



# EMPLOYER GUIDE

## MISSION

We enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in health care services.

## VISION

We deliver a seamless member experience connecting quality care and coverage with a local commitment to service excellence.

## WELCOME

Thank you for choosing Sutter Health Plus. We believe that partnering with you and your employees will lead to a healthier workforce. This handbook is your guide to navigating Sutter Health Plus and understanding the features and benefits of your health plan.

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## Important Contact Information

### Monthly Premium Payments

Please include your account identification number in the memo line of your checks and send your premium payments to the following address:

Sutter Health Plus  
P. O. Box 740143  
Los Angeles, CA 90074-0143

For information for about other payment methods, see Sutter Health Plus Premium Payment Options on page 6.

### Billing Questions

For questions about invoices, reconciliations, payments and more, please email:  
[shpbilling@sutterhealth.org](mailto:shpbilling@sutterhealth.org)

### Correspondence Address

Sutter Health Plus  
P.O. Box 160307  
Sacramento, CA 95816

### Member Services

For member questions about eligibility, changing primary care physicians, understanding bills, and more.

**855-315-5800**

Available Monday through Friday, 8 a.m. to 7 p.m.

### Enrollment Forms, Termination and Change Requests

Fax: **916-736-5426**  
[shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

Paper forms require five to seven business days to display eligibility in all systems.

### Continuity of Care Questions

[shpcoccaremanagement@sutterhealth.org](mailto:shpcoccaremanagement@sutterhealth.org)

## Employer Portal

As your health plan partner, Sutter Health Plus wants to make it easy and convenient for you to manage health care benefits for your employees. Our secure, mobile-friendly employer portal allows you to:

- View and export your employee roster and details
- View correspondence, *Summary of Benefits and Coverage (SBC)*, *Benefits and Coverage Matrix (BCM)*, and *Evidence of Coverage and Disclosure Form (EOC)*
- View and download your 12 most recent premium bills, including member details
- Request member ID cards for employees
- Access small group plan renewal packets
- Request Sutter Health Plus assistance for billing inquiries
- Navigate to optional benefit partner information

Registration for our employer portal is easy and takes only a few minutes. Visit [shplus.org/employerportal](http://shplus.org/employerportal) to register or access your account. If you need additional assistance registering for the portal, please consult the *Employer Portal Registration Guide*, call Account Services at 855-325-5200 or email [shpaccountservices@sutterhealth.org](mailto:shpaccountservices@sutterhealth.org).

## Forms

Please visit [sutterhealthplus.org/forms](http://sutterhealthplus.org/forms) to access forms and resources for you and your employees. You can also visit [shplus.org/employerportal](http://shplus.org/employerportal) and click the Employer Forms and Resources link.







## Enrolling Employees and Dependents

### Eligible

The following are eligibility requirements for an **employee** to qualify for coverage:

- Must work, live or reside within the licensed service area

#### Full-time Employees:

- Must be actively engaged in employment with an average 30-hour workweek for at least 50 percent of the weeks in the previous calendar quarter
- Must receive monetary compensation from the employer (subject to IRS Form W-2 withholdings)
- Must have met statutorily authorized applicable waiting period requirements

#### Part-time Employees:

- Must work at least 20 hours, but no more than 29 hours, and:
  - Meet the definition of an eligible employee except for the number of hours worked and has a bona fide employer-employee relationship
  - Employer offers employee health coverage under a health benefit plan; and all similarly situated individuals are offered coverage under a health benefit plan

The following are eligibility requirements for a **dependent** to qualify for coverage:

- Must work, live or reside within the licensed service area

#### Dependents include:

- An employee's spouse or domestic partner over the age of 18 is eligible under state law; it is the employer's responsibility to validate domestic partners' eligibility; proof of domestic partnership status is not required
- An employee over age 65 and enrolled in Medicare may select coverage for a spouse under age 65
- A child up to age 26, including a natural-born child, stepchild, legally adopted child or child placed in the home for adoption and any other child for whom the employee is the legal guardian or has court-ordered custody
- A disabled dependent child age 26 or older and incapable of self-support due to a physically or mentally disabling injury, illness or condition which existed prior to age 26 who receives 50 percent or more of support and maintenance from the employee or employee's spouse or domestic partner may be eligible for coverage; members must submit a request for eligibility and provide proof of incapacity and dependency within 60 days of the request

## Ineligible

The following individuals do not qualify for coverage:

- Employees in a waiting period
- Stockholders, trustees, members of the board of directors, elected officials and school board members (unless meeting hourly requirement and drawing a salary in line with other employee eligibility criteria)
- Seasonal, temporary, leased and substitute employees who do not meet the Patient Protection and Affordable Care Act's definition of an eligible employee
- Independent or commissioned contractors who receive wages via IRS Form 1099
- Employees who have not worked for six months due to illness or injury or for 12 weeks due to leave of absence or temporary layoff; these rules apply even if covered by long-term disability coverage or workers' compensation coverage
- Employees or dependents who erroneously or fraudulently enrolled in coverage
- Foreign employees covered by his or her country's government health plan residing outside the U.S.

## Waiting Period

As the employer, you determine employee eligibility dates. A California employer may impose a waiting period of up to 90 days per federal regulations. Benefits are effective the first of the month after the imposed waiting period. If you have questions about rules on waiting periods, please consult your legal counsel.

## Waivers

Although Sutter Health Plus does not require a copy of a waiver or declination of coverage, we encourage employers to keep a copy of an employee waiver or declination form on file.

