Blue Shield of California Life & Health Insurance Company insured grievance process

If you disagree with Blue Shield of California Life & Health Insurance Company's (Blue Shield Life) determination regarding this service or the processing of a claim, you, your provider, or an attorney or representative on your behalf may request a grievance by 1) calling the Customer Service Department's toll-free number at **800-393-6130**, 2) writing to the Customer Service Department, or 3) submitting a completed Grievance Form. A Grievance Form can be obtained either by contacting Customer Service or by logging in to **blueshieldca.com**. The completed Grievance Form should be submitted either online or to the address below. Grievances are resolved within 30 days. The grievance system allows you to file standard or expedited grievances within 180 days following an incident or action that is subject to your dissatisfaction. Please indicate that you are filing a grievance, and include any documents or information that you believe may be relevant to the review of your grievance.

- Call our TTY number at **711** for the hearing- and speech-impaired
- Online: **blueshieldca.com**
- Write: Blue Shield of California Life & Health Insurance Company
  Attn: Customer Service Grievances
  P.O. Box 5588
  El Dorado Hills, CA 95762-0011

Expedited decisions

You have the right to an expedited decision when the routine decision-making process might pose an imminent or serious threat to your health, including, but not limited to, severe pain or potential loss of life, limb, or major bodily function. Blue Shield Life will evaluate your request and medical condition to determine if it qualifies for an expedited decision, which will be processed as soon as possible to accommodate the patient's condition, not to exceed 72 hours. To request an expedited decision, you or your physician on your behalf can call or write to Customer Service as listed above. Specifically state that you want an expedited decision, and that waiting for the standard process might seriously jeopardize your health.

California Department of Insurance (DOI) review

The California Department of Insurance is responsible for regulating health insurance. The Department's Health Claims Bureau has a toll-free number – (800) 927-HELP (4357) or TTY (800) 482-4833 – to receive complaints regarding health insurance from either the insured or his or her provider. If you have a complaint against your insurer, you should contact the insurer first and use their grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by the insurer, you may call the Department's toll-free telephone number 8 a.m. to 5 p.m., Monday through Friday (excluding holidays). You may also submit a complaint in writing to: California Department of Insurance, Health Claims Bureau, 300 S. Spring St., South Tower, Los Angeles, CA 90013, or through the website http://www.insurance.ca.gov/01-consumers/101-help/.

Independent Medical Review through the DOI – voluntary appeal procedure

You may be eligible for an Independent Medical Review (IMR) through the Department of Insurance. You may apply for an IMR if our decision involves the medical necessity of a treatment, an experimental or investigational therapy for certain medical conditions, or a claims denial for emergency or urgent medical services. Expedited external medical review can occur concurrently with the internal appeals process for urgent care. You can contact the Department of Insurance directly.

Employee Retirement Income Security Act (ERISA) notification

If your employer's health plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

You are entitled to, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

Notice of right to review of rescission, cancellation, or nonrenewal of your enrollment or subscription by the California Insurance Commissioner

You may request a review by the California Insurance Commissioner if you believe your health insurance policy or coverage has been or will be wrongly canceled, rescinded, or not renewed. To do so, you must, as soon as possible, submit your request for review in writing to: California Department of Insurance, Health Claims Bureau, 300 S. Spring Street, South Tower, Los Angeles, CA 90013 or through the website, www.insurance.ca.gov/01-consumers/101-help/. You may contact the California Insurance Commissioner's Health Claims Bureau at (800) 927-HELP (4357) or TDD (800) 482-4833 for information about how to request a review in writing. Please provide the Department with your health insurance policy number or a copy of your health insurance card, and copies of any letters you have received from us.

Continuation of coverage

You have 30 days from the date we sent this notice to request a review by the Commissioner in order to ensure that your health insurance coverage continues while your request for review is being evaluated. To ensure that your coverage is continued without interruption, however, you must request a review by the Commissioner before your coverage ends. And continuation of coverage does not apply for failure to pay premium. Even if more than 30 days have passed since we sent this notice, we must continue your coverage while your request is being evaluated, as long as you request the review by the Commissioner at a time when your coverage is still in effect.

Regardless of whether or not we are required to provide you health insurance coverage while your request for review is being evaluated, the Commissioner will order us to reinstate your coverage, retroactive to the time of cancellation, rescission, or nonrenewal, if the Commissioner determines that your request for review is a proper complaint and, ultimately, that the cancellation, rescission, or nonrenewal was unlawful.

WARNING: You must continue to pay your insurance premiums on time in order to maintain coverage, and if your coverage is reinstated retroactively you will be responsible for paying insurance premiums corresponding to any gap in coverage between the time your coverage was terminated and the time it was continued or reinstated.