

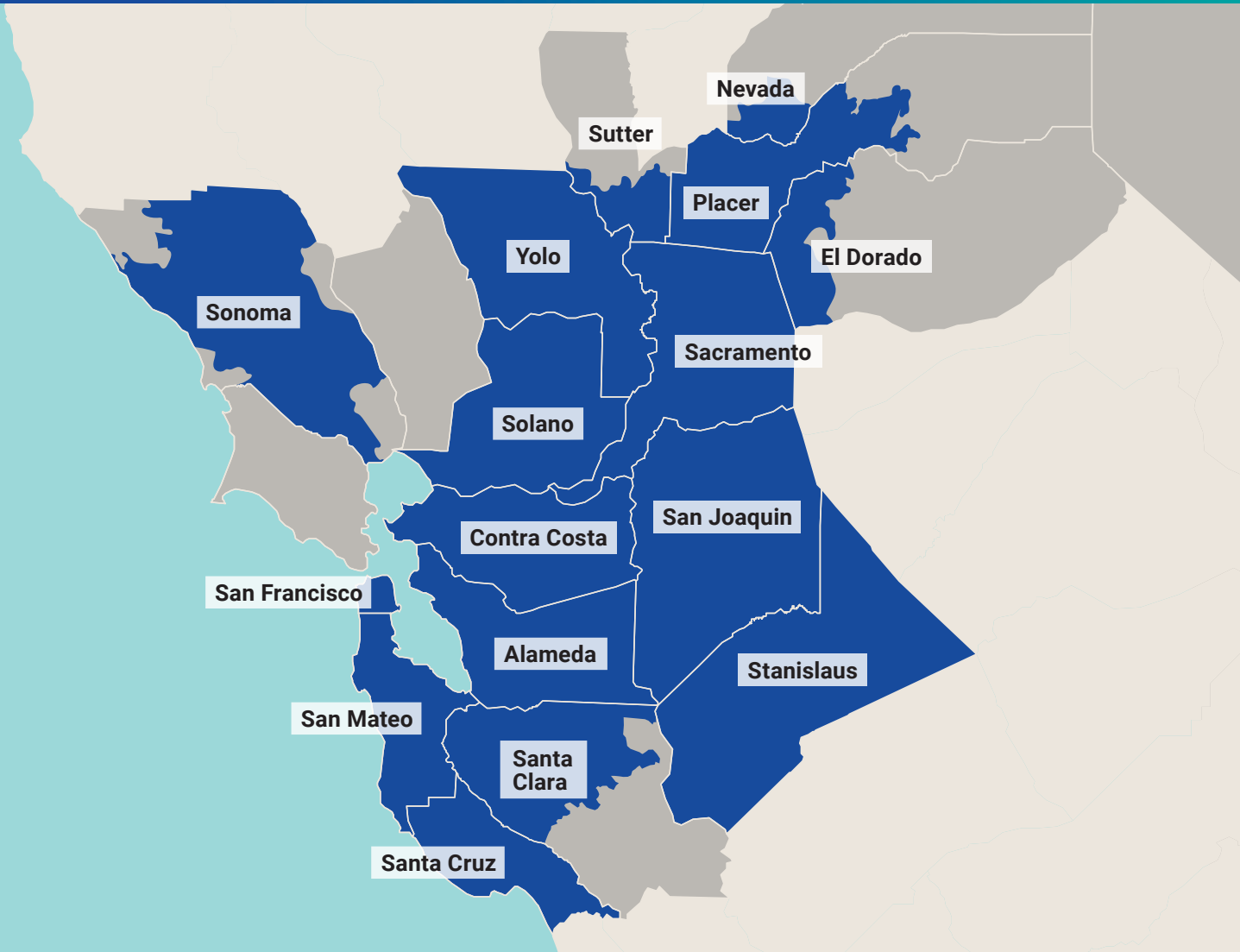
# Underwriting Guidelines

Individual and Family Plans



Effective January 2025

Sutter Health Plan offers a fully insured HMO health plan for each of the four metal tiers: Platinum, Gold, Silver and Bronze. Benefit plan designs meet healthcare reform guidelines and mirror the tiered metallic plans offered by Covered California.



### Sutter Health Plan Service Area

- **Region 1** – Nevada\*, 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.

# Enrolling Members and Dependents

## Eligibility

A subscriber and dependents (other than a dependent child) must live or reside within the Sutter Health Plan 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 parent or step-parent of a subscriber who meets the definition of a qualifying relative under section 152(d) of Title 26 of the United States Code.
- 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 Plan 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.

## Ineligible Dependent

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

- A dependent who was previously covered by Sutter Health Plus as a spouse of the subscriber, who is now divorced from the subscriber.
- A child of a subscriber who is not the natural or adoptive parent, stepparent, legal guardian, or court ordered custodian unless covered because he or she is a child of an eligible domestic partner, a civil union, or a same sex marriage.
- A child after the end of the month in which they turn 26.
- A foreign exchange student.
- A grandparent, grandchild, or other relative.
- 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. For information on the open enrollment dates and deadlines, please visit [sutterhealthplan.org/ifp](https://sutterhealthplan.org/ifp).

## 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 [sutterhealthplan.org/ifp](https://sutterhealthplan.org/ifp).

## Enrollment

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

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

Fax: 916-736-5090

Mail:

Sutter Health Plan

Attn: Enrollment Department

P.O. Box 160345

Sacramento, CA 95816

For the application to be considered complete, the subscriber must make their first month's premium payment online or by check.

### Online

Pay your first month's premium through the Sutter Health Plan Online Payment Center:

[sutterhealthplan.org/binderpayment](https://sutterhealthplan.org/binderpayment)

### Check

Mail your first month's premium to:

Sutter Health Plan

P.O. Box 278136

Sacramento, CA 95827-8136



For more information, please call  
Customer Service at **855-315-5800**  
Monday – Friday, 8 a.m. to 7 p.m. or email  
[shpserviceteam@sutterhealth.org](mailto:shpserviceteam@sutterhealth.org).