Valid declination reasons include:

- Employee has coverage as a dependent through a spouse or parent's group health plan
- Employee has coverage with another carrier through another employer
- Employee has coverage through Covered California
- Employee's spouse or domestic partner works for the same employer
- Employee has an individual plan through Medi-Cal
- Employee has coverage through COBRA or Cal-COBRA
- Employee has military benefits through TRICARE
- Employee has coverage through a federal employee health benefits program

## Enrollment

You may submit standard paper enrollment forms to Sutter Health Plus. Your employee must complete and sign all paper forms at the time of enrollment.

Sutter Health Plus also offers electronic data interchange (EDI) enrollment submissions through a standard 834 EDI file. EDI files received with accurate member and benefit information are uploaded within 24 hours of receipt. If there are discrepancies in the EDI file, we will return the member's records for review.

## Late Enrollment

An employee or eligible dependent who doesn't enroll when first eligible and later wants to enroll may do so during open enrollment. However, in some cases, they may qualify to enroll in a special enrollment period due to a qualifying event. For a list of qualifying events, please refer to the Special Enrollment section of the *EOC*.



## Reporting Membership Changes

Membership changes are effective the month in which Sutter Health Plus receives them and the two months prior. For example, if a request is received on Sept. 15, 2018, the effective date would go back two complete months to Jul. 1, 2018. Sutter Health Plus does not process requests received after 90 days.

### Changes

If an employee or dependent has a demographic, benefit or sub-account change, you can download the Employee Enrollment/Change Form through the employer portal (click on Employer Forms and Resources) or at [sutterhealthplus.org/forms](https://sutterhealthplus.org/forms). Send your completed form to:

Fax: 916-736-5426

Email: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

If enrollment is through the standard 834 EDI file, submit changes through this process.

### Terminations

To submit an employee or dependent termination, download the Termination Form through the employer portal (click on Employer Forms and Resources) or at [sutterhealthplus.org/forms](https://sutterhealthplus.org/forms). Send your completed form to:

Fax: 916-736-5426

Email: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

If enrollment is through the standard 834 EDI file, submit terminations through this process.

The coverage termination date is the first day a member is not covered. For example, if the termination date is Jan. 1, 2019, the last minute of coverage occurs on Dec. 31, 2018, 11:59 p.m. Coverage for all covered dependents ends when the subscriber's coverage ends. You are required to inform the subscriber before coverage terminates.

# Group Coverage Changes

## Group Changes

For account changes, please contact Sutter Health Plus Account Services or your Account Manager. Change requests include changes to one of the following:

- Address
- Contact information
- Ownership
- Broker of record

## Renewals

Sutter Health Plus automatically renews your agreement on the renewal date with the existing benefit plan design. We will send your renewal packet, including a renewal rate sheet and coverage details, 60 days prior to renewal.

To make changes to your benefit plans or rates, work with your broker or contact Account Services at least 45 days prior to the renewal date. Changes made after this date may not be reflected in the renewal month invoice.

## Terminating Group Coverage

### Voluntary Termination

You may terminate coverage by giving at least 60 days written notice of termination to Sutter Health Plus. Group termination is effective on the first day of the month following the 60-day notice of termination. Sutter Health Plus does not allow mid-month terminations.

### Involuntary Termination

Sutter Health Plus may terminate your agreement if the group no longer meets group eligibility criteria, provides fraudulent information, for nonpayment, or for other reasons in compliance with federal and state regulations.

# Billing and Payments

## Billing cycle

Sutter Health Plus generates invoice summaries monthly. Invoice summaries, including premiums for any optional benefits you select, are available on the employer portal typically by the fifteenth of the month.

If your effective date is prior to your purchase date, your invoice summary includes the first month's premium and the following month's premium, e.g., group is effective January 1 but entered into the Sutter Health Plus system January 9 as a result of purchase after the effective date. We apply the binder payment to the first month's premium, but the invoice summary may not reflect this, and you may receive a notice that your account is delinquent.

You may receive a notice of cancellation if your payment is not received by the first of the month. You have at least a 30-day grace period from the first day after the last date of paid coverage to pay the unpaid premium

amount before we may terminate coverage. If we receive your payment on or before the last day of the grace period, the policy will not be cancelled and there will be no lapse in coverage.

We apply all premium payments to the oldest balance due, regardless of when we receive payment. Payments sent to the payment lockbox are applied to the account within three business days.

## Payments

Payments are due to Sutter Health Plus the first day of the coverage period. Your invoice summary reflects all payments received through the last business day prior to the invoice date. The address for your premium payment varies by method of payment. Use the following specific information for paying your premiums. Sutter Health Plus does not accept cash or credit card payments.

## Bill Pay

Use the following information for online banking bill pay service with your bank or credit union.

<b>Payee Name</b>	Sutter Health Plus
<b>Payee Address</b>	P.O. Box 740143 Los Angeles, CA 90074-0143
<b>Payee Telephone Number</b>	855-315-5800

## Check

Make your check payable to Sutter Health Plus and mail to the appropriate address. Include your Sutter Health Plus account name, account ID number and sub-account (if applicable) with your payment.

<b>Premium Payments</b>	Sutter Health Plus P.O. Box 740143 Los Angeles, CA 90074-0143
<b>Expedited (Overnight) Premium Payment</b>	Attn: Finance Sutter Health Plus 2480 Natomas Park Dr., Ste. 150 Sacramento, CA 95833

## ACH

Use the following information for ACH payments. Contact your bank or credit union directly or consult your online banking service about ACH payments and any associated fees.

The routing number for ACH payments is different than the routing number for wire transfers.

