Blue Shield of California provides continuity of care services to our plan members. As of January 1, 2018, eligibility limitations apply to new enrollees of a Blue Shield Individual and Family Plan (IFP). You can call Member Services at the phone number on the back of your Blue Shield member ID card for more information.

Maintaining continuity of care
Blue Shield recognizes the importance of maintaining a strong doctor–patient relationship when you change healthcare plans. This is especially true if you have a serious medical condition. That is why we created the Continuity of Care Program. This program allows newly enrolled members to complete their care with their current healthcare provider or to transition smoothly from their current healthcare provider to a Blue Shield network provider.

Continuity of care for newly enrolled members
If you or your covered dependents are new enrollees in a Blue Shield plan and are currently receiving treatment for a qualifying medical condition from a healthcare provider who does not belong to your health plan’s provider network, you may be eligible to complete treatment of your condition with your current provider. Please note, however, that the Continuity of Care Program is not available to all new enrollees of Blue Shield plans.

Who is eligible?
You may be eligible to receive continuity of care services if you meet the following requirements:
• You are a Blue Shield plan subscriber or a covered dependent receiving treatment for a qualifying medical condition with a non-network provider and enrolled in a plan that offers no non-network benefits, or
• You are a Blue Shield member who had continuous health coverage prior to enrolling with Blue Shield because the health plan withdrew from the health plan market.

In order for Blue Shield to approve continuity of care for you or your dependents, your non-network provider of services must be willing to accept Blue Shield’s network (contracted) rate, collect only the applicable co-payments or coinsurance, and not balance-bill you.

Who is not eligible?
You are not eligible for continuity of care if any of the following descriptions apply to you:
• You are a new Blue Shield subscriber or dependent who has had no previous continuous health plan coverage.
• You are a member who has not established treatment with a non-network provider prior to your date of enrollment with Blue Shield.
• You are a member who does not have one of the qualifying medical conditions described below.
• You are a member whose non-network provider is not willing to accept Blue Shield’s network contracted rate.
Examples of conditions and situations that may qualify for completion of care with your current provider who does not belong to your Blue Shield health plan include but are not limited to:

- An acute condition requiring prompt medical attention and that has a limited duration (not to exceed the acute phase of the condition when care can be safely transferred to a provider contracting with your Blue Shield of California health plan).
- A serious chronic condition, for the period of time necessary to complete a course of treatment and to arrange for safe transfer of care to a provider contracting with your Blue Shield of California health plan (but not to exceed 12 months from the effective date of coverage).
- Pregnancy, including immediate postpartum period.
- Care for a child who is newborn to 36 months old (not to exceed 12 months from effective date of coverage).
- A surgery or other treatment that was previously recommended and documented by the provider to take place within 180 days of the effective date of coverage and which is authorized by Blue Shield.
- Terminal illness, which has the high probability of causing death within one year or less; this is covered for the duration of the terminal illness.

Dental services
If you are currently receiving services for a serious dental condition and you or your employer has purchased additional dental plan benefits from Blue Shield, you may be eligible to continue care with your current dental provider. To obtain further information, please contact our dental plan administrator, Dental Benefit Providers of California Inc., directly, by calling the customer service number on the back of your Blue Shield member ID card.

How the Continuity of Care Program works
When you enroll in a Blue Shield health benefit plan, you may be eligible to complete your care with your current provider who does not belong to the provider network for your plan.

If you believe you qualify, complete Blue Shield’s Request for Continuity of Care Services Form. You should mail or fax this form to the address or fax number on the form for review at least 30 days before your plan takes effect, or as soon as you become aware of the need for continuity of care services. We will send you a letter describing how we have responded to your request to complete treatment with your current provider.

Non-network providers
If your treating physician or other healthcare provider (such as a hospital) does not belong to the provider network for your health plan, our Customer Service department will send your Request for Continuity of Care Services Form to our Medical Care Solutions department.

We will then contact your provider of services, who must agree to certain conditions, which include agreeing on terms and methods of reimbursement that are like those used by the plan for participating providers in the same
pricing region as permitted by state law. If the provider does not agree, then your request for completion of care with the non-network provider will be denied. In those instances, Medical Care Solutions will assist with the transfer of your medical care to a physician contracted with the provider network for your benefit plan, ensuring that reasonable consideration is given to the potential effects that changing provider(s) may have on your medical condition. If the provider agrees to the required conditions, Blue Shield will authorize the completion of your care and notify you in writing of any special provisions and/or limitations.

Services covered under the Continuity of Care Program do not include benefits that are not otherwise covered under the terms and conditions of your Blue Shield of California plan contract or policy.

Continuity of care for current Blue Shield members

Who is eligible?

You may be eligible to receive continuity of care services if you meet the following requirements:

• You are a current subscriber or enrolled dependent and are currently receiving treatment for a qualifying medical condition from a provider who is no longer in your health plan's network.

• You are a member whose employer group makes a plan change and the group no longer offers coverage that would allow you to complete your current course of treatment with a network provider.

For Blue Shield to approve continuity of care for you or your dependent, your non-network provider of services must be willing to accept Blue Shield's network (contracted) rate, collect only the applicable co-payments or coinsurance, and not balance-bill you.

Who is not eligible?

You are not eligible for continuity of care if any of the following descriptions apply to you:

• As a current Blue Shield member, you voluntarily change your plan and your current provider is not part of the new plan’s network.

• You are a member who does not have one of the qualifying medical conditions described below.

