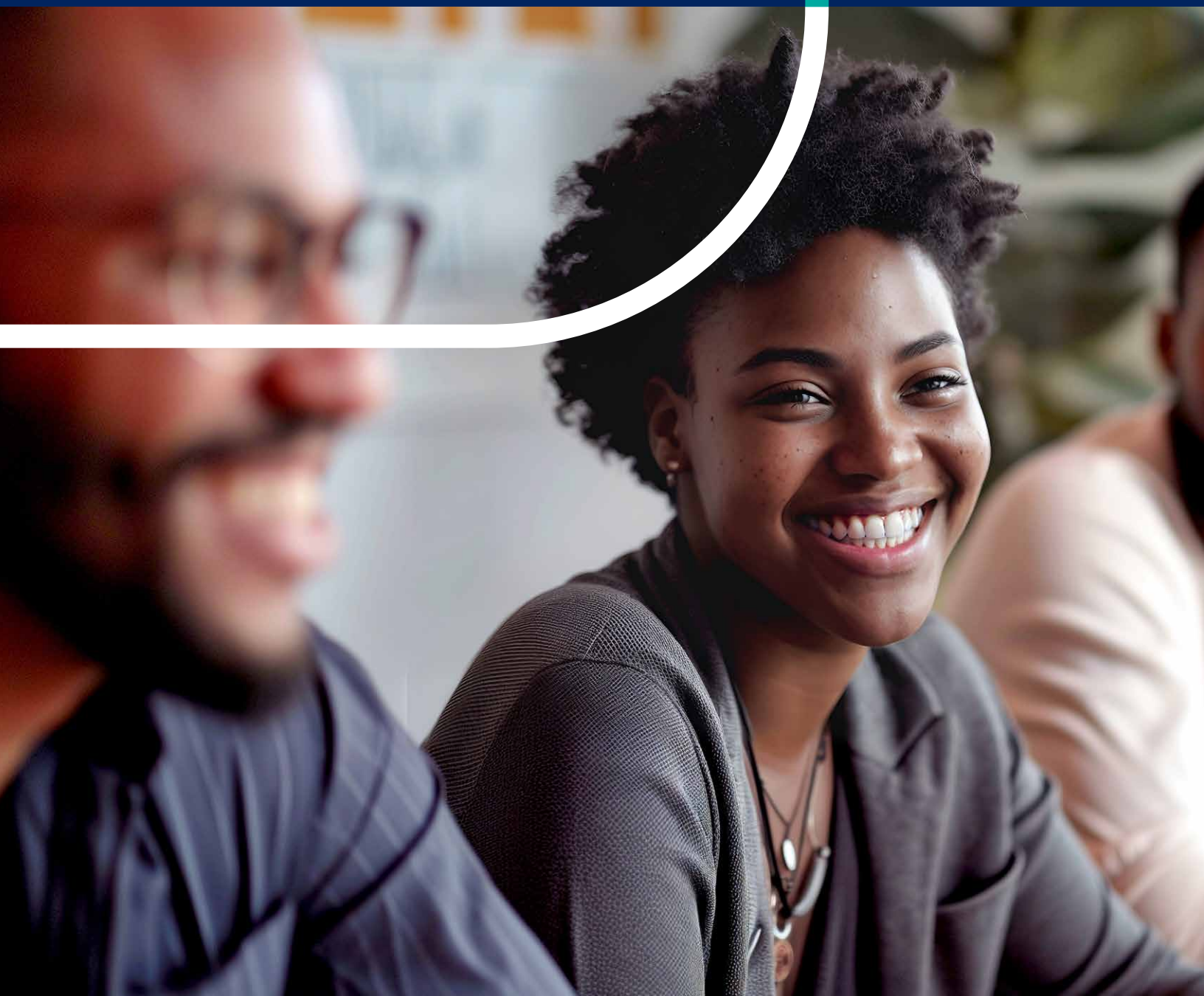


Employer Guide



MISSION

Caring for our patients first and our people always.

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 Plan. We believe that partnering with you and your employees will lead to a healthier workforce. This guide is your resource to helpful information about Sutter Health Plan that you can use and share with your employees.



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Important Contact Information

Customer Service

855-315-5800

shpserviceteam@sutterhealth.org

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

The Customer Service team can help you with:

- Account information, including benefits, premium billing and portal access.
- Member eligibility, change requests, member ID cards, changing primary care physicians, and claims or bills.
- Enrollment forms, termination and change requests.
- Request for new employer group proposals and submissions.

Submitting Enrollment Forms, Termination and Change Requests

Email: **shpserviceteam@sutterhealth.org**

Fax: **916-736-5426**

- CSV files for new member enrollment only require five business days to display eligibility in all systems.
- Paper forms require five to seven business days to display eligibility in all systems.
- EDI submissions require seven to nine business days to display eligibility in all systems; files with records containing errors will be addressed within two business days from receipt.

Monthly Premium Payments

After you register, you can pay your monthly premium through the Sutter Health Plan Employer Portal.



Log in to the Employer Portal
shplan.org/employerportal and
select "Make a Payment".

For additional payment methods, please refer to **pages 5 and 6**.

Correspondence Address

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

Electronic Data Interchange (EDI) Support

Email: **shpedi.support@sutterhealth.org**

Continuity of Care Questions

Email: **shpcoccaremanagement@sutterhealth.org**

Online Tools for Employers



Employer Portal

As your health plan partner, Sutter Health Plan wants to make managing healthcare benefits for your employees easy and convenient. 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 current premium balances, past due amounts, if applicable, last payment received by Sutter Health Plan and the last 24 months of account transactions – including payments, bills and adjustments.
- ✓ Pay your monthly premium.
- ✓ Request member ID cards for employees.
- ✓ Access small group plan renewal packets.
- ✓ Request assistance for billing inquiries.
- ✓ Navigate to optional benefit partner information.

