

Transition of Care

FOR 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:

1. Receiving treatment or care for the second or third trimester of your pregnancy? Yes No

2. Currently enrolled in a hospice program? Yes No

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? Yes No

4. Receiving treatment or care for recent major surgery? Yes No

5. Receiving treatment or care for mental health or substance abuse? Yes No

6. Receiving treatment or care for surgery or hospitalization that is scheduled after enrollment in your new Premera health plan? Yes No

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 on the next page to apply for transition of care benefits.



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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.