



Dear Beacon Health Options of California member,

As a California employee covered under an Employee Assistance Program administered by Beacon Health Options of California, Inc. (Beacon of California) (a subsidiary of Beacon Health Options, Inc.), regulated by the California Department of Managed Health Care (DMHC), you are entitled to receive notification of the Beacon of California grievance protocol. That protocol is attached with this letter for reference and is also posted on the Beacon of California website at: www.beaconhealthoptionsca.com under the Member tab or at this direct link: <http://s18637.pcdn.co/wp-content/uploads/sites/36/Grievance-Process.pdf>.

The attached protocol outlines standard procedures for filing a grievance with Beacon of California and also includes instructions for requesting expedited review of urgent grievances or requests for mediation or arbitration. You may also request an independent medical review ("IMR") of Disputed Behavioral Health Care Services from the Department of Managed Health Care if you believe that behavioral health care services have been improperly denied, modified, or delayed by Beacon of California. The attached provides information about how to submit such a request.

Beacon of California is committed to providing excellent Employee Assistance Services and to ensuring a positive member experience. Should you have any questions regarding this protocol, please feel free to contact Beacon of California at 1-800-228-1286 extension 262422 (TTY 800-735-2929).

Regards,

Beacon Health Options of California