custom Clients)

 **<firstname><lastname><suffix>**
ID# <920000000-01>
 DOB: <MM/DD/YY>
 Effective: <MM/DD/YY>
 Group: <Group>
 Group #: <Group #>

Primary Care Physician: <First Name> <Last Name> <XXX-XXX-XXXX>	Deductible: <\$x,xxx> Cost Share: PCP <\$xx or xx%> Specialist <\$xx or xx%> Hospital <\$xx or xx%> Urgent Care <\$xx or xx%> ER <\$xx or xx%>
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Please visit sharphealthplan.com for any questions.

Customer Care:
1-800-359-2002

Mental Health Benefits:
1-800-359-2002

Provider Services:
1-800-359-2002

Provider Claims:
PO Box 939036
San Diego, CA 92193

IMPORTANT:
Sharp Health Plan only covers care by Plan Providers, except for emergency services and out of area urgent care. Contact your Primary Care Physician for all other services.

Please visit sharphealthplan.com for any questions.



New Member ID Card Samples

ID Cards Effective 1/1/20

Sample: Sharp Direct Advantage Platinum Card (HMO)

SHARP HEALTH PLAN | **SHARP DIRECT ADVANTAGE PLATINUM CARD (HMO)**

Member Name
ID# S00000000
Effective Date: XX/XX/XXXX

Primary Care Physician:
Doctor Name M.D.
(XXX) XXX-XXXX

Cost Share:

PCP	\$XX
Specialist	\$XX
Urgent Care	\$XX
ER	\$XX

Plan Medical Group:
Your Plan Medical Group

Network:
Sharp Direct Advantage

MEMBER ID CARD

MedicareRx
Prescription Drug Coverage

sharpmedicareadvantage.com
Customer Care: 1-855-562-8853 | TTY/TDD: 711

Pharmacy Services:
Members: 1-855-222-3183
Pharmacy: 1-866-693-4620
RxBIN: 004336
RxPCN: MEDDADV
RxGROUP: RX4154

DO NOT BILL MEDICARE

Providers submit claims to:
8520 Tech Way, Ste 201
San Diego, CA 92123

Pharmacists submit claims to:
Medicare Part D
Claims Processing
P.O. Box 52066
Phoenix, Arizona 85072-2066

CMS H5386_802

Sample: Sharp Direct Advantage Gold Card (HMO)

SHARP HEALTH PLAN | **SHARP DIRECT ADVANTAGE GOLD CARD (HMO)**

Member Name
ID# S00000000
Effective Date: XX/XX/XXXX

Primary Care Physician:
Doctor Name M.D.
(XXX) XXX-XXXX

Cost Share:

PCP	\$XX
Specialist	\$XX
Urgent Care	\$XX
ER	\$XX

Plan Medical Group:
Your Plan Medical Group

Network:
Sharp Direct Advantage

MEMBER ID CARD

MedicareRx
Prescription Drug Coverage

sharpmedicareadvantage.com
Customer Care: 1-855-562-8853 | TTY/TDD: 711

Pharmacy Services:
Members: 1-855-222-3183
Pharmacy: 1-866-693-4620
RxBIN: 004336
RxPCN: MEDDADV
RxGROUP: RX4154

DO NOT BILL MEDICARE

Providers submit claims to:
8520 Tech Way, Ste 201
San Diego, CA 92123

Pharmacists submit claims to:
Medicare Part D
Claims Processing
P.O. Box 52066
Phoenix, Arizona 85072-2066

CMS H5386_802

Sample: Sharp Direct Advantage Premium Card (HMO)

SHARP HEALTH PLAN | **SHARP DIRECT ADVANTAGE PREMIUM CARD (HMO)**

Member Name
ID# S00000000
Effective Date: XX/XX/XXXX

Primary Care Physician:
Doctor Name M.D.
(XXX) XXX-XXXX

Cost Share:

PCP	\$XX
Specialist	\$XX
Urgent Care	\$XX
ER	\$XX

Plan Medical Group:
Sharp Rees-Stealy Medical Group

Network:
Sharp Direct Advantage

MEMBER ID CARD

MedicareRx
Prescription Drug Coverage

sharpmedicareadvantage.com
Customer Care: 1-855-562-8853 | TTY/TDD: 711

Pharmacy Services:
Members: 1-855-222-3183
Pharmacy: 1-866-693-4620
RxBIN: 004336
RxPCN: MEDDADV
RxGROUP: RX4155

DO NOT BILL MEDICARE

Providers submit claims to:
8520 Tech Way, Ste 201
San Diego, CA 92123

Pharmacists submit claims to:
Medicare Part D
Claims Processing
P.O. Box 52066
Phoenix, Arizona 85072-2066

CMS H5386_802



New Member ID Card Samples

ID Cards Effective 1/1/18

Sample: Sharp Direct Advantage Basic (HMO)

SHARP HEALTH PLAN | **SHARP DIRECT ADVANTAGE BASIC (HMO)**

Member Name
ID# S00000000
 Effective Date: XX/XX/XXXX

Plan Medical Group:
 Sharp Rees-Stealy Medical Group

Network:
 Sharp Direct Advantage

MEMBER ID CARD

Primary Care Physician:
 Doctor Name M.D.
 (XXX) XXX-XXXX

Cost Share:

PCP	\$XX
Specialist	\$XX
Urgent Care	\$XX
ER	\$XX

MedicareRx
 Prescription Drug Coverage X

sharpmedicareadvantage.com
 Customer Care: 1-855-562-8853 | TTY/TDD: 711

Pharmacy Services:
 Members: 1-855-222-3183
 Pharmacy: 1-866-693-4620
 RxBIN: 004336
 RxPCN: MEDDADV
 RxGROUP: RX4155

Pharmacists submit claims to:
 Medicare Part D
 Claims Processing
 P.O. Box 52066
 Phoenix, Arizona 85072-2066

DO NOT BILL MEDICARE

Providers submit claims to:
 8520 Tech Way, Ste 201
 San Diego, CA 92123

CMS H5386_802

Sample: Sharp Direct Advantage (HMO) - San Diego Public Employee Benefit Association (SDPEBA)

SHARP HEALTH PLAN | **SHARP DIRECT ADVANTAGE (HMO)**

Member Name
ID# S00000000
 Effective Date: XX/XX/XXXX

Plan Medical Group:
 Sharp Rees-Stealy Medical Group

Network:
 Sharp Direct Advantage

MEMBER ID CARD

Primary Care Physician:
 Doctor Name M.D.
 (XXX) XXX-XXXX

Cost Share:

PCP	\$XX
Specialist	\$XX
Urgent Care	\$XX
ER	\$XX

MedicareRx
 Prescription Drug Coverage X

sharpmedicareadvantage.com
 Customer Care: 1-855-562-8853 | TTY/TDD: 711

Pharmacy Services:
 Members: 1-855-222-3183
 Pharmacy: 1-866-693-4620
 RxBIN: 004336
 RxPCN: MEDDADV
 RxGROUP: RX4155

Pharmacists submit claims to:
 Medicare Part D
 Claims Processing
 P.O. Box 52066
 Phoenix, Arizona 85072-2066

DO NOT BILL MEDICARE

Providers submit claims to:
 8520 Tech Way, Ste 201
 San Diego, CA 92123

CMS H5386_802