**Transition of Care**

**NEW MEMBERS WHOSE CURRENT PROVIDER IS NOT IN THE PREMERA BLUE CROSS NETWORK**

**What is transition of care?**

With transition of care, you may be able to continue to receive treatment or care for specific covered services with your existing provider that is not in your new Premera Blue Cross network. If you are approved, the in-network benefit level applies to the covered service.

**Do you qualify for transition of care?**

If you answer yes to any of the following questions, you may qualify for transition of care benefits. Are you:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Receiving treatment or care for the second or third trimester of your pregnancy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Currently enrolled in a hospice program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Receiving treatment or care for chemotherapy, radiation therapy, new anticoagulation therapy, follow-up of reconstructive surgery, or a medication regimen requiring a rapid increase in dose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Receiving treatment or care for recent major surgery?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Receiving treatment or care for mental health or substance abuse?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Receiving treatment or care for surgery or hospitalization that is scheduled after enrollment in your new Premera health plan?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered **YES** to any of the questions above, review the instructions on the next page to apply for transition of care benefits.

If you answered **NO** to all of the questions above, you have two options:

1. Find a new in-network provider:
   - Search the Find a Doctor tool on the website located on the back of your member ID card. Your plan network name is on your member ID card.
   - Call customer service at the contact number on the back of your member ID card.
2. Continue to see your current provider. However, since your provider is not in your health plan network, this may cost more or not be paid for at all by your plan.
Instructions

If you qualify, Premera will approve your continued treatment or care for a limited time with your current, out-of-network healthcare provider. To apply:

1. Ask your current healthcare provider to send a request for transition of care on your behalf. Your provider must fax the request in writing to 800-843-1114.

2. Our care management team will review the request submitted by your provider and make a decision within five business days.

3. If your request is approved, you may continue treatment or care with your current healthcare provider at the in-network benefit level described in your benefits booklet. Note that you may still need to pay for charges that exceed the maximum allowable amount of your new health plan. Your transition of care benefits may also be limited to a defined period based on the treatment plan.

Although not all requests will meet the requirement for approval, Premera will work closely with you and your healthcare provider to help you with your continued treatment and care.

IF YOU HAVE QUESTIONS ABOUT TRANSITION OF CARE BENEFITS, CALL THE CUSTOMER SERVICE NUMBER ON THE BACK OF YOUR MEMBER ID CARD.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera 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:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-618-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the 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, D.C. 20201, 1-800-368-1019, 800-537-7887 (TDD)
Complaint forms are available at
http://www.hhs.gov/ocr/office/filerequest.html

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost.
Call 800-722-1471 (TTY: 800-842-5357).

اللغة العربية (Arabic):
يجب أن تكون هذه المعلومات متاحة للجميع الذين يعيشون في المجتمعات العربية. هذه المعلومات تشير إلى تحويلات يمكنهم الحصول عليها في أي وقت وبدون تكلفة. يمكن لكل الذين يتحدثون العربية الحصول على هذه المعلومات والمساعدة في تدفق اللغة. يرجى ملاحظة أن هذه المعلومة متاحة للجميع.
800-722-1471 (TTY: 800-842-5357) 

中华 (Chinese):
本通知有重要的信息。本通知可能有关于您通过Premera Blue Cross提交的申请或保险的重要信息。本通知可能有关于在线，您可能需要在截止日期之前采取行动，以保留您的健康保险或费用补贴。您有权免费以您的母语阅读本通知和帮助。拨打800-722-1471 (TTY: 800-842-5357)。

Oromoo (Ouushite):

Français (French):

Kreyòl ayisyen (Creole):

Deutsche (German):

Hmong (Hmong):

Ilokano (Ilocano):
Daytoy a Pakdaa ket naglaon ili Napateg nga Impormasion. Daytoy a pakdaa mabalin nga adda ket naglaon ili napateg nga impormasion maangaping ili aplikasyonyo wenno coverage babasen ili Premera Blue Cross. Daytoy ket mabalin dagit bigtang importante a petsa ili daytoy a pakdaa. Mabalin nga adda rumbang nga aramidenyo nga addang sakkay dagiti particular a natding nga alaw taponi mapagpalaindyo t coverage ti salun-atyo wenno tulung kadagiti gastos. Adda karbangayo a mangaya ilii daytoy nga impormasion ken tulung ili bukodyo a pagpasao nga awan ti bayadanyo. Tumawag ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):