



[[Date]]

Notice of Grace Period and Right to Request Review

We are required to provide you with this Notice.

Grace Period/Cancellation

If you have already submitted your premium payment in full (as indicated in your last bill), please disregard this Notice.

As of the date shown above, our records indicate that we have not received the premium amount indicated in your most recent bill. We are required to give you a minimum 30-day grace period to pay your premium. Please refer to your Group Administrator Manual or your bill for available payment options. The grace period will begin on the day following the last day of coverage for which we have received your premium payment. If we do not receive your premium payment on or before the last day of the grace period, Anthem may cancel your coverage at the end of the grace period. If your coverage is cancelled, you will receive a notice indicating the date your coverage was cancelled for non-payment. If your coverage includes medical coverage, please be aware that the reason(s) for cancellation of your medical coverage will be in accordance with your Agreement(s) with us and will not be due to the health status or requirements for health care services of members enrolled in such coverage. Although your Anthem coverage will continue in-effect during the grace period, you will be liable for the payment of all premiums that accrue up until cancellation of your Anthem coverage. In addition to this Notice, you may receive a premium reminder letter in the near future.

You have the right to request a review from the Department of Managed Health Care (if you have an Anthem Blue Cross plan) or the California Insurance Commissioner (if you have an Anthem Blue Cross Life and Health Insurance Company plan). Please note that this right to request review only applies to cancellation of your medical coverage. If you are not sure what type of plan(s) you have, please check your customer ID card or contact Membership Services at 1-800-627-8797.

REQUEST FOR REVIEW 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Insurance Commissioner if you believe your health insurance policy or coverage has been or will be wrongly canceled, rescinded or not renewed.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, Consumer Communications Bureau, 300 S. Spring Street, South Tower, Los Angeles, California, 90013 or through the website: <http://www.insurance.ca.gov>.

You may contact the California Insurance Commissioner's Consumer Communications Bureau at 1-800-927-HELP (4357) or TDD 1-800-482-4833 for information about how to request a review in writing. Please



provide the Department with your health insurance policy number, copies of any letters you have received from us or a copy of your health insurance card.

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.

REQUEST FOR REVIEW BY THE DEPARTMENT OF MANAGED HEALTH CARE:

If you believe that your health plan enrollment or subscription has been, or will be, improperly rescinded, canceled, or not renewed, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

First, file your complaint with Anthem:

- You can file a complaint with Anthem Blue Cross by calling **1-800-627-8797** or visiting www.anthem.com/ca.
- You should file your complaint as soon as possible after you receive notice that your health plan enrollment or subscriptions will be rescinded, canceled or not renewed.
- If your problem is urgent Anthem Blue Cross must give you a decision within 3 days. Your problem is urgent if there is a serious threat to your health that must be resolved quickly.
- If your problem is not urgent, Anthem Blue Cross must give you a decision within 30 days.

Take your complaint to the California Department of Managed Health Care (DMHC):

The DMHC oversees HMOs and other health plans in California and protects the rights of HMO members. You can file a complaint with the DMHC if:

- You are not satisfied with Anthem Blue Cross' decision about your complaint, or;
- You have not received the decision within 30 days, or within 3 days if the problem is urgent.
- The DMHC may allow you to submit a complaint directly to the DMHC, even if you have not filed a complaint with your health plan, if the DMHC determines that your problem requires immediate review.

An optional DMHC complaint form is available at www.healthhelp.ca.gov.

For help, contact: **Help Center, DMHC, 980 Ninth St., Suite 500, Sacramento, CA 95814-2725**

1-888-466-2219; TDD: 1-877-688-9891; FAX: 1-916-255-5241

www.healthhelp.ca.gov

There is no charge to call. Help is available in many languages.