

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 (or your provider or a representative on your behalf) may request a grievance by 1) calling the Customer Service Department's toll-free number, 2) writing to the Customer Service Department, or 3) by submitting a completed Grievance Form. 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 grievances for at least 180 days following an incident or action that is subject to your dissatisfaction. Please include any documents or information that you believe may be relevant to the review of your grievance.

- Call (888) 852-5345 or (800) 241-1823 (TTY) for the hearing and speech impaired
- Online: www.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, 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 your 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 Review

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number – (800) 927-HELP (4357) or TDD (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 6 p.m., Monday through Friday (excluding holidays). You may also submit a complaint in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring St., South Tower, Los Angeles, CA 90013, or through the Web site <http://interactive.web.insurance.ca.gov/contactCSD/ContactUs.jsp>.

Independent Medical Review (IMR) through the Department of Insurance Voluntary Appeal Procedure

You may be eligible for an Independent Medical Review (IMR) through the Department of Insurance. You may apply for 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. You can contact the Department of Insurance directly.

Employee Retirement Income Security Act (ERISA)

If your employer's insurance policy 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 insurer 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 the claimant's claim for benefits.