

NAME: <Mem_FName> <Mem_LName> MEMBER ID#: <SUB_ID>

<Mem_FName> <Mem_LName> <Mail_Addr_Ln_1> <Mail_Addr_Ln_2> <Mail_City_Name>, <Mail_State> <Mail_Zip>



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<TodaysDateTime>

Dear < Mem_FName>,

Thank you for being a Blue Shield of California member. We are writing to let you know that our contract with <HOSPITAL/HOSPITAL SYSTEM> has terminated, effective <Effective_Date>. As a result, <HOSPITAL/HOSPITAL SYSTEM> is no longer in our network. Your provider will be able to give you more information about alternate hospitals. To check the participating status of Blue Shield facilities, please visit blueshieldca.com/fad. Some of the alternate, contracted facilities in the area include:

- <Hospital 1>
- <Hospital 2>
- <Hospital 3>
- <Hospital 4>

Specialist Services

We encourage you to contact your provider to coordinate your healthcare needs if you are currently being treated for an illness or injury at <HOSPITAL/HOSPITAL SYSTEM>. If you are currently under a specialist's care at <HOSPITAL/HOSPITAL SYSTEM>, and you want to remain with this specialist, please call the Customer Service number on your Blue Shield member ID card. You may have a right to keep your specialist for a designated period. Please see the information below concerning your right to continued care.

PPO members and POS members using PPO benefits

Because < HOSPITAL/HOSPITAL SYSTEM> is no longer in our network, your costs may be higher if you use this hospital. Should you continue care with <HOSPITAL/HOSPITAL SYSTEM>, Blue Shield will pay the lower, out-of-network level of benefits, and you will be responsible for any amounts up to the provider's billed charges. Exceptions may apply based on individual circumstances highlighted under the Right to Continued Care and Emergency Services sections below.

Right to Continued Care

We realize that when you are in a course of treatment, it is important not to interrupt your care. Federal law guarantees you the option to continue receiving treatment from a terminated provider for 90 days after the receipt of this letter or until your treatment concludes, whichever is sooner. Your treatment will be provided under the same terms and conditions that applied before the contract termination date. Federal law qualifies you for continuing care if you are receiving treatment for a serious and complex condition, pregnant, undergoing inpatient care, scheduled for non-elective surgery, or terminally ill.

Under California law, you can request continuation of covered services for the following conditions:

- An active course of treatment for an acute medical or behavioral health condition, including a maternal mental health condition
- An active course of treatment for a serious chronic condition
- A pregnancy, regardless of trimester, and including postpartum care
- A terminal illness
- Care of a newborn (0 to 36 months)
- Performance of a surgery/procedure that has been authorized by Blue Shield as part of a documented course of treatment and has been recommended to occur within 180 days of the above-mentioned cancelation date

To request continuation of covered services at <HOSPITAL/HOSPITAL SYSTEM>, please call (800) 393-6130 (TTY: 711) or the Customer Service number on your Blue Shield member ID card. To learn more about our Continuity of Care Program, please visit blueshieldca.com/find-a-doctor/help/continuity-of-care.

We are required by California law to provide you with the following information:

If you have been receiving care from a health care provider, you may have a right to keep your provider for a designated time period. Please contact Blue Shield's Customer Service Department, and if you have further questions, you are encouraged to contact the Department of Managed Health Care, which protects consumers, by telephone at its toll-free number: 1-888-466-2219, or at a TDD number for the hearing and speech impaired at 1-877-688-9891, or online at www.dmhc.ca.gov.

Emergency Services

A hospital's emergency medical services do not require pre-authorization, regardless of where they are delivered. If you have a medical emergency, please call 911 or go immediately to the nearest emergency department, which may include <a href="https://www.emergency.com/hospital/ho

Billing information

If you receive a bill for services provided prior to <Effective_Date> from <HOSPITAL/HOSPITAL SYSTEM> that exceeds the amount indicated as your responsibility based on your Blue Shield plan benefits, please call the Customer Service number on your Blue Shield member ID card for assistance.

Your healthcare needs are important to us, and we are committed to providing you with exceptional service. We regret any inconvenience you may experience due to this change. This change will not affect your current Blue Shield benefits or your ability to receive necessary medical care. Should you experience any difficulties

Get important info faster. Create or edit your profile at blueshieldca.com/go.

in getting an appointment or receiving appropriate care, or have any additional questions, please call **(800) 393-6130** (TTY: **711)** or the Customer Service number on your Blue Shield member ID card.

We value you as a member and look forward to continuing to support you on your healthcare journey.

