

Continuity of care

For members whose current provider is leaving the Premera Blue Cross Blue Shield of Alaska network

What is continuity of care?

With continuity of care, you may be able to continue to receive treatment or care for specific covered services for up to 90 days with your existing provider. If you are approved, the in-network benefit level applies to the covered service.

Do you qualify for continuity of care?

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

1. Receiving treatment or care for your pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Receiving care for short-term or acute illness or injury, such as a broken bone, strep throat, influenza, or COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Receiving treatment or care for chemotherapy, radiation therapy, anticoagulation therapy, or a medication regimen requiring a rapid increase in dose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Receiving treatment for a long-term or chronic illness such as diabetes, asthma, or arthritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Receiving care for a terminal illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Receiving care for a recent major surgery or follow-up of reconstructive surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Receiving treatment or care for mental health or substance use disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Waiting for a surgery or hospital stay that has already been scheduled but occurs after the provider leaves the Premera network?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Find a new in-network provider:
 - Visit the website address located on the back of your member ID card. Go to Find Care and select Find a Doctor.
 - 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.

If you answered YES to any of the questions above, review the instructions below to apply for continuity of care benefits.

Instructions

If you qualify, Premiera will approve your continued treatment or care for up to 90 days with your current, out-of-network healthcare provider. To apply:

1. Ask your current healthcare provider to send a request for continuity of care on your behalf. Your provider must submit a request by phone at **800-344-2227**, option 3 or by faxing 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 10 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 benefit booklet. Your continuity 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, Premiera will work closely with you and your healthcare provider to help you with your continued treatment and care.

If you have questions about continuity of care benefits,
call the customer service number on the back of your member ID card.

Notice of availability and nondiscrimination 800-508-4722 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Hu thov kev pab txhais lus pub dawb thiab lwm yam khoom pab dawb thiab kev pab cuam ua tsim nyog.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Vala'au mo auaunaga tau fesoasoani mo gagana e leai ni totogi ma fesoasoani fa'aopo'opo talafeagai ma auaunaga.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

Tumawag para kadagiti libre a serbisio iti tulong iti pagsasao ken dagiti nakanada nga aid ken serbisio iti komunikasion.

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

ติดต่อขอบริการช่วยเหลือด้านภาษาฟรีพร้อมความช่วยเหลือและบริการอื่นๆ เพิ่มเติม

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes. Premera does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex. Premera provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our 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, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@Premera.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 Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.