Registration for the Employer Portal is easy and takes only a few minutes. Visit shplan.org/employerportal to register or access your account. If you need additional assistance registering for the portal, please consult the Employer Portal Registration Guide (available through Customer Service), call Customer Service at **855-315-5800** or email shpserviceteam@sutterhealth.org.



Forms

Please visit sutterhealthplan.org/employers-forms to access forms and resources for you and your employees. You can also visit shplan.org/employerportal and click the Employer Forms and Resources link.

Enrollment and Change Information

Enrolling Employees

Employers may submit standard paper enrollment forms or use the Sutter Health Plan Enrollment CSV template for member enrollment. Your employee(s) must complete and sign all paper forms at the time of enrollment.

Sutter Health Plan also offers EDI enrollment submissions through a standard 834 EDI file. EDI files received with accurate member and benefit information are uploaded within three business days of receipt. If there are discrepancies in the EDI file, we will work with you or your EDI vendor to review the member records.

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 the most common qualifying events, please refer to the Special Enrollment section of the EOC.

Reporting Membership Changes

Membership changes are effective the first day of the month following the date Sutter Health Plan receives the change request. Additionally, Sutter Health Plan will allow membership changes received in the current month, plus two months prior, not to exceed 90 days retroactively. For example, if a change request is received Sept. 15, 2024, Sutter Health Plan will allow an effective date of July 1, 2024.

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 **sutterhealthplan.org/employers-forms**. Please email or fax the completed form to:

Email: **shpserviceteam@sutterhealth.org**

Fax: **916-736-5426**

If enrollment is through the standard 834 EDI file, submit benefit, sub-account and member demographic 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 **sutterhealthplan.org/forms**. Please email or fax the completed form to:

Email: **shpserviceteam@sutterhealth.org**

Fax: **916-736-5426**

If enrollment is through the standard 834 EDI file, you can also use this form to submit terminations.

The coverage termination date is the first day a member is not covered. For example, if the termination date is Jan. 1, 2025, the last minute of coverage occurs on Dec. 31, 2024, 11:59 p.m. Coverage for all covered dependents ends when the subscriber's coverage ends. You are required to inform your employee before coverage terminates.

Group Coverage Changes

Group Changes

For small group account changes, please contact Customer Service or your Account Manager. For large group changes, please contact your Account Manager. Change requests include changes to one of the following:

- Address
- Contact information
- Ownership
- Broker of record

Renewals

Sutter Health Plan automatically renews your agreement on the renewal date with the existing benefit plan design or, if the existing benefit plan design is no longer available, a similar benefit plan design.

Small Group Renewals

We will mail your renewal packet 60 days prior to renewal. It will also be available on the Employer Portal.

To make changes to your benefit plans or rates, contact your Account Manager at least 45 days prior to your renewal date.

Changes made less than 45 days prior to your renewal date may not be reflected on the renewal month invoice.

Large Group Renewals

We will mail your renewal packet 120 days prior to renewal.

To make changes to your benefit plans or rates, contact your Account Manager at least 45 days prior to your renewal date. Changes made less than 45 days prior to your renewal date may not be reflected on the renewal month invoice.

Terminating Group Coverage

Voluntary Termination

You may terminate your agreement by giving at least 30 days written notice of termination to Sutter Health Plan.

Group termination is effective on the first day of the month following the 30-day notice of termination. Sutter Health Plan does not allow mid-month terminations.

Involuntary Termination

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

Billing and Payments



Billing Cycle

Sutter Health Plan generates invoice summaries monthly. Invoice summaries, including premiums for any optional benefits you select, are available on the Employer Portal typically by the 15th 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. For example, if the group's effective date is January 1, but the entry date into Sutter Health Plan's system is January 9, the initial premium payment will be applied to the first month's premium. Please note that the invoice summary may not reflect this, and you may receive a Notice of Start of Grace Period indicating that your account is delinquent.

A Notice of Cancellation will be issued if payment is not received by the first of the month. Before coverage is terminated, there is a grace period of 30 days to pay the unpaid premium and begins on the date on your Notice of Start of Grace Period letter.

If we receive 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 payment is received. Payments sent to the payment lockbox are applied to the account within three business days.

Payments

Payments are due to Sutter Health Plan 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 information for paying your premiums.

Online Bill Pay

Pay your premium online through your Employer Portal account. Visit shplan.org/employerportal to log in to your account.

Please note: Sutter Health Plan 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.

Payee Name	Sutter Health Plan
Payee Address	P.O. Box 278136 Sacramento, CA 95827-8136
Payee Telephone Number	855-315-5800

Check

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

Standard Mail	Sutter Health Plan P.O. Box 278136 Sacramento, CA 95827-8136
Expedited (Overnight) Mail	Sutter Health — Deposit Services 3707 Schriever Ave. Mather, CA 95655

Automated Clearing House (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.

Payee Name	Sutter Health Plan
Bank Name	JP Morgan Chase
ABA/Routing Number for ACH	322271627
Bank Account Number	529062369

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.