<b>Payee Name</b>	Sutter Health Plus
<b>Bank Name and Address</b>	Bank of America 555 Capitol Mall, Ste. 150 Sacramento, CA 95814
<b>ABA/Routing Number for ACH</b>	121000358
<b>Bank Account Number</b>	1499285898

## Wire

Use the following information for wire transfers. Contact your bank or credit union directly or consult your online banking service about wire transfers and any associated fees.

The routing number for wire transfers is different than the routing number for ACH.

<b>Payee Name</b>	Sutter Health Plus
<b>Bank Name and Address</b>	Bank of America 555 Capitol Mall, Ste. 150 Sacramento, CA 95814
<b>ABA/Routing Number for ACH</b>	026009593
<b>Bank Account Number</b>	1499285898



**INVOICE SUMMARY**

ABC Corp Account ID: 123456

**Account name and ID**

ABC Corp  
Attn: John Smith  
1234 Nicolaus Rd  
Lincoln, CA 95648

**Date statement generated**

Invoice Date: May 1, 2018

**Benefit dates covered within premium bill**

Coverage Period: June 1, 2018 - June 30, 2018

**Due Date:** June 1, 2018

Invoice Number: 602445

Total Amount Due: \$62,758.41

**Amount paid since last statement**

Amount Paid: \$55,116.99

This invoice reflects all payments received through the last business day prior to the statement date. Payment in full is due as of "Due Date." Payment is considered late if not paid in full as of "Due Date."

Sutter Health Plus allows a grace period of at least 30 days to remit premiums for the current coverage period. If you have a past-due balance, be aware that the grace period does not extend the time you have to pay premiums billed for prior coverage period.

**Due Date:** June 1, 2018  
**Late as of Date:** June 2, 2018  
**Grace Period End Date:** July 15, 2018

Failure to remit total current charges in full by the end of the grace period may result in termination of coverage.

Prior Balance:	\$55,116.99
Payments Received:	\$55,116.99
Total Current Charges:	\$62,758.41
Adjustments:	\$0.00
NSF / Voids:	\$0.00
Total Amount Due:	\$62,758.41

Find complete details for this invoice summary on the employer portal at [shplus.org/employerportal](http://shplus.org/employerportal) > View Premiums

**New users must register** for an account on the portal. See other side of this invoice for instructions.

\*\* Please remember to write your Account ID on your check or money order.

**Account activity since last statement**

DO NOT ENCLOSE CASH.

Please cut along the dotted line below and return the bottom portion with your payment.

E-18-020



**Invoice Date:** May 1, 2018

**Invoice Number:** 602445

**Coverage Period:** June 1, 2018 - June 30, 2018

**Due Date:** June 1, 2018

**Account Name:** ABC Corp

**Total Amount Due:** \$62,758.41

**Account ID:** 123456

**Amount Paid:** \_\_\_\_\_

**Late as of Date:** June 2, 2018

**Grace Period End Date:** July 15, 2018

Please remit check or money order to:

Sutter Health Plus  
P.O. Box 740143  
Los Angeles, CA, 90074-0143

00006024450000123456000000000000062758417

**Document number, for internal use**

INVOICE DETAIL

ABC Corp Account ID: 123456

Invoice Date: May 1, 2018

Invoice Number: 602445

Coverage Period: June 1, 2018 - June 30, 2018

**Account name, Sub-account, benefit plan**

**Due Date: June 1, 2018**

Sub-account: ABC Corp COBRA 123456-000002 MS50

Employee Name	Subscriber ID	Coverage Tier	Status	Effective Date	Medical Premium	Dental Premium	Vision Premium	Acu/Chiro Premium	Retroactive Adjustments	Total Premium
John Smith		N/A	Active	03/01/2018	\$1,068.62	\$0.00	\$0.00	\$1.94	\$0.00	\$1,070.56
<b>Sub-Totals:</b>					<b>\$1,068.62</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1.94</b>	<b>\$0.00</b>	<b>\$1,070.56</b>

**Member status**

**Member effective date**

**Medical premium amount owed**

<b>Prior Balance:</b>	\$55,116.99
<b>Payments Received:</b>	\$55,116.99
<b>Total Current Charges:</b>	\$62,758.41
<b>Adjustments:</b>	\$0.00
<b>NSF / Voids:</b>	\$0.00
<b>Total Amount Due:</b>	\$62,758.41

**Account activity since last statement**

**Retroactive members' premium billing detail**

RETROACTIVE DETAIL

ABC Corp Account ID: 123456

Invoice Date: May 1, 2018

Invoice Number: 602445

Coverage Period: June 1, 2018 - June 30, 2018

**Due Date: June 1, 2018**

**May 2018 Coverage Period (Continued)**

Sub-account : ABC Corp Active 123456-000001 MS50

Employee Name	Subscriber ID	Coverage Tier	Status	Effective Date	Billing Period Start Date	Billing Period End Date	Rate Applied	Retroactive Adjustments
James Smith			Active					
Jane Doe			Active					
Maria Garcia			Active					
Tran Nguyen			Active					

You may submit Requests for Review to the DMHC by mail, telephone, fax, or online using the following contact information:

MAIL Help Center  
Department of Managed Health Care  
980 Ninth Street, Suite 500  
Sacramento, CA 95814-2725



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

Request for  
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If you believe  
your plan co  
You have the  
Care (DMHC)  
coverage.

#### Option 1 –

You may s  
methods:

Even though you have not paid your premium, Sutter Health Plus is providing you with a grace period to allow you time to remit your past due premiums payment(s) without losing your health care coverage. A grace period is a period of at least 30 days beginning no sooner than the first day after the last day of paid coverage.

