Blue Shield of California provides continuity of care services to new and existing members of a Blue Shield of California plan. As of January 1, 2017, there are eligibility limitations that apply to new enrollees of a Blue Shield Individual and Family Plan (IFP). You may call Member Services at the phone number on the back of your Blue Shield 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 not eligible?

The Continuity of Care Program is not available to all new enrollees of Blue Shield of California plans. New enrollees, as listed below, are not eligible for the Continuity of Care Program:

- Individual and Family Plan (IFP) members who are newly enrolled on Blue Shield of California policies effective January 1, 2017, and later, are not eligible for Continuity of Care services when the member’s previous provider is outside the Blue Shield IFP network.
- A new enrollee who is offered an out-of-network option.
- A new enrollee who had the option to continue with his or her previous health plan or provider and, instead, voluntarily chose to change health plans.

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.
In some instances, new enrollees are not eligible for the Continuity of Care Program. Please refer to the "Who is not eligible?" section on page 1.

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 the 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](http://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.

IMPORTANT: ¿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)

IMPORTANT: 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 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 ilyong wikang tagalog. Para sa libreng tulungan, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng ilyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ ákohwündzdooïgi: Díí naaltsoosísh yíníitta’go biínígah? Doo biínígahgoó éí, naaltsoos nich’í yiidóoltahígí t’a’ nihee hóól. Díí naaltsoos aldó’ t’áá Diné k’eñjí ádooolnííl nínízingó bíghah. Doo bááñ ilínígó shíká’ adowol nínízingó níñich’í’ bée’ bée’ hodíilníih dóó námboo éí díí Blue Shield bée néího’ dílziníígí bine’déé’ bikáá’ éí doodágo éí (866) 346-7198 jí’ hodíilníih. (Navajo)

 중요: 이 서신을 읽을 수 있습니까? 읽으실 수 없을 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 전화하세요. (Korean)
kaar.com

VAKHO: Ne vashishite dokho yazino baxht? Mo pomojim vam, esli neobyomelno. Vy takzhe mozhete poluchit' eto pismo napisannoe na vashem rodnom yazyke. Pozvonite v Sluzhbu klientskoy/chenlenskoy podderzhki prosto ceyas po telefonu, zakazannomu sazi idenfigikatsionnoy karti Blue Shield, ili po telefonu (866) 346-7198, i vam pomogut' soronno besplatno. (Rusins)

BAKHNO: Hana ekh yich hafa yelde nde? Na mi yedh, odp ni hafa. Da mi nde yelde, da mi yeech yadh yake dafa. Dafa dafa yelde kon yeech yelde yelde. (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nhivai.abum posm tsab jir thiay tsuq. Tej zaum koi kuj yuav tau txais mbab tsab ntawv no sau ua koi hom lus. Rau kev pa txhais dawb, thov hu kiaj rau tuv xov tooj Kev Pa Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tuv xov tooj (866) 346-7198. (Hmong)
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 leídos a usted y algunos enviados a usted en su idioma. Para obtener ayuda, llame a la número listado en su tarjeta o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357, Español

免費語言服務。您可以獲得翻譯人員服務。您可以將文件朗讀給您聽，有些文件有中文的版本，也可以將這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險局聯絡，Chinese


우표 통역 서비스, 체하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 납후해주는 서비스를 받으실 수 있습니다. 도호부 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항은 문의하신 분의 캘리포니아 주 보험업, 안내 전화 1-800-927-4357번으로 언락해 주십시오., Korean

Waling Garlos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagsalog nitong ma apiabo o ma sa Tagalog ang mga dokumento. Para makakakuha ng tulong, lawangan kami sa numero ngakalista siyang ID card o sa 1-866-346-7198. Para sa lawangan ng吮tong tulong, lawangan ang CA Dept. of Insurance sa 1-800-927-4357, Tagalog

Առաջադիր նշանակություն. Անձնական ծրագրային համար և պաշտոնական ծրագրերը երբեք պետք կան համար համարել պաշտոնական։ Օգտիականություն նշանակություն է իրականացնել 1-866-346-7198 համարով։ Այսպիսով մասնագիտական համար 1-800-927-4357 համարով պաշտոնական Պատմական Բիզնեսային Լիցենզիան, Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочитут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или по 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

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