Payee Name	Sutter Health Plan
Bank Name	JP Morgan Chase
ABA/Routing Number for Wire	021000021
Bank Account Number	529062369

Invoice Summary



Sutter Health Plan

INVOICE SUMMARY

ABC Corp Account ID: 123456

Account name and ID

ABC Corp
Attn: John Smith
123 Fourth Street
Sacramento, CA 95833

Date statement generated

Invoice Date:

December 1, 2024

Benefit dates covered
within premium bill

Coverage Period:

January 1, 2025 - January 31, 2025

Due Date: January 1, 2025

Total Amount Due: \$2,111.07

Invoice Number:

3559773

Amount paid since last statement

Amount Paid: \$2,111.07

This invoice reflects all payments received through the last business day prior to the invoice 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 Plan 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: January 1, 2025
Late as of Date: January 2, 2025
Grace Period End Date: February 15, 2025

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

Prior Balance:	\$0.00
Payments Received:	\$2,111.07
Payments Voided:	\$0.00
Total Current Charges:	\$4,222.14
Adjustments:	\$0.00
NSF Fee:	\$0.00
Total Amount Due:	\$2,111.07

Pay premiums online and access other self-service functions through the employer portal at shplan.org/employerportal.
If you have any questions about your invoice, call Customer Service at 855-315-5800 (TTY 855-830-3500).
See other side of this invoice for employer portal registration instructions and other information.

If paying by check or money order, cut along the dotted line below and return the bottom portion with your payment.
Write your Account ID on your check or money order. Do not send cash.

E-CC-24-110R



Invoice Date: December 1, 2024

Invoice Number: 3559773

Coverage Period: January 1, 2025 - January 31, 2025

Due Date: January 1, 2025

Account Name: ABC Corp

Total Amount Due: \$2,111.07

Account ID: 123456

Amount Paid: _____

Late as of Date: January 2, 2025

Please remit check or money order to:
Sutter Health Plan
P.O. Box 278136
Sacramento, CA, 95827-8136

Grace Period End Date: February 15, 2025

If you have any questions regarding your billing statement, please contact Customer Service at 855-315-5800 (TTY 855-830-3500).

E-CC-24-110R

Page 1 of 3

Invoice Detail



INVOICE DETAIL

ABC Corp Account ID: 123456

Invoice Date: December 1, 2024
Coverage Period: January 1, 2025 - January 31, 2025

Invoice Number: 3559773
Due Date: January 1, 2025

Sub-account: ABC Corp Active 123456-000001 MS78

	Member Name	Member ID	Subscriber Relationship	Medical Premium	Retroactive Adjustments	Total Premium
	SALLY SAMPLE	M00000001-01	Subscriber	\$2,707.30	\$0.00	\$2,707.30

Sub-account: ABC Corp Active 123456-000001 MS94

	Member Name	Member ID	Subscriber Relationship	Medical Premium	Retroactive Adjustments	Total Premium
	GREG HOUSE	M00000002-01	Subscriber	\$1,514.84	\$0.00	\$1,514.84

Sub-Totals: \$4,222.14 \$0.00 \$4,222.14

Account name, sub-account, benefit plan

Account activity since last statement

Prior Balance:	\$0.00
Payments Received:	\$2,111.07
Payments Voided:	\$0.00
Total Current Charges:	\$4,222.14
Adjustments:	\$0.00
NSF Fee:	\$0.00
Total Amount Due:	\$2,111.07

E-CC-24-110R

If you have any questions regarding your billing statement, please contact Customer Service at 855-315-5800 (TTY 855-830-3500).

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Notice of Start of Grace Period



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

December 10, 2024

ABC Corp
Attn: Benefit Administrator
123 Fourth Street
Sacramento, CA 95833

Notice of Start of Grace Period

Re: Group Account ID: 123456

Dear Benefit Administrator,

The Department of Managed Health Care requires health plans to issue a Notice of Start of Grace Period to customers that do not pay their health plan premiums within a specific timeframe. Regulations also require sending this notice to your covered employees. As of the date of this notice, we have not received your premium payment. We are sending you this Notice of Start of Grace Period to inform you that your account is subject to cancellation due to nonpayment. We are giving you the following information and instructions to avoid cancellation.

If you have past due premiums still owed from previous months, you must take immediate action to avoid cancellation. This Notice of Start of Grace Period does NOT extend the time you have to pay premium(s) billed for prior coverage period(s), and we will cancel your coverage if we do not receive your payment.

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

Outstanding Premium and Grace Period

As of the date of this notice, your total outstanding premium amount is **\$2,615.50**. Your last date of paid coverage is September 30, 2024.

For the December 1, 2024 – December 31, 2024 coverage period, Sutter Health Plan is providing you with a grace period to allow you time to remit your past-due premium payment(s) without losing your health care coverage. A grace period is a period of at least 30 consecutive days beginning the day the Notice of Start of Grace Period is dated.

E-CC-24-111R

Page 1 of 3

E-CC-24-111R

Page 2 of 3

E-CC-24-111R

Page 3 of 3

Federal COBRA and Cal-COBRA



Federal COBRA

Federal COBRA allows a member to continue medical coverage up to 18 months after their employer-sponsored health coverage is terminated. Sutter Health Plan 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 Plan, consult with your COBRA administrator and request that your COBRA administrator complete a Sutter Health Plan Enrollment Form to include the member's continuation coverage effective date. You can download the enrollment form through your Employer Portal (click on Employer Forms and Resources) or at sutterhealthplan.org/forms. Please email or fax your completed form to:

Email: shpserviceteam@sutterhealth.org

Fax: 916-736-5426

You can also include the member in your standard 834 EDI file.

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:

- Exhausted coverage after 18 months of enrollment in an employer group plan for Federal COBRA.
- Previously enrolled in Cal-COBRA under an employer group plan that changed coverage from another carrier to Sutter Health Plan.

A member may be eligible for an extension of Cal-COBRA between the ages of 60 and 65 if they meet the following criteria:

- Is age 60 or older at the time employment ends.
- Worked for that employer for at least five years prior to the date of termination of the employment.

If both criteria are met, they may be eligible for Cal-COBRA coverage beyond the maximum of 36 months, up to reaching 65 years of age and becoming eligible for Medicare.