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#### Option 2 –

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E-17-002



Sutter Health Plus  
P.O. Box 160307  
Sacramento, CA 95816  
855-315-5800  
sutterhealthplus.org

April 2, 2018



ABCChoice Region1  
Attn: Benefit Administrator  
123 Northeast Street  
Mountain View, CA 94043

Re: **Notice of Cancellation for Non-Payment of Premium**  
Group Account Number: 123456

Dear Benefit Administrator,

The Department of Managed Health Care (DMHC) established regulations to comply with Health and Safety Code Section 1365 regarding health plan cancellations. The DMHC regulations require health plans to issue a Notice of Cancellation to customers that do not pay their premium within a specific time frame. As of the date of this letter, we have not received your premium payment. Sutter Health Plus is sending you this Notice of Cancellation to inform you that your account is subject to cancellation due to nonpayment. We are providing you with the following information and instructions to avoid cancellation.

**Please disregard this notice if you have recently sent your premium payment.**

Please be advised that this notice only reflects the past due premium amount billed in March 2018 for the coverage period of April 1, 2018 – April 30, 2018. **If you have past due premiums still owed from previous months, you must take immediate action to avoid cancellation.**

**If You Previously Received a Notice of Cancellation for Non-Payment:**

***Be aware that this notice does NOT extend the time you have to pay your premium(s) billed for prior coverage period(s), nor otherwise change the notice sent to you for those previous months. The cancellation date stated in the prior notice still applies if the prior balance was not paid in full.***

Contact Sutter Health Plus Account Services at 855-325-5200 if you need assistance in determining what you need to do to avoid cancellation of coverage.

#### Notice of Cancellation for Non-Payment of Premium

As of the date of this notice, Sutter Health Plus has not received your full premium payment and you now have a past due amount of \$11,007.67 for the coverage period of April 1, 2018 – April 30, 2018.

E-17-002

Page 1 of 2

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## Federal COBRA and Cal-COBRA

### Federal COBRA

Federal COBRA allows an employee to continue medical coverage up to 18 months after the coverage is terminated. Sutter Health Plus does not administer Federal COBRA; however, we will enroll a member into Federal COBRA continuation coverage if an enrollment form or EDI record is sent by you or a third-party COBRA administrator. Please consult with your COBRA administrator for more information.

### Enrolling Federal COBRA members

To enroll a Federal COBRA member for continuation coverage with Sutter Health Plus, consult with your COBRA administrator and request that your COBRA administrator complete a Sutter Health Plus Enrollment Form to include the member's continuation coverage effective date. You can download the Employee Enrollment/Change Form through the employer portal (click on Employer Forms and Resources) or at [sutterhealthplus.org/forms](https://sutterhealthplus.org/forms). You can also include the member in your standard 834 EDI file. Send your completed form to:

Fax: 916-736-5426

Email: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

Your invoice summary includes premiums for any member enrolled in Federal COBRA continuation coverage.

### Cal-COBRA

A member who exhausts the 18 months of Federal COBRA continuation coverage may be eligible for an additional 18 months of Cal-COBRA continuation coverage, up to a maximum of 36 months. To qualify for coverage under Cal-COBRA, the member must meet one of the following criteria:

- Member exhausted coverage after 18 months of enrollment in an employer group plan for Federal COBRA
- Member previously enrolled in Cal-COBRA under an employer group plan that changed coverage from another carrier to Sutter Health Plus



Employers with two to 19 employees, must also meet the following criteria:

- Employed two to 19 eligible employees on at least 50 percent of its working days during the preceding calendar year, or, if the employer was not in business during any part of the preceding calendar year, employed two to 19 eligible employees on at least 50 percent of its working days during the preceding calendar quarter
- Has contracted for health care coverage through a group benefit plan offered by a health care service plan
- Not subject to Section 4980B of the United States Internal Revenue Code or Chapter 18 of the Employee Retirement Income Security Act, 29 U.S.C. Section 1161 et seq.

## **Enrolling Cal-COBRA Members**

To notify Sutter Health Plus of a Cal-COBRA member for continuation coverage, the member must complete a Sutter Health Plus Enrollment Form and include the member's continuation coverage effective date. You can download the Employee Enrollment/Change Form through the employer portal (click on Employer Forms and Resources) or at [sutterhealthplus.org/forms](https://sutterhealthplus.org/forms). Send your completed form to:

Fax: 916-736-5426

Email: [shpenrollmentmailbox@sutterhealth.org](mailto:shpenrollmentmailbox@sutterhealth.org)

After you notify Sutter Health Plus of an enrollee for Cal-COBRA continuation coverage, within 14 days, we will mail the Cal-COBRA Election Notice and Enrollment Form to the enrollee that includes information about health care coverage options and rates.

To elect Cal-COBRA continuation coverage with Sutter Health Plus, within 60 days of receiving the notice the enrollee must complete and return the election form to:

Sutter Health Plus  
P.O. Box 160345  
Sacramento, CA 95816

Within 45 days after completing and sending the notice to Sutter Health Plus, the enrollee must send by first-class mail the first premium payment to:

Sutter Health Plus  
P.O. Box 740143  
Los Angeles, CA 90074-0143

The beneficiary will be disqualified from receiving Cal-COBRA Continuation Coverage with Sutter Health Plus if the initial premium payment is not received by the above-stated timeframe or the funds are insufficient. Sutter Health Plus will terminate coverage, and the member will receive a termination of coverage letter.