• You are a member who is enrolled in a self-funded group, unless continuity of care services are specifically requested by the group’s employer.

• You are a member whose non-network provider is not willing to accept Blue Shield’s network contracted rate.

Examples of conditions and situations that may qualify for completion of care with your current provider who does not belong to your Blue Shield’s health plan include but are not limited to:

• An acute condition requiring prompt medical attention and that has a limited duration (not to exceed the acute phase of the condition when care can be safely transferred to a provider contracting with your Blue Shield of California health plan).

• A serious chronic condition, for the period of time necessary to complete a course of treatment and to arrange for safe transfer of care to a provider contracting with your Blue Shield of California health plan (but not to exceed 12 months from the effective date of coverage).

• Pregnancy, including immediate postpartum period.
• Care for a child who is newborn to 36 months old (not to exceed 12 months from effective date of coverage).

• A surgery or other treatment that was previously recommended and documented by the provider to take place within 180 days of the effective date of coverage and which is authorized by Blue Shield of California.

• Terminal illness, which has the high probability of causing death within one year or less; this is covered for the duration of the terminal illness.

Mental health services
Continuity of care is also available if you are currently receiving services for a serious mental health condition. To obtain further information, please contact our mental health service administrator directly by calling their number on the back of your Blue Shield member ID card.

Dental services
If you are currently receiving services for a serious dental condition and you or your employer have purchased additional dental plan benefits from Blue Shield, you may be eligible to continue care with your current dental provider. To obtain further information, please contact our dental plan administrator, Dental Benefit Providers of California Inc., directly, by calling the customer service number on the back of your Blue Shield member ID card.

How the Continuity of Care Program works
If your provider leaves the network for your Blue Shield health plan, and you believe you qualify for our Continuity of Care Program, contact the Blue Shield Department shown on the back of your plan member ID card to obtain a Request for Continuity of Care Form or find the form on the Blue Shield website at blueshieldca.com/bsca/member-forms.sp. Complete the form and return it to us as instructed on the form.

We will contact your healthcare provider, who must agree to certain conditions required of contracted providers, as permitted by state law. If the provider does not agree to these conditions, then we will deny your request for completion of care with the provider leaving our network.

In those instances, our Medical Care Solutions Department will assist with the transfer of your medical care to a Blue Shield network provider, ensuring that reasonable consideration is given to the potential effects that changing providers may have on your medical condition.

If the provider agrees to the required conditions, we will authorize your continued care and notify you in writing of any special provisions or limitations.

Services covered under our Continuity of Care Program do not include benefits that are not otherwise covered under the terms and conditions of your Blue Shield health plan.
Discrimination is against the law

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability.

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
  - Qualified sign language interpreters
  - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.
Notice of the Availability of Language Assistance Services

Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacerte que alguien te ayude a leerla. También puedes recibir esta carta en tu idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能读懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面的 會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。 (Chinese)

QUAN TRỌNG: Quý vị có thể đọc lại thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lại thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngày đến Ban Dịch vụ Hội viên/Khách hàng theo số 0 mặt sau: the ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)


Baa’ ákohwiindindoogi: Díí naaltsoosísh yínítha’go biínighah? Doo bínighahgoó éí, naaltsoos íich’í yiidóoltahíí bina’ nahee hóló. Díí naaltsoos aldó’ t’áá Dííné k’ehjí ádooolnííí nínízíingo biíghah. Doo báah ilínígó shiká’ adoowol nínízíingo níich’í’ béesh bee hodíílíng doó námbóo éí díí Blue Shield bee néího’dílzinígi bine’déé’ bikáá’ éí doodagó éí (866) 346-7198 jí’ hodíílíng. (Navajo)

 중요: 이 서신을 읽을 수 있습니까? 읽으실 수 경험이, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요. (Korean)

ԱՐագային է։ Կարողանա՞ստի եք նախաբեր այս համարը։ Եթե ոչ, կմերձ մեկուսացնեք մինչ։ Եթե կիրառե՞ք եք այս արագային համար, անհրաժեշտ է՝ Քանի որ արագային համարն է։ Մինչ հերետիկ համար։ Եթե համար է, անհրաժեշտ է արագային համարով կանխարգելնեք իր հեռահամագույն, կոմիտատի կողմից մի միջնակարգ արագային։ (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要：お客様は、この手紙を読むことができませんか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)
If you have a Blue Shield plan, you probably already have it. Please contact us for details.

Blue Shield of California

(English)

بحسب إمكانية الاتصال، يمكننا وقف التسليم. يرجى الاتصال الآن.

(عربية)

нейبيري: คุณมีความสบายใจหรือไม่ หากไม่ให้ โปรดบอกความช่วยเหลือของคุณ หากต่างจังหวัดจะสามารถติดต่อได้ไม่ต้องใช้ราย

(ไทย)

Mahachai: มากับความสบายใจหรือไม่? ท่านอยู่ที่ไหน โปรดบอกความช่วยเหลือของคุณ.

(ฮินดี)

Bhuta: กับมาความสบายใจหรือไม่? ท่านอยู่ที่ไหน โปรดบอกความช่วยเหลือของคุณ.

(ลาว)

Blue Shield of California

(English)
Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español.
Para obtener ayuda, llame al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

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Cambodia, Vietnamese, Laotian, Chinese, Spanish, Japanese, Khmer, Arabic, Farsi, Urdu, Punjabi, Turkish, Russian, Armenian, Korean, Persian, Hebrew, Portuguese

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