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

- Employed two to 19 eligible employees on at least 50% 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% of its working days during the preceding calendar quarter.
- Have contracted for healthcare coverage through a group benefit plan offered by a healthcare service plan.
- Are 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 Plan of a Cal-COBRA member for continuation coverage, the member must complete a Sutter Health Plan 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 sutterhealthplan.org/forms. Please email or fax the completed form to:

Email: shpserviceteam@sutterhealth.org

Fax: **916-736-5426**

After you notify Sutter Health Plan 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 healthcare coverage options and rates.

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

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

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

Sutter Health Plan
P.O. Box 278136
Sacramento, CA 95827-8136

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



Sutter Health Plan contracts for certain healthcare benefits that are not provided through medical groups, as described below.

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

855-202-0984 | liveandworkwell.com — access code: Sutter

All members have access to mental health and substance use disorder (MH/SUD) services through USBHPC. Members may self-refer for confidential in-network office or virtual visits for MH/SUD and can search for providers directly through USBHPC. Members can also ask their current provider if they are part of the USBHPC network. Refer to the Sutter Health Plan EOC for additional information regarding USBHPC and MH/SUD benefits.

CVS Caremark®

844-740-0635 | info.caremark.com/oe/sutterhealthplan

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

Sutter Health Plan offers optional benefits to small and large group employers through our plan partners below. Pediatric dental and vision essential health benefits are included in all small group plans. This does not apply to large group plans.

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

800-428-6337 | 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 benefits for acupuncture, chiropractic or both. Members do not need a referral and can search for providers directly through ACN.

Optional ACN benefits are not available with HDHPs.

Delta Dental

800-422-4234 | deltadentalins.com

Members enrolled in a small group plan have pediatric dental benefits through the end of the month in which they turn age 19. Refer to the Sutter Health Plan 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 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)

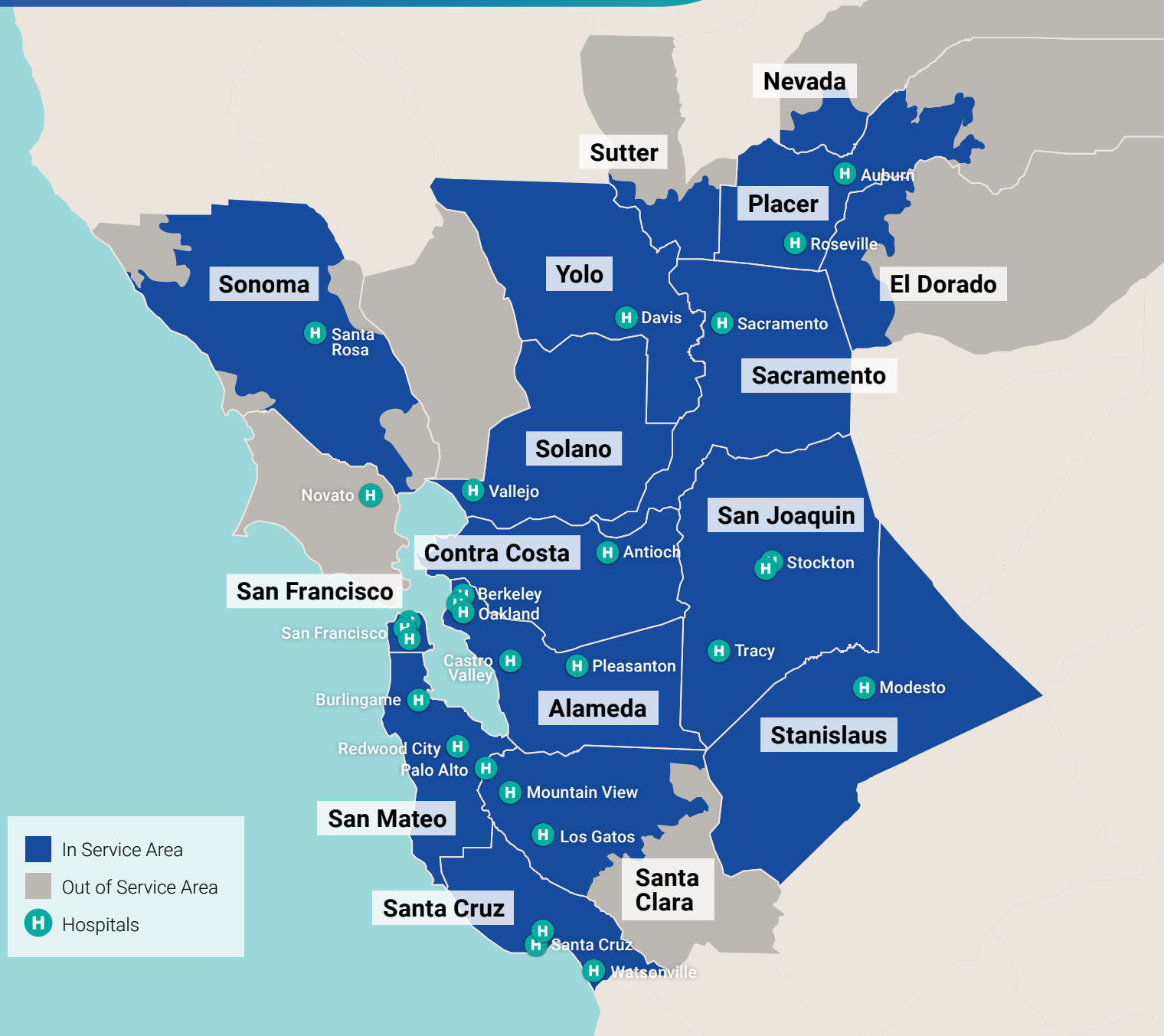
800-877-7195 | vsp.com

Members enrolled in a small group plan have pediatric vision benefits through the end of the month in which they turn age 19.

