

Nondiscrimination Policy

Sutter Health Plan complies with applicable Federal and California civil rights laws and does not exclude people, treat them differently or otherwise discriminate against them for reasons including but not limited to race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, pregnancy, age or disability.

Sutter Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call Sutter Health Plan Customer Service at 833-674-2334.

If you believe that Sutter Health Plan has failed to provide these services or discriminated in another way for reasons including but not limited to race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, pregnancy, age or disability, you can file a grievance with Sutter Health Plan by telephone, mail or fax, or online at:

Sutter Health Plan Attn: Appeals & Grievances P.O. Box 160305 Sacramento, CA 95816	Telephone: 833-674-2334 TTY: 833-674-2336 Fax: 916-736-5422 Toll-Free Fax: 855-759-8755 Online: sutterhealthplan.org/calpers shplan.org/memberportal
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If you need help filing a grievance, call Sutter Health Plan Customer Service at **833-674-2334**.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-833-674-2334 (TTY 1-833-674-2336)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhca.ca.gov** has complaint forms, IMR application forms and instructions online.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, if there is a concern of discrimination based on race, color, national origin, age, disability or sex. You can file electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201	Telephone: 800-368-1019 TDD: 800-537-7697
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Complaint forms are available at:
<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>