# Specialty Plan Partners

Sutter Health Plus partners with several licensed specialty health plans for certain health care benefits that are not provided through medical groups, as described below.

## U.S. Behavioral Health Plan, California (USBHPC)

1-855-202-0984 | [liveandworkwell.com](http://liveandworkwell.com)

All members have benefits for mental health, behavioral health and substance use disorder (MH/SUD) treatment services through USBHPC. Refer to the Sutter Health Plus *EOC* for additional information regarding USBHPC and MH/SUD benefits.

## Express Scripts®

1-877-787-8661 | [express-scripts.com/shp](http://express-scripts.com/shp)

All members have prescription benefits, including retail, mail order and specialty prescriptions, through Express Scripts. For more information about prescription benefits, visit the Express Scripts guest website for Sutter Health Plus members.

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**Sutter Health Plus offers optional benefits to small and large group employers by partnering with our specialty plan partners below. Dental and vision essential health benefits are also accessed through our plan partners.**

## ACN Group of California, Inc. dba OptumHealth Physical Health of California (ACN)

1-800-428-6337 | [myoptumhealthphysicalhealthofca.com](http://myoptumhealthphysicalhealthofca.com)

ACN provides optional chiropractic and acupuncture services when elected by an employer group. Members will receive separate ACN benefit documents, and ACN will be listed on the member ID card if the member's employer elects optional acupuncture or chiropractic (or both) benefits. Members do not need a referral and can search for providers directly through OptumHealth.

## Delta Dental

1-800-422-4234 | [deltadentalins.com](http://deltadentalins.com)

Members enrolled in a small group plan or IFP have pediatric dental benefits through the end of the month in which they turn age 19. Refer to the Sutter Health Plus *EOC* for information regarding pediatric dental benefits provided by Delta Dental, through DeltaCare USA Network. Delta Dental also provides optional comprehensive dental coverage for adult members of small group plans and for all members of large group plans when the employer group has elected optional comprehensive dental benefits. For information regarding optional, comprehensive dental benefits, refer to the separate Delta Dental *EOC*.

## Vision Service Plan (VSP)

1-800-877-7195 | [vsp.com](http://vsp.com)

Members enrolled in a small group plan or IFP have pediatric vision benefits through the end of the month in which they turn age 19. An annual refractive eye exam is available to all members enrolled in a large group plan. Refer to the Sutter Health Plus *EOC* for information regarding pediatric vision and the eye exam if applicable.

VSP also provides optional comprehensive vision coverage for adult members of small group plans and for all members of large group plans when the employer group has elected optional, comprehensive vision benefits. Members do not need a referral and can search for providers directly through VSP.

# The Sutter Health Plus Network

With the Sutter Health Plus network, members can take advantage of conveniently located neighborhood offices, care centers and facilities in their communities. This includes access to high-quality primary care doctors, specialists, labs and diagnostic imaging centers, urgent care centers, hospitals and other health care services. To view all providers and facilities in the service area, please visit [sutterhealthplus.org/providersearch](http://sutterhealthplus.org/providersearch).



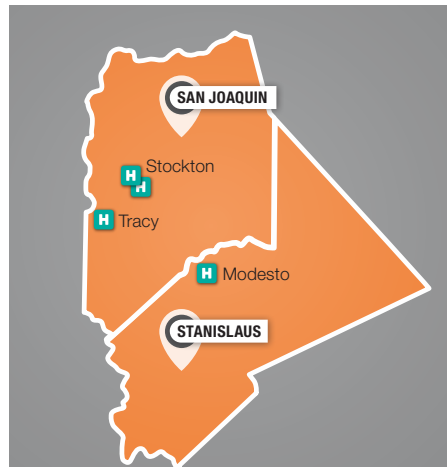
**Valley Area**  
El Dorado, Placer, Sacramento, Solano, Sutter and Yolo Counties

## Affiliated Medical Groups

- Sutter Independent Physicians\*
- Sutter Medical Group\*\*
- Sutter Medical Group - Solano\*\*

## Hospitals

- Sutter Auburn Faith Hospital
- Sutter Davis Hospital
- Sutter Medical Center, Sacramento
- Sutter Roseville Medical Center
- Sutter Solano Medical Center



**Valley Area**  
San Joaquin and Stanislaus Counties

## Affiliated Medical Group

- Sutter Gould Medical Foundation\*

## Hospitals

- Dameron Hospital
- Memorial Medical Center
- St. Joseph's Medical Center
- Sutter Tracy Community Hospital



**Bay Area**  
Alameda and Contra Costa Counties

## Affiliated Medical Groups

- Affinity Medical Group
- Brown & Toland Physicians – East Bay
- Sutter East Bay Medical Foundation\*\*

## Hospitals

- Alta Bates Summit Medical Center
  - Alta Bates Campus
  - Summit Campus
- Children's Hospital Oakland
- Eden Medical Center
- San Ramon Regional Medical Center
- Sutter Delta Medical Center
- ValleyCare Medical Center

\*Select providers offer My Health Online

\*\*Offers My Health Online



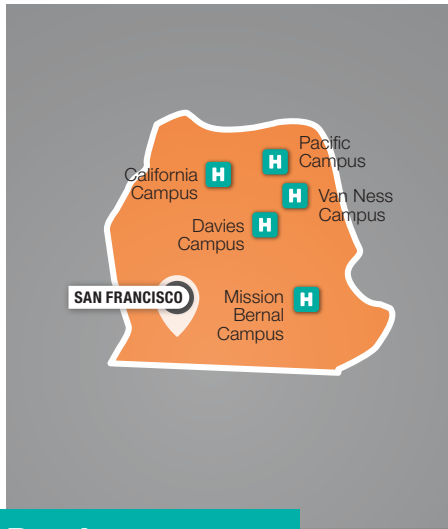
**Bay Area**  
Alameda, San Mateo, Santa Clara and Santa Cruz Counties