Large group plan designs do not include the pediatric vision essential health benefit. Benefits include an annual refractive eye exam. Refer to the Sutter Health Plan EOC for information regarding pediatric vision benefits and the annual refractive 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 Plan Network



With the Sutter Health Plan network, members can take advantage of conveniently located neighborhood offices, care centers and facilities in their community. This includes access to high-quality primary care doctors, physicians, specialists, labs and diagnostic imaging centers, urgent care, hospitals and other healthcare services. Accessing the care they need should be simple.

To view all providers and facilities in the service area, please visit:



sutterhealthplan.org/find-provider



sutterhealthplan.org/find-location

Hospitals

BAY AREA

ALAMEDA COUNTY

**Alta Bates Summit Medical Center
– Alta Bates Campus**
Berkeley

**Alta Bates Summit Medical Center
– Summit Campus**
Oakland

Children's Hospital Oakland

Eden Medical Center
Castro Valley

Stanford Health Care Tri-Valley
Pleasanton

CONTRA COSTA COUNTY

Sutter Delta Medical Center
Antioch

SAN FRANCISCO COUNTY

**California Pacific Medical Center
– California Campus**
San Francisco

**California Pacific Medical Center
– Davies Campus**
San Francisco

**California Pacific Medical Center
– Mission Bernal Campus**
San Francisco

**California Pacific Medical Center
– Pacific Campus**
San Francisco

**California Pacific Medical Center
– Van Ness Campus**
San Francisco

SAN MATEO COUNTY

Mills-Peninsula Medical Center
Burlingame

Sequoia Hospital
Redwood City

SANTA CLARA COUNTY

El Camino Hospital Los Gatos

El Camino Hospital Mountain View

Lucile Packard Children's Hospital
Palo Alto

SANTA CRUZ COUNTY

Dominican Hospital
Santa Cruz

Sutter Maternity & Surgery Center
Santa Cruz

Watsonville Community Hospital

SONOMA COUNTY

Novato Community Hospital
Serving southern Sonoma County

**Sutter Santa Rosa Regional
Hospital**

VALLEY AREA

PLACER COUNTY

Sutter Auburn Faith Hospital

Sutter Roseville Medical Center

SACRAMENTO COUNTY

Sutter Medical Center, Sacramento

SAN JOAQUIN COUNTY

Dameron Hospital
Stockton

St. Joseph's Medical Center
Stockton

Sutter Tracy Hospital

SOLANO COUNTY

Sutter Solano Medical Center
Vallejo

STANISLAUS COUNTY

Memorial Medical Center
Modesto

YOLO COUNTY

Sutter Davis Hospital

Affiliated Medical Groups

When you choose a PCP, you are also choosing their affiliated medical group. Your PCP refers you, as needed, for specialty care, X-ray, laboratory and other services. Many covered services, including visits to a specialist, require a referral or prior authorization from your medical group. Your PCP will refer you in-network for most services. If services aren't available, your PCP will refer you for out-of-network services and will request authorizations when necessary.

BAY AREA

Affinity Medical Group
Alameda and Contra Costa counties

Brown & Toland Physicians*†
San Francisco County

Mills-Peninsula Network*
Alameda, San Mateo, Santa Clara and Santa Cruz counties

Palo Alto Medical Foundation**
Alameda, San Mateo, Santa Clara and Santa Cruz counties

Sutter East Bay Medical Foundation**
Alameda and Contra Costa counties

Sutter Medical Group of the Redwoods**
Sonoma County

**Sutter Pacific Medical Foundation
– West Bay****
San Francisco County

VALLEY AREA

Sutter Gould Medical Foundation**
San Joaquin and Stanislaus counties

Sutter Independent Physicians*
El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo counties

Sutter Medical Group**
El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo counties

Sutter Medical Group – Solano**
El Dorado, Nevada, Placer, Sacramento, Solano, Sutter and Yolo counties

* Select providers may offer My Health Online (MHO)

** Sutter and select community providers offer MHO

† Specialist physician services only. These physicians may be available by referral from your PCP and authorization from your medical group.

Accessing Care



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 and X-ray**.



Video Visits

Members have access to video visits through their My Health Online (MHO) account.

- **With a PCP**
Members age 3 months and older can book video visits with their PCP¹.
- **With a Sutter Clinician**
Members age 18 months and older can book video visits with a clinician at Sutter.

For more information visit,
sutterhealth.org/video-visits.



Sutter Walk-In Care

In the Greater Sacramento Area, members have access to Sutter Walk-In Care for 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 locations, visit
sutterhealthplan.org/walk-in.



Urgent Care

Members have convenient access to urgent care services², offering timely care for unforeseen illnesses or injuries requiring immediate attention, including:

- Mild to moderate asthma attacks
- Moderate injuries such as burns or breaks

For a list of urgent care centers, visit
sutterhealthplan.org/urgent.



Hospital Care

Members have access to a comprehensive network of hospitals providing 24/7 emergency care³ and a variety of outpatient and acute care services,⁴ including:

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

For a list of hospitals, visit
sutterhealthplan.org/find-location.

¹ Members can log in to their MHO account to see if their PCP offers video visits. If their provider doesn't participate in MHO or they're a new patient, they can contact their PCP's office for video visit options.

² Coverage includes urgent care services at in-network facilities while in the Sutter Health Plan service area. Coverage also includes urgent care services at any facility when outside of the Sutter Health Plan service area.

³ Coverage includes worldwide emergency care.

⁴ For nonemergency care, members can access hospital services with a referral or prior authorization through their PCP or specialist.

Information for Your Employees

Welcoming New Members

We take a personalized approach in welcoming new members. If members provide an email address upon enrollment, we will email members key information on how to make the most of their health plan benefits. If additional help is needed, we also offer a welcome call to provide further assistance.

