

Underwriting Guidelines

2020 | INDIVIDUAL AND FAMILY PLANS

Sutter Health Plus offers a fully insured HMO health plan for each of the four metal tiers: Platinum, Gold, Silver and Bronze.



Sutter Health Plus Service Area

- **Region 1** – Sutter*
- **Region 2** – Solano, Sonoma*
- **Region 3** – El Dorado*, Placer*, Sacramento, Yolo
- **Region 4** – San Francisco
- **Region 5** – Contra Costa
- **Region 6** – Alameda
- **Region 7** – Santa Clara*
- **Region 8** – San Mateo
- **Region 9** – Santa Cruz
- **Region 10** – San Joaquin and Stanislaus

*Not licensed in all ZIP codes. Visit sutterhealthplus.org/ifp for a full Sutter Health Plus ZIP code listing.

Enrolling Members and Dependents

Eligibility

A subscriber and dependent must live or reside within the Sutter Health Plus licensed service area to qualify for coverage.

Eligible dependents include:

- A subscriber's spouse or domestic partner over the age of 18
- A child through the end of the month in which they turn age 26, whether married or unmarried, including adopted, step, or recognized natural child or any child for whom the employee has assumed a parent-child relationship, as certified by the employee at the time of enrollment of the child, and annually thereafter up to age 26
- A disabled dependent child 26 years of age or older who is incapable of self-support due to a physically or mentally disabling injury, illness or condition which existed prior to age 26 who receive 50 percent or more of their support and maintenance from the employee or employee's spouse or domestic partner may qualify for eligibility; proof of incapacity and dependency must be submitted within 60 days of request

Sutter Health Plus will send the subscriber a notice of the dependent's termination due to loss of eligibility at least 90 days before the date coverage will end due to reaching the age limit. The dependent's coverage will terminate as described in the notice unless the subscriber provides documentation of the child's disability.

Members receive covered services within the Sutter Health Plus licensed service area. Only urgent and emergency care is covered outside the Sutter Health Plus licensed service area.

Ineligible Dependent

The following categories of dependents are considered ineligible for coverage with Sutter Health Plus unless they meet the dependent eligibility requirements:

- A grandparent, parent, grandchild or other relative
- A divorced spouse and dependents of a divorced spouse where the subscriber is not the natural or adoptive parent
- A dependent of a qualified dependent

Member Effective and End Dates

- The effective date is the first day of the month, except when eligibility is established due to birth, adoption, or placement for adoption (special enrollment)
- The end date is the last day of the month
- For applications received during the annual open enrollment period, coverage is effective based on the date the application and payment is received as follows:
 - **Oct. 15, 2019:** Open enrollment begins for applying for or changing coverage
 - **Dec. 15, 2019:** Enrollment forms must be postmarked for coverage beginning Jan. 1, 2020
 - **Jan. 15, 2020:** Enrollment forms must be postmarked for coverage beginning Feb. 1, 2020
 - **Jan. 15, 2020:** Last day to apply for or change 2020 coverage without a qualifying event

Special Enrollment Period

Members can enroll in a new plan or change current coverage outside of the annual open enrollment period if they have a qualifying event as listed on the attestation form attached to the enrollment form. Download an enrollment form at sutterhealthplus.org/ifp.

Enrollment

To apply for an individual and family plan, the subscriber must download and complete the Sutter Health Plus Individual and Family Plan enrollment form at sutterhealthplus.org/ifp, and email, fax or mail the completed form to:

Email: shpifp@sutterhealth.org

Fax: 1-916-736-5090

Mail:

Sutter Health Plus

Attn: Enrollment Department

2480 Natomas Park Drive, Suite 150

Sacramento, CA 95833

For the application to be considered complete, the subscriber must mail their first month's premium to:

Sutter Health Plus

P.O. Box 740143

Los Angeles, CA 90074-0143

Any documents sent by email must be sent encrypted by typing "encrypt" in the subject line. If the email cannot be sent encrypted, the documents can be faxed.



For more information, please call Account Services at **855-325-5200** Monday – Friday, 8 a.m. to 7 p.m. or email shpsales@sutterhealth.org.