**Affiliated Medical Groups**

- Affinity Medical Group
- Mills-Peninsula Physicians Network\*
- Palo Alto Medical Foundation\*\*

**Hospitals**

- Alta Bates Summit Medical Center
  - Alta Bates Campus
  - Summit Campus
- Eden Medical Center
- El Camino Hospital
  - Los Gatos Campus
  - Mountain View Campus
- Lucile Packard Children’s Hospital
- Mills-Peninsula Medical Center
- Menlo Park Surgical Hospital
- San Ramon Regional Medical Center
- Sequoia Hospital
- Sutter Maternity & Surgery Center
- ValleyCare Medical Center
- Watsonville Community Hospital



**Bay Area**  
San Francisco County

**Affiliated Medical Group**

- Brown & Toland Physicians\*

**Hospitals**

- California Pacific Medical Center
  - California Campus
  - Davies Campus
  - Mission Bernal Campus
  - Pacific Campus
  - Van Ness Campus



**Bay Area**  
Sonoma County

**Affiliated Medical Group**

- Sutter Medical Group of the Redwoods\*

**Hospitals**

- Novato Community Hospital *serving southern Sonoma County*
- Sutter Santa Rosa Regional Hospital

\*Select providers offer My Health Online

\*\*Offers My Health Online





## Care Centers

In many communities, members may have access to multispecialty outpatient care centers that provide a wide variety of services—all under one roof. Services available may include:

- Primary care
- Specialty care
- Lab
- X-ray

## SAME-DAY CARE



### Video Visits

Members have access to video visits through their MHO account, with same-day appointments for common and minor illnesses, including:

- Abdominal pain, acne and allergies
- Rash, respiratory problems and sinusitis
- Fever, flu and pink eye
- Sore throat, UTI and vomiting

For more information visit, [sutterhealth.org/video-visits](https://sutterhealth.org/video-visits).



### Sutter Walk-In Care

In select areas, there's Sutter Walk-In Care, with same-day visits for simple, everyday health needs:

- Colds, flu and strep throat
- Allergies, ear and sinus infections
- Sprains and strains
- Flu shots and other immunizations

For a list of Sutter Walk-In Care clinics, visit [sutterhealthplus.org/walk-in](https://sutterhealthplus.org/walk-in).



### Urgent Care

Members have convenient access to urgent care services\*, offering timely care for unforeseen illnesses or injuries requiring immediate attention, including:

- Mild to moderate asthma attacks
- Moderate injuries such as burns or breaks
- Moderate illnesses such as vomiting, fever and diarrhea

For a list of urgent care centers, visit [sutterhealthplus.org/urgent](https://sutterhealthplus.org/urgent).



### Hospital Care

Members have access to a comprehensive network of hospitals providing 24/7 emergency care\* and a variety of outpatient and acute care services\*\*, including:

- Cancer
- Cardiology
- Neonatal
- Neurosurgery
- Orthopedic
- Rehabilitation
- Surgical
- Trauma
- Women's and children's

For a list of hospitals, visit [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch).

\*Coverage includes worldwide out-of-area urgent and emergency care.

\*\*For non-emergency care, members can access hospital services through a referral or prior authorization through their PCP.



## Information for Your Employees

### Welcoming New Members

We take a personalized approach in welcoming new members. If members or their employers provide a phone number upon enrollment, we make new member welcome calls. These calls help new members better understand their medical benefits and coverage and assist in facilitating appointments. Additionally, new members receive a Welcome Book—a single, comprehensive resource to help them learn about:

- Sutter Health Plus medical benefits
- Accessing care
- Signing up for the Sutter Health Plus Member Portal or Sutter’s My Health Online
- Health and wellness programs



## Primary Care Physician Selection

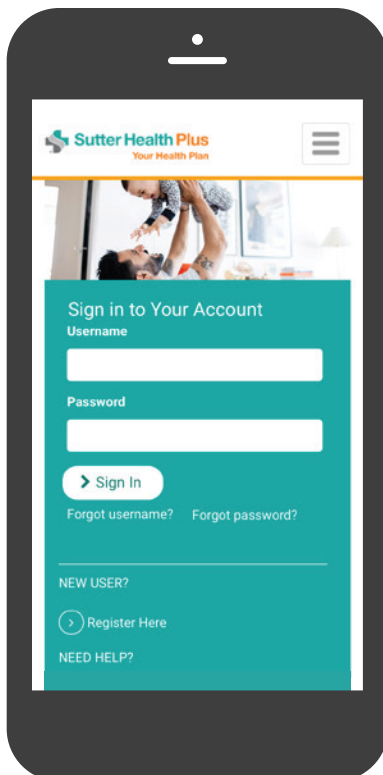
A new Sutter Health Plus member must select a primary care physician (PCP). If the member doesn't select a PCP, we will select one for them. When choosing a PCP, a member is also selecting a medical group. PCPs provide most primary health care and coordinate care from other providers. PCPs refer a member, as needed, to providers for specialty care, X-ray, laboratory or other medical services. For more information about selecting a PCP, visit [sutterhealthplus.org/providersearch](http://sutterhealthplus.org/providersearch).

## Out-of-Network Claims

If a member receives emergency or urgent care from an out-of-network provider and needs to file a claim for out-of-pocket costs, they must complete and file a member claim for reimbursement available on the member portal.