Additionally, new members receive a Welcome Book — a comprehensive resource to help them learn about:

- Sutter Health Plan medical benefits
- Accessing care
- Signing up for the Member Portal and Sutter's MHO
- Health and Wellness programs



Primary Care Physician Selection

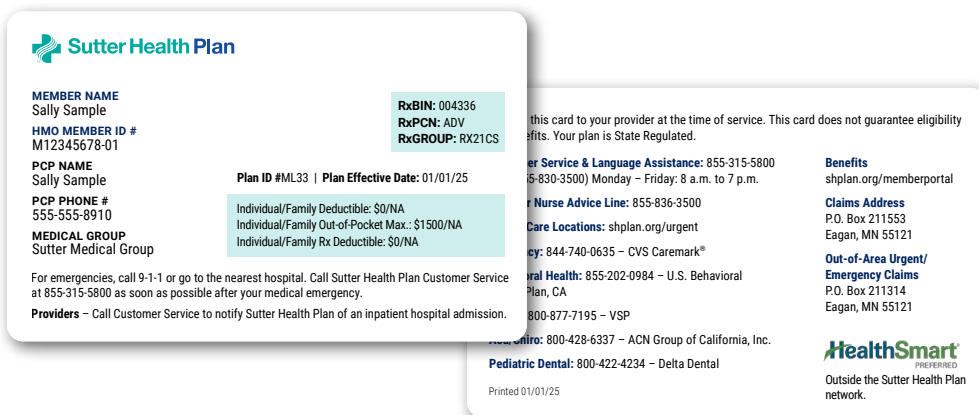
A new Sutter Health Plan member must select a primary care physician (PCP). If the member doesn't select a PCP, we will select one for them. When choosing a PCP, a member is also selecting a medical group. PCPs provide most primary healthcare and coordinate care from other providers. PCPs refer a member,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

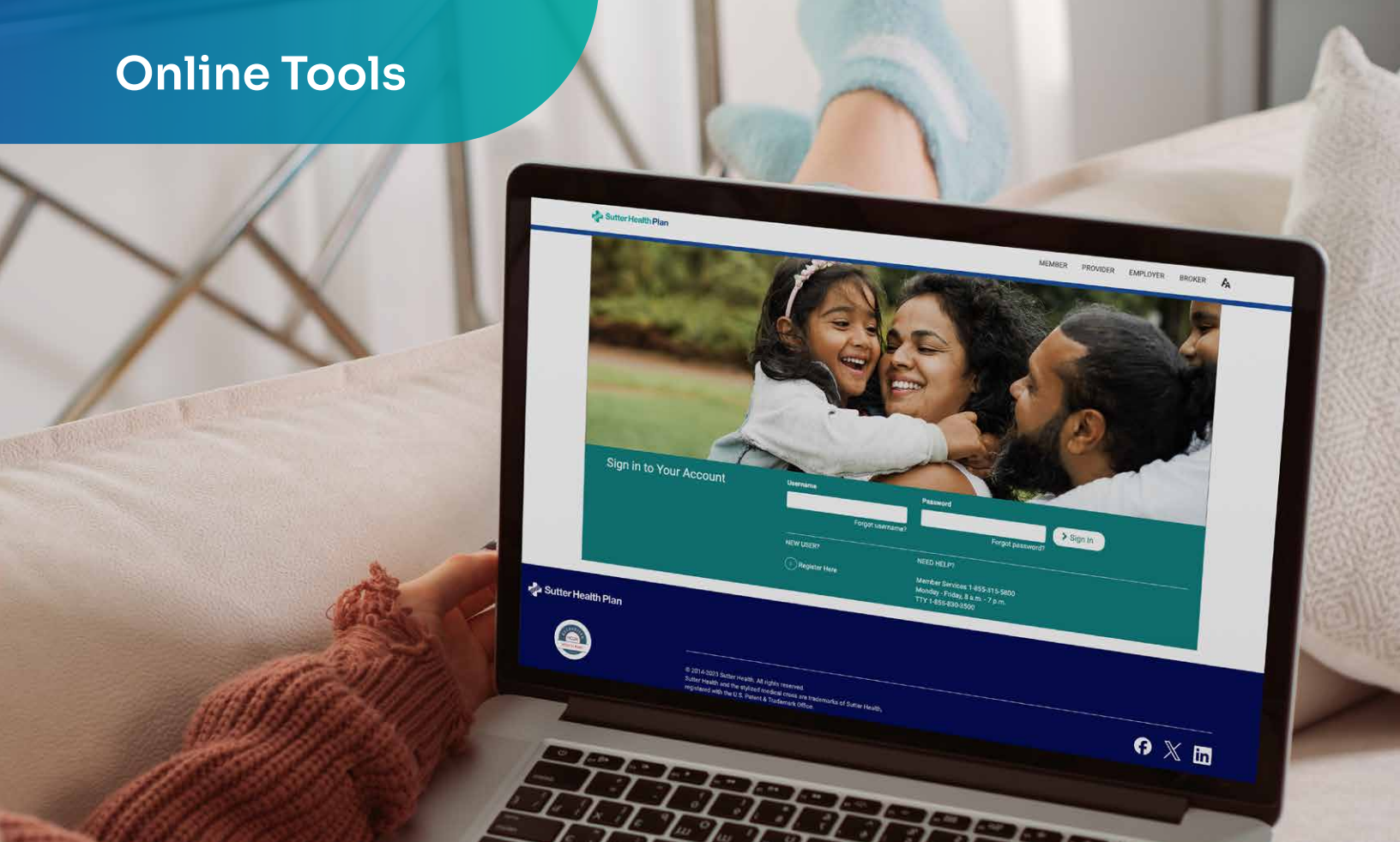
Out-of-Network Claims

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, which is 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.





