If you are a Blue Shield 65 Plus (HMO) or Blue Shield 65 Plus Choice Plan (HMO) member, please call Member Services at the phone number on the back of your member ID card for more information.

Continuity of Care Program – New enrollees

For new enrollees of Blue Shield of California plans

This section is for new enrollees. See page 3 for information about continuity of care services for established members of Blue Shield of California who are receiving care for a serious medical condition when a contracted provider for a member’s plan leaves the Blue Shield provider network.

Maintaining continuity of care

Blue Shield recognizes the importance of maintaining a strong doctor-patient relationship when people change health plans, especially if they have a serious medical condition.

That’s why we designed the Continuity of Care Program for newly enrolled members to complete their care with their current healthcare provider or to provide a smooth transition of care from their current healthcare provider to a Blue Shield contracted provider for their health plan.

Who is eligible?

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.

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 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 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

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.

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 ID card.

**How the program works**

When you enroll in a Blue Shield plan, you may be eligible to complete your care with your current provider who does not belong to the provider network for your Blue Shield health plan. If you believe you qualify, complete Blue Shield’s Request for Continuity of Care Services form. This form should be mailed or faxed to the address or fax number on the form for review at least 30 days before your health 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, Customer Service will send your Request for Continuity of Care Services form to our Medical Care Solutions department.

We will contact your provider, who must agree to certain conditions required of Blue Shield contracted providers, 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 a provider network for your health 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 plan contract or policy.
Continuity of Care Program – Established members

A continuity of care option is available for established members of Blue Shield of California health plans who are receiving care for a serious medical condition when the contracted provider leaves the Blue Shield network of providers for their health plan.

Who is eligible?

If you or your dependents are current members in a Blue Shield of California plan and are currently receiving treatment for a qualifying medical condition from a provider who leaves your health plan’s network, you may be eligible to complete your care with that provider who has left or is leaving the provider network.

Examples of conditions and situations that may qualify for Continuity of Care Program services 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 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 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

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 ID card.

If you are currently receiving services for a serious dental condition and your employer has purchased additional group 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 directly by calling their number on the back of your Blue Shield ID card.

How the program works

If your provider leaves the provider network for your health plan, and you believe you qualify for our Continuity of Care Program, contact the Blue Shield service department shown on your Blue Shield member ID card to obtain a Request for Continuity of Care Services 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 shown on the form.

We will contact your 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 your request for completion of care with the provider leaving our network will be denied.

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 and/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 of California health plan.
Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law
Blue Shield of California complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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, age, disability or sex, 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: (916) 350-7405
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.

**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 hacer que alguien le ayude a leerla. También puede recibir esta carta en su 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:** 您能讀懂這封信嗎? 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，請立即撥打列登在您的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 lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

**MAHALAGA:** Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telefeno ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

**Baa’ ákohwíndzindoíí:** Díí naaltsoosísh yínííta’go biíníghah? Doo biíníghahgóó éí, naaltsoos nich’í yiidoóltahíí ía’ nihee hóló. Díí naaltsoos aldó’ t’áá Diné k’ééjí ádoolníí bínízingó bighah. Doo báág ilínígó shíká’ adowol bínízingó níích’í bétsh bee hodíilníí doó nábíoó éí díí Blue Shield bee néího’dílzíníígí bine’déé’ bikáa’ éí doodágó éí (866) 346-7198 jí’ hodíilníí. (Navajo)

** 중요:** 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 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 전환하세요. (Korean)
Can you read this letter? If not, we can arrange for someone to help you read it. You may also receive this letter in your native language. If you need assistance for free, please call the Member/Customer Service phone number on the back of your Blue Shield ID card, or (866) 346-7198.
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. Puede obtener documentos leidos a usted y algunos enviados a usted en su idioma. 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

 무료어달서비스. 고객님의 언어로 서비스를 받으실 수 있으며 한국어로 서류를 납득해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분의 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하시는 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Woang Garlos na mga Serbisyos sa Wika. Makakakuha ka ng interpreter o tagasalin at maipabaybay mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, lawangan kami sa numerong nakatala sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, lawangan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անձնակազմակերպությանների երկարությունը. Հարցերի համար երբեմն ձայնագրեր է անջատում կանոնադրություններ գրանցված են մարդիկ համար հանձնարարի փոխարեն։ Օգտակարություն է հասնում նրանց համար, որոնք 1-866-346-7198 համարին կարող են ստանալ Երկարությունը 1-800-927-4357 համարին կանանց համար Պատմականության Պատմապատմության Բանաստեղծության Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご用意しております。ご相談を希望の場合は、ID カード記載の番号または 1-866-346-7198 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険局、1-800-927-4357 までご連絡ください。Japanese

خدمات متاحي موسمي برية بيان أو معلومات في حال استفسارك إذا كنت وافراً بياتين شرق مونتياك. لعبان، وابن براياسة خوارج، شود بر يرات، مكبات، ما من خطراً على ثقافة طبيعي حير. 1-866-346-7198 (CA Dept. of Insurance) 1-800-927-4357 (Khabari) Persian

لاحدة المحكمة المغناطيسية مقدمة برمجية لمعالجة الأعمال والقروض في الجمل العربية. للحصول على معلومات متعلقة بالفيسبوك، تسجيلات المواقع الأوروبية، أو معلومات أخرى، الاتصال بالمركز الرئيسي للخدمات المحلية 1-866-346-7198 Arabic

Cov Kev Pab Txhais Lus Tsis Nham Tai. Koy yuav thoav haam muaj neeg los txhais lus rau koy thiab kom neeg nyes mi cov ntauw va lus Hmoob. Yon xav tau kev pab, hu rau peb ntauw tus xov tooj nyob hauj kajin yuaj ID los si 1-866-346-7198. Yog xav tau kev pab ntxiv huu ra CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntauw 1-800-927-4357 Hmong

บริการทางภาษาไม่เป็นไปตาม désir คุณสามารถติดต่อเราที่หน้าของคุณได้ หากท่านต้องการความช่วยเหลือ กรุณาติดต่อเราทางโทรศัพท์ หรืออีเมล所示สามารถส่งคำข้อความที่ต้องการได้ 1-866-346-7198 หรือที่หน้าของคุณได้ 1-800-927-4357 Thai

نظام اللغة بيان يتيح تلقي كم تتم حول الأعمدة، الرسائل النصية عبر البريد الإلكتروني أو عبر البريد الإلكتروني. 1-866-346-7198 (CA Dept. of Insurance) 1-800-927-4357 Hindi

Doo biaw sinjog saad bee yit’1” bee anaw’lio. Dii shu aha halac dougg’houlqoob nimzingo eê bighah. Naalshoos naaminshajbeeghi shich’i’ yiidoo eag g’ce hiihsh’i’ a odbyiilf nimzingo bighah. Shihka a dougg’ nimzingo mnjeb’ b’bëe’ bëe hodlinhin doom nómoob’ eê dinaalshoos dougg’lihsh’i’ bëe nêl’o düll’ihihsh’i’ bën’ dé’ bëe’ eê doogday eê (1-866-346-7198)’ëe hodlinhin. Hôsh biaw shik’i amaw’doog’ nimzingo eê dina Akéés’béjsh Béjsh A’chq Naa’ni bil haz àjéj’i’1-800-927-4357’ëe hodlinhin. Navajo