## Identification Cards

Each covered member receives a member identification (ID) card a few days after the member is enrolled. The member's PCP, medical group, and other contact information are listed on the ID card. A member should always present it when seeking medical care. Sutter Health Plus also sends all new members a welcome book that contains important information and resources to help them navigate their health care.



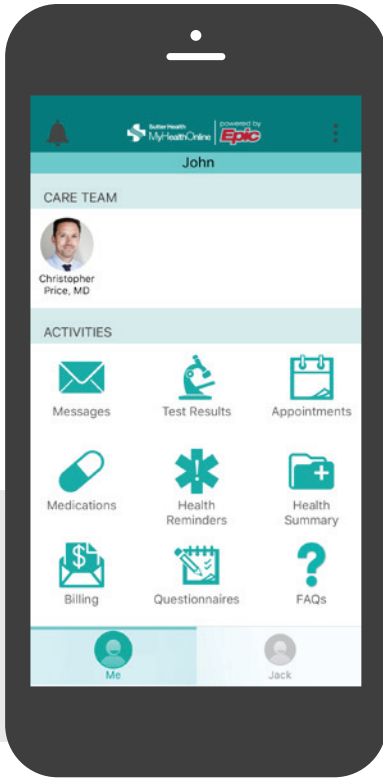
## Member Portal

We offer a member portal for our members' convenience. After members register for the portal, they will have easy access from their smartphone, tablet or computer to:

- Change their PCP
- Request or print member ID cards
- Check their eligibility, benefits, cost sharing, and claims information
- View, save and print a summary of individual and family deductibles and out-of-pocket balances
- Review their *BCM*, *EOC*, and *SBC* for their medical plan and any of their optional benefits elected
- Navigate to the Health and Wellness site
- Read and use Sutter Health Plus forms, resources and member newsletters

▶ **To register for an account go to:**  
**[shplus.org/memberportal](http://shplus.org/memberportal)**





## My Health Online

Sutter Health Plus members can enroll in My Health Online\* (MHO), a convenient way to manage their health when and where they want. With MHO, it's easy for members to stay connected with their care team and have 24/7 access to their health information. Members can:

- Book a video visit
- Email their care team
- Make an appointment
- Sign up for text reminders
- Sign up for FastPass appointments
- Renew prescriptions
- View test results
- Update their health history
- Pay bills and copays online

### Sign Up for Text Reminders and FastPass

Members can set a communication preference to receive automated appointment reminders. This service allows members to either confirm their appointment, or acknowledge in advance if they need to reschedule. Additionally, with FastPass, members may receive earlier appointment opportunities by SMS text message.

▶ **For more information go to:**  
[myhealthonline.sutterhealth.org](http://myhealthonline.sutterhealth.org)

*\*If the member's PCP does not participate in MHO, their functionality is limited to viewing lab or test results from Sutter facilities and accessing video visits. Refer to pages 14 and 15 for a list of medical groups with providers that participate in MHO.*



### Video Visits

Same-day appointments for common illnesses like rashes, allergies or infections—from your phone, tablet or desktop. Available to members every day from 8 a.m. to 8 p.m., and most holidays from 8 a.m. to 2 p.m.

[sutterhealth.org/video-visits](http://sutterhealth.org/video-visits)



# Wellness

Sutter Health Plus offers a variety of programs and resources to help members maintain healthy lifestyles and improve health conditions.



## Health and Wellness Site

Sutter Health Plus offers a Health and Wellness site with tools and resources to help each member achieve their personal health and wellness goals. Start the online program with a personal health assessment (PHA). The PHA is an interactive tool that analyzes health information provided by the member. This includes health history, lifestyle behaviors and biometric test results, such as blood pressure and cholesterol levels. Each member that completes the assessment receives a personalized health risk report and suggestions on how to improve overall health. Members can use various custom tailored Action Plan Modules to help reach their goals.

► **Members navigate through the member portal at:**  
***shplus.org/memberportal***



### Health Coaching Program

Sutter Health Plus offers members a Health Coaching Program at no out-of-pocket cost. This telephone-based program combines personal life coaching with personal accountability as a way of engaging our members and achieving wellness goals. The program currently offers help with healthy weight, tobacco cessation and stress management. A member and coach work together to address the member's needs, concerns and preferences. Members can call 866-961-8513 for more information. Members can also submit a request online through the Health and Wellness site at [shplus.org/memberportal](http://shplus.org/memberportal), under the Health and Wellness link in the Quick Access toolbar.



### Telephonic Disease Management Program

A member with asthma, diabetes, heart failure, high blood pressure, or high cholesterol has access to Sutter Health's Telephonic Disease Management Program (TDM). TDM will identify and make outreach to a member with any of these health conditions. Once enrolled in the no-cost program, TDM will work with members and their providers to improve their health. The program includes specially trained nurses, pharmacists, coaches and clinical support staff who provide member education, healthy lifestyle coaching, self-monitoring support, goal setting, medication management, and support overcoming barriers to care. Members can call 855-421-6831, 8:30 a.m. to 4:30 p.m., Monday through Friday, for more information or to enroll.



### Health Maintenance Guidelines

The health maintenance guidelines brochure, "Partnering for Your Best Health," helps members understand the latest recommendations for all stages of life to keep them healthy. The guidelines include recommended checkups, immunizations, screenings, and topics for member discussion with a health care provider. The guidelines are available at [sutterhealthplus.org/wellness](http://sutterhealthplus.org/wellness).