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:

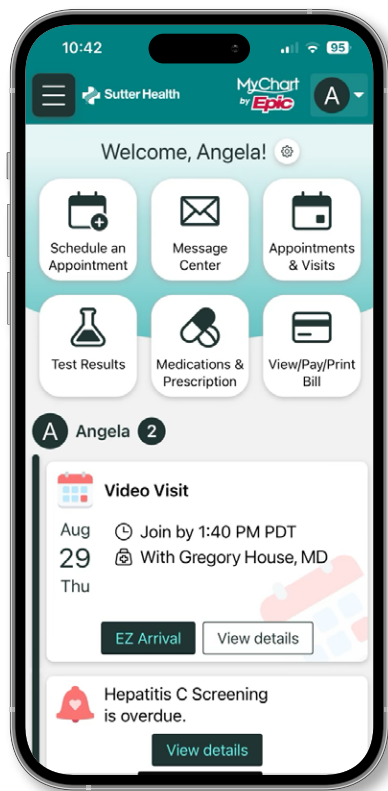
- ✔ Change their PCP
- ✔ Request or print member ID cards
- ✔ Check their eligibility, benefits, cost sharing and claims information
- ✔ View, save and print a summary of individual and family deductibles and out-of-pocket maximum (OOPM) balances
 - Receive monthly statements with balance details; members can also use the Member Portal to opt out of receiving these statements
- ✔ View correspondence
- ✔ Review their Benefits and Coverage Matrix (BCM), Evidence of Coverage and Disclosure Form (EOC) and Summary of Benefits and Coverage (SBC) for their medical plan and any of their optional benefits elected
- ✔ Navigate to the Health and Wellness site
- ✔ Find Sutter Health Plan forms and resources

Cost Estimator

Sutter Health Plan provides a real-time benefit cost estimator tool on the Member Portal. It helps members compare personalized out-of-pocket costs for covered in-network services with individual-specific accumulators. Please note, the tool only shows claims paid to date. Access it by logging into the Member Portal and clicking the Cost Estimator link.



To register for an account, members can visit **shplan.org/memberportal**.



My Health Online

mho.sutterhealth.org

Sutter Health Plan members can enroll in 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
- ✓ Message their care team
- ✓ Make an appointment
- ✓ Sign up for text reminders
- ✓ Join the waitlist to be notified about earlier appointments
- ✓ Request prescription renewals
- ✓ View test results
- ✓ Update their health history
- ✓ Pay bills and copays online
- ✓ Complete EZ Arrival for contactless check-in
- ✓ View their hospital stay through Bedside Mobile
- ✓ Invite family or caregiver for proxy access
- ✓ Navigate to their Sutter Health Plan Member Portal
- ✓ Access an advance care planning tool to guide future healthcare decisions



Communication Preferences

Members can set their communication preferences to receive automated appointment reminders. This allows them to confirm your appointment or reschedule if needed. Additionally, they can join the waitlist to receive a text or email notification if an earlier appointment time becomes available.

Care Companion

Members have access to interactive plans through My Health Online, including task reminders, analyzing health data and offering education to help manage their care.

Care Companion – Healthy Pregnancy is for expectant members who are seeing a maternity care provider who participates in MHO. This feature, designed for low-risk pregnancies, offers a personalized care plan that guides members through their pregnancy journey.

Care Companion for New Babies provides timely tips for parents navigating life with a newborn, including breastfeeding and immunizations. Babies are automatically enrolled when discharged from a Sutter hospital or after their first Sutter appointment is scheduled.

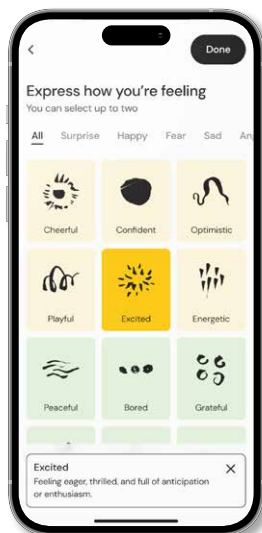
For more information, please visit sutterhealth.org/care-companion.

* Members have access to view lab and test results from Sutter facilities, schedule Sutter Walk-In Care, urgent care or video visits, and other MHO features. If their PCP does not participate in MHO, they cannot schedule an appointment or message their PCP through MHO.

The My Health Online App is powered by MyChart® licensed from Epic Systems Corporation, ©1999–2025.

Mental Wellness Tools

Members have access to online tools and resources they need to support their mental health and substance use journey.

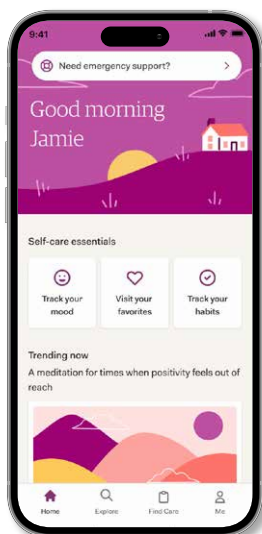


Scout by Sutter Health

For ages 13–22 | Access code: SCOUTSHP

Scout a personalized digital program, is available at no cost to help teens and young adults, ages 13 through 22, build resilience to manage everyday mental health. It's also for their champions (parents, caregivers and families) so they can better understand and support the young people they care about.

For more information, visit scout.sutterhealth.org.



Self Care by AbleTo

For ages 13* and older

Self Care by AbleTo offers on-demand mental wellness support, self-care techniques, coping tools, meditations and more for members age 13 and older. Completely confidential, AbleTo is available online and via mobile app at no extra cost as part of your behavioral health benefits through USBHPC, a subsidiary of Optum.

For more information, visit ableto.com/begin.

* Members must be age 18 or older to access the eight-week therapy program offered by AbleTo.

