

RIGHT TO SUBMIT GRIEVANCE REGARDING CANCELLATION, RESCISSION, OR NONRENEWAL OF YOUR PLAN ENROLLMENT, SUBSCRIPTION, OR CONTRACT.

If you believe your health care coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

OPTION (1) — YOU MAY SUBMIT A GRIEVANCE TO YOUR PLAN.

You may submit a grievance to Sutter Health Plan by calling 855-315-5800 (TTY 855-830-3500), online at sutterhealthplan.org, or by mailing your written grievance to Sutter Health Plan, Attn: Appeals and Grievances, P.O. Box 160305, Sacramento, CA 95816.

You may want to submit your grievance to Sutter Health Plan first if you believe your cancellation, rescission, or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.

Sutter Health Plan will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care as detailed under Option 2 below.

OPTION (2) — YOU MAY SUBMIT A GRIEVANCE DIRECTLY TO THE DEPARTMENT OF MANAGED HEALTH CARE.

You may submit a grievance 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 grievance.

You may submit a grievance to the Department of Managed Health Care online at:

WWW.DMHC.CA.GOV

You may submit a grievance to the Department of Managed Health Care by mailing your written grievance to:

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

You may contact the Department of Managed Health Care for more information on filing a grievance at:

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