## Frequently Asked Member Questions

### When will I receive a Sutter Health Plus member ID card and what information does the card contain? Will dependents receive their own ID cards?

Sutter Health Plus mails member ID cards for each covered member a few days after the member is enrolled. Your PCP and medical group are identified on the ID card. The card also includes important contact information for you and your providers. You should always present your ID card when seeking medical care. If you're new to Sutter Health Plus, we will also send you a Welcome Book containing information and resources to help you navigate your health care.

### Where can I find more information about Sutter Health Plus?

Visit [sutterhealthplus.org](https://sutterhealthplus.org) or see the following links for helpful information:

- Network doctors, hospitals, urgent care, walk-in care and other services – [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch)
- Pharmacy benefits information – [sutterhealthplus.org/pharmacy](https://sutterhealthplus.org/pharmacy)
- Health Coaching Program, Telephonic Disease Management Program, and more – [sutterhealthplus.org/wellness](https://sutterhealthplus.org/wellness)
- BCM, EOC, SBC – [shplus.org/memberportal](https://shplus.org/memberportal) (login required)
- Grievance Form and instructions – [sutterhealthplus.org/forms](https://sutterhealthplus.org/forms)

### Do I need to choose a PCP?

Yes. As a new Sutter Health Plus member, you must select a PCP. When you choose a PCP, you're also selecting a medical group. A PCP provides most of your primary health care and coordinates care from other providers. A PCP refers you as needed to providers for specialty care, X-ray, laboratory or other medical services. If you do not choose a PCP, we will assign one to you.

### How do I find a PCP?

You can find a PCP by visiting the Provider Locator tool on the Sutter Health Plus website at [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch).

### What if I want to change my PCP later?

You can change your PCP at any time by calling Sutter Health Plus Member Services at 1-855-315-5800 or through the Sutter Health Plus Member Portal at [shplus.org/memberportal](https://shplus.org/memberportal).

### How can I find out if my current Sutter Health-affiliated provider is included in the Sutter Health Plus network?

Visit [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch) to see if your current or preferred doctor (PCP or specialist) is included in the Sutter Health Plus provider network.

### I'm new to Sutter Health Plus. Can I keep my current PCP?

You can keep your current PCP if he or she is a Sutter Health Plus participating provider. You must actively select the provider as your PCP by entering the provider's name and Sutter Health Plus provider identification number on the enrollment application and check that you're a current patient on your enrollment form.

## **I'm new to Sutter Health Plus. Can I keep my current specialist?**

You can keep your specialist if he or she is a Sutter Health Plus participating provider and within the same medical group as your PCP. If you know that you need specialty care and have a specific Sutter Health Plus specialist in mind, you need to select a PCP that is in the same medical group as the specialist.

First, check the Provider Locator to see what medical group the specialist is in. Second, choose a PCP within that medical group. You need to ask your new PCP for a referral to the specialist. In certain situations, a specialist in the Sutter Health Plus network that is outside your medical group may also be available by referral.

## **Are all Sutter Health-affiliated providers included in the Sutter Health Plus network?**

No. Sutter Health Plus has a service area in which it offers health care coverage. Not all Sutter Health-affiliated hospitals, physician organizations and other health care services are in the Sutter Health Plus service area or network. Visit [sutterhealthplus.org/providersearch](https://sutterhealthplus.org/providersearch) for a list of participating providers and locations.

## **Can I go to a non-participating provider?**

Sutter Health Plus does not cover care provided by non-participating providers unless your medical group provides a referral and prior authorization.

## **What if I need to see a specialist?**

Many covered services, including visits to a specialist, require a referral and prior authorization from your medical group. Your PCP will make referrals to specialists within the same medical group. If you need specialty care and have a specific specialist in mind, check the Provider Locator tool to see what medical group the specialist is in. Make sure you choose a PCP within that medical group.

## **How can I check to see if my current prescription drugs are covered?**

Check the Sutter Health Plus Formulary at [sutterhealthplus.org/pharmacy](https://sutterhealthplus.org/pharmacy) to see if the prescription drug requires a prior authorization.

## **Where can I get my annual flu shot?**

Sutter Health Plus members can get flu vaccines at no additional out-of-pocket cost at their physician's office, a Sutter Walk-In Clinic, or a network pharmacy (where available).

## **What is Sutter Health Plus' service area?**

Sutter Health Plus has a service area in which it offers health care coverage. You can view the full service area on page nine, or visit [sutterhealthplus.org/network](https://sutterhealthplus.org/network).

## **If I live outside of the service area can I still select Sutter Health Plus?**

Yes. To qualify for membership, you must live or reside (or work, for employer group plans) in the Sutter Health Plus service area.



## **My dependent lives outside of the service area. How can he or she get medical services?**

Your dependent must select a PCP within the Sutter Health Plus service area who will provide primary care or coordinate care from other providers. While Sutter Health Plus covers out-of-area urgent and emergency care, your dependent must receive all routine and follow-up care from the assigned medical group within the service area.

## **How will Sutter Health Plus obtain my previous medical records?**

If your former medical group is Kaiser Permanente, UC Davis Medical Group, UC San Francisco Health, or Stanford Health, your new Sutter Health Plus provider may have electronic access to your medical records; if you request records from your former physician for personal use, you may be charged a fee.

If your former PCP is with Sutter Independent Physicians, Brown & Toland Physicians, or another medical group, you need to send a Medical Records Request Form to your former physician to release your records. Talk to your new Sutter Health Plus provider about the process of requesting medical records.





[sutterhealthplus.org](http://sutterhealthplus.org)

Have questions? Call us at 1-855-315-5800