Ria Health

Ria Health is a confidential online alcohol treatment program that provides evidence-based care from the comfort of your home. It is available for members age 18 years and older and offers medications, counseling and support to help achieve lasting results.

For more information or to self-refer, visit riahealth.com/optum.

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

Health and Wellness Site

Sutter Health Plan offers a Health and Wellness site with tools and resources to help each member achieve their personal health and wellness goals. Members can 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 and can also access the Health Library.

Sutter Health Care Management Program

Health Coaching Program

Sutter Health Plan offers members a Health Coaching Program at no 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 achieving a 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 **844-987-6095** for more information. Members can also submit a request online through the Health and Wellness site at **shplan.org/memberportal**, under the Health and Wellness link in the Quick Access toolbar.

Complex Case Management

Members are eligible for the Complex Case Management (CCM) program if they have chronic conditions or multiple health problems. The CCM team of registered nurse case managers, social workers, clinical pharmacists and healthcare coordinators can assist members with coordinating care with their providers and understanding their prescription drugs.

For more information, call the Sutter Health Care Management program at **844-987-6095**.



Online Health and Wellness Resources

The Sutter Health Plan website offers health and wellness resources, including access to live and recorded webinars, tip sheets, health maintenance guidelines and more. Resources are available at **sutterhealthplan.org/wellness**.

Frequently Asked Member Questions

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

Sutter Health Plan mails member ID cards for each covered member a few days after the member is enrolled in Sutter Health Plan. 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 or filling prescriptions. If you're new to Sutter Health Plan, we will also send you welcome materials containing information and resources to help you navigate your healthcare.

Where can I find more information about Sutter Health Plan?

Visit sutterhealthplan.org or visit the following web pages for helpful information:

- Find providers, their bios and more: sutterhealthplan.org/find-provider
- Find information about nearby facilities: sutterhealthplan.org/find-location
- Pharmacy benefits information: sutterhealthplan.org/pharmacy
- Health Coaching Program, tip sheets, and more: sutterhealthplan.org/wellness
- BCM, EOC, SBC: sutterhealthplan.org/forms
- Grievance Form and instructions: sutterhealthplan.org/forms

Do I need to choose a PCP?

Yes. As a new Sutter Health Plan member, you must select a PCP or we will assign one to you. When you choose a PCP, you're also selecting their medical group. A PCP provides most of your primary healthcare and coordinates care from other providers. A PCP refers you as needed to providers for specialty care, X-ray, laboratory or other medical services.

How do I find a PCP?

You can find a PCP by visiting the Find a Provider tool on our website at sutterhealthplan.org/find-provider.

What if I want to change my PCP later?

You can change your PCP by calling Customer Service at **855-315-5800** or through the Member Portal at shplan.org/memberportal.

How can I find out if my current Sutter provider is included in the Sutter Health Plan network?

Visit sutterhealthplan.org/find-provider to see if your current or preferred doctor (PCP or specialist) is included in the Sutter Health Plan provider network.

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

You can keep your current PCP if they are a Sutter Health Plan participating provider. You must select the provider as your PCP by entering the provider's name and Sutter Health Plan provider identification number on the enrollment form and check the box that indicates that you're a current patient.

I'm new to Sutter Health Plan. Can I keep my current specialist?

You can keep your specialist if they are a Sutter Health Plan 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 Plan network specialist in mind, you need to select a PCP that is in the same medical group as the specialist.

Check the Find a Provider tool at sutterhealthplan.org/find-provider to see which medical group the specialist is in. Make sure you choose a PCP within that same medical group. You need to ask your new PCP for a referral to the specialist.

In certain situations, a specialist in the Sutter Health Plan network that is outside your medical group may also be available by referral.

Are all Sutter providers included in the Sutter Health Plan network?

No. Sutter Health Plan has a service area in which it offers healthcare coverage. Not all Sutter hospitals, physician organizations and other healthcare services are in the Sutter Health Plan service area or network. To view all providers in the service area, please visit: sutterhealthplan.org/find-provider and to view all facilities, please visit: sutterhealthplan.org/find-location.

Can I go to a non-participating provider?

Sutter Health Plan does not cover care provided by non-participating providers unless your medical group provides a referral and prior authorization. Sutter Health Plan covers out-of-area urgent and emergency care.

What if I need to see a specialist?

Many covered services, including visits to a specialist, require a referral from your PCP 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, make sure you first select a PCP that is in the same medical group as the specialist you want to see. You can check which medical group they are in by using the Find a Provider tool at sutterhealthplan.org/find-provider.

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

Check the Sutter Health Plan Formulary at sutterhealthplan.org/pharmacy to see if the prescription drugs are listed.

Where can I get my annual flu shot?

Sutter Health Plan members can get flu shots at Sutter Walk-In Care, a Flu Vaccine Clinic, network pharmacy or at their PCP's office. The flu shot is covered at no cost, but an office visit copay may still apply.

What is the Sutter Health Plan service area?

You can view the full Sutter Health Plan service area on page 12, or visit sutterhealthplan.org/about-us/service-area.

If I live outside of the service area can I still enroll in Sutter Health Plan?

If you are enrolling in an individual and family plan, you must live or reside in the Sutter Health Plan service area to be eligible for membership. If you are enrolling through your employer, you must live, reside or physically work in the Sutter Health Plan service area to qualify for membership.

My dependent lives outside of the service area. How can they get medical services?

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

How will Sutter Health Plan network providers obtain my previous medical records?

If your former medical group is Kaiser Permanente, UC Davis Medical Group, UCSF Health or Stanford Health Care, your new Sutter Health Plan provider may have electronic access to some or all of 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 may need to send a Medical Records Request Form to your former physician to release your records. Talk to your new Sutter Health Plan provider about the process of requesting medical records.



Customer Service **855-315-5800**
Visit **sutterhealthplan.org**