




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	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.
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
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	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.
Mental Health Benefits: 1-800-359-2002	
Provider Services: 1-800-359-2002	
Provider Claims: PO Box 939036 San Diego, CA 92193	Dental coverage for members under 19: Access Dental Plan 1-866-650-3660 PO Box 659032 Sacramento, CA 95865-9032
Pharmacy Services: Members: 1-855-298-4252 Pharmacy: 1-800-364-6331 RxBIN: 004336 RxPCN: ADV RxGROUP: RX4150	
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	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.
Mental Health Benefits: 1-800-359-2002	
Provider Services: 1-800-359-2002	
Provider Claims: PO Box 939036 San Diego, CA 92193	Dental coverage for members under 19: Access Dental Plan 1-866-650-3660 PO Box 659032 Sacramento, CA 95865-9032
Pharmacy Services: Members: 1-855-298-4252 Pharmacy: 1-800-364-6331 RxBIN: 00433 RxPCN: ADV RxGROUP: RX4150	 Covered California 1-800-300-1506 Questions about enrolling or premium assistance, call Covered California.
Please visit sharphealthplan.com for any questions.	



New Member ID Card Samples

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>

Plan Medical Group:
<Affiliated Network>

Network: <Network>

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%>

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

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.

Provider Services:
1-888-840-4747

Provider Claims:
PO Box 939036
San Diego, CA 92193

Please visit sharphealthplan.com for any questions.

Sample: Point of Service (POS) Plans

<first name> <last name> <suffix>
DOB: <MM/DD/YY>
Group: <Group>
Group #: <Group #>

ID# <920000000-01>
Point of Service (POS)
Effective: <MM/DD/YY>

Tier 1: HMO Benefit Level

Primary Care Physician:
<First Name> <Last Name>
<XXX-XXX-XXXX>

Plan Medical Group:
<Affiliated Network>

Network: <Network>

Tier 2: Open Choice PPO Network

Deductible: <\$x,xxx>
Cost Share:

PCP	<\$xx>
Specialist	<\$xx>
Hospital	<\$xx>
Urgent Care	<\$xx>
ER	<\$xx>

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>

Plan Medical Group:
<Affiliated Network>

Network: <Network>

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%>

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: CALPSHARP

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>

Plan Medical Group:
<Affiliated Network>

Network: <Network>

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%>

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 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 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: 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 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 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: 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 (HMO)

**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 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

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	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	MedicareRx Prescription Drug Coverage X
MEMBER ID CARD	

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	

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	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	MedicareRx Prescription Drug Coverage X
MEMBER ID CARD	

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	