Sincerely,

Blue Shield of California

Enclosure: < Notices Available Online>



NAME: <Mem_FName> <Mem_LName> MEMBER ID#: <SUB_ID>

<Mem_FName> <Mem_LName> <Mail_Addr_Ln_1> <Mail_Addr_Ln_2> <Mail_City_Name>, <Mail_State> <Mail_Zip>



🔳 🗱 🔳 Access your plan anytime, anywhere. Download the app at bsca.com/mobile

<TodaysDateTime>

Dear < Mem_FName>,

Thank you for being a member of Blue Shield of California Life & Health Insurance Company (Blue Shield Life). We are writing to let you know that effective < Effective_Date >, < HOSPITAL /HOSPITAL SYSTEM > will no longer be in our network. Your provider will be able to give you more information about alternate hospitals. To check the participating status of Blue Shield Life facilities, please visit blueshieldca.com/fad. Some of the alternate, contracted facilities in the area include:

- Hospital 1>
- <Hospital 2>
- <Hospital 3>
- <Hospital 4>

Specialist Services

We encourage you to contact your provider to coordinate your healthcare needs if you are currently being treated for an illness or injury at <HOSPITAL/HOSPITAL SYSTEM>. If you are currently under a specialist's care at <HOSPITAL/HOSPITAL SYSTEM>, and you want to remain with this specialist, please call the Customer Service number on your Blue Shield Life member ID card. You may have a right to keep your specialist for a designated period. Please see the information below concerning your right to continued care.

Effective < Effective_Date >, because < HOSPITAL / HOSPITAL SYSTEM > will no longer be in our network, your costs may be higher if you use this hospital. Should you continue care with <HOSPITAL/HOSPITAL SYSTEM>, Blue Shield Life will pay the lower, out-of-network level of benefits, and you will be responsible for any amounts up to the provider's billed charges. Exceptions may apply based on individual circumstances highlighted under the Right to Continued Care and Emergency Services sections below.

Right to Continued Care

We realize that when you are in a course of treatment, it is important not to interrupt your care. Federal law guarantees you the option to continue receiving treatment from a terminated provider for 90 days after the contract termination's effective date or until your treatment concludes, whichever is sooner. Your treatment will be provided under the same terms and conditions that applied before the contract termination date. Federal law qualifies you for continuing care if you are receiving treatment for a serious and complex condition, pregnant, undergoing inpatient care, scheduled for non-elective surgery, or terminally ill.

Under California law, you can request continuation of covered services for the following conditions:

- An active course of treatment for an acute medical or behavioral health condition, including a maternal mental health condition
- An active course of treatment for a serious chronic condition
- A pregnancy, regardless of trimester, and including postpartum care
- A terminal illness
- Care of a newborn (0 to 36 months)
- Performance of a surgery/procedure that has been authorized by Blue Shield Life as part of a documented course of treatment and has been recommended to occur within 180 days of the above-mentioned cancelation date

To request continuation of covered services at <hOSPITAL/HOSPITAL SYSTEM> or ask any other questions related to enrollment or changing your health benefit plan product, please call (800) 393-6130 (TTY: 711) or the Customer Service telephone number on your Blue Shield Life member ID card. A representative can assist you. You can also learn more about our Continuity of Care Program by visiting blueshieldca.com/find-a-doctor/help/continuity-of-care.

We are required by law to provide you with the following information:

The California Department of Insurance is responsible for regulating health insurance. The Department's Consumer Communications Bureau has a toll-free number – (800) 927-HELP (4357) or TTY (800) 482-4833 – to receive complaints regarding health insurance from either the insured or his or her provider. If you have a complaint against your insurer, you should contact the insurer first and use its grievance process. If you need the Department's help with a complaint or grievance that has not been satisfactorily resolved by the insurer, you may call the department's toll-free telephone number 8 a.m. to 6 p.m., Monday through Friday (excluding holidays). You may also submit a complaint in writing to: California Department of Insurance, Consumer Communications Bureau, 300 S. Spring Street, South Tower, Los Angeles, California 90013, or www.insurance.ca.gov.

Emergency Services

A hospital's emergency medical services do not require pre-authorization, regardless of where they are delivered. If you have a medical emergency, please call 911 or go immediately to the nearest emergency department, which may include <hospital/hospital system>.

Billing Information

If you receive a bill for services provided prior to <Effective_Date> from <HOSPITAL/HOSPITAL SYSTEM> that exceeds the amount indicated as your responsibility based on your Blue Shield Life plan benefits, please call the Customer Service number on your Blue Shield Life member ID card for assistance.

Your healthcare needs are important to us, and we are committed to providing you with exceptional service. We regret any inconvenience you may experience due to this change. This change will not affect your current Blue Shield Life benefits or your ability to receive necessary medical care. Should you experience any difficulties in getting an appointment or receiving appropriate care, or have any additional questions, please call (800) 393-6130 (TTY: 711) or the Customer Service number on your Blue Shield Life member ID card.

We value you as a member and look forward to continuing to support you on your healthcare journey.

Sincerely,

Blue Shield of California Life & Health Insurance Company

Enclosure: < Notices Available Online>