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. 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.

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. 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.

IMPORTANTÉ: ¿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 Hỗ trợ 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 telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa’ ákohwíndzindoóií: Díí naatsosoísísh yíníliita’go biíníghah? Doo biíníghahgóó éi, naatsoso nich’i’ yídóólthighí la’ niheé hóló. Díí naatsoso aldó’ t’áá Diné k’éhji ádoolnííl nínízingó biighah. Doo bááh ilínígó shíká’ adówól nínízingó nihich’i’ bée bhee hodíilnih dóó námboo éi díí Blue Shield bee néího’ dílziníígí bine’dééé bika’á’ éi doogáó éi (866) 346-7198 jí’ hodíilnih. (Navajo)

 중요: 이 서신을 읽을 수 있습니까? 읽으실 수 없 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/객서 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요。 (Korean)
Can you read this message? If you can't, we can arrange for someone to help you.

You might also be able to receive this message in your native language. If you need assistance for free, call the Member/Participant Services phone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANT: If you cannot read this letter, please let us know. You can also request a copy in your native language.

If you need help immediately, call the Member/Participant Services phone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANT: If you cannot read this letter, please let us know. You might also be able to receive this message in your native language. If you need assistance for free, call the Member/Participant Services phone number on the back of your Blue Shield ID card, or (866) 346-7198.

HINDI: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निचले मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिखाए गए नंबर को जोड़ें। (Hindi)
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.


Free Language Services. You can now 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, Spanish.

免费语言服务。您可获得口译服务。您可以中文把文件读给您听，也可以把一些文件寄给您。欲获得协助，请致电您保险卡所列的电话号码或拨打 1-866-346-7198 与我们联络。欲获得其他协助，请致电 1-800-927-4357 与加州保险局联络，Chinese.


Notice of the Availability of Language Assistance Services

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Claimant’s Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

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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.