



1 Cameron Hill Circle
Chattanooga, TN 37402
bcbst.com

<Date>

<First Name> <Last Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Dear <First Name>,

We're reaching out to let you know about a change to our BlueCross provider network, Blue Network SSM.

We prefer not to make changes to our networks, but sometimes it's necessary for keeping health care costs reasonable. As a result of recent negotiations, **CHI Memorial doctors and facilities will leave your health plan's Blue Network S starting July 1, 2024.**

If you get non-emergency care from CHI Memorial doctors or one of the following facilities on or after July 1, you'll have to pay more:

- CHI Memorial Hospital, Chattanooga, Tenn.
- CHI Memorial Hospital Hixson, Hixson, Tenn.
- CHI Memorial Hospital Georgia, Fort Oglethorpe, Ga.
- CHI Memorial Parkway Imaging, Ringgold, Ga.
- Memorial Heart Institute, LLC, Chattanooga, Tenn.

Erlanger is our current Network S health system for Chattanooga. Parkridge Health System is joining Network S July 1. You can find a list of Erlanger, Parkridge and all other local facilities by going to [bcbst.com/network-s](https://www.bcbst.com/network-s) (Parkridge doctors and providers may not appear in our online directory until July 1). Please confirm in-network status before scheduling an appointment so you can get the most out of your benefits.

We Want You to Keep Your Doctors

We know how important it is to have a personal relationship with your doctors, like the ones you see for your annual checkups. **If you see a CHI Memorial doctor after July 1, 2024**, we'll still pay for your care at our current in-network rates. But your doctor and CHI Memorial will decide what they charge you. We encourage you to ask your doctors if they will continue to see you once CHI Memorial leaves our network and if they will charge you more for care you get after July 1, 2024.

What's Next?

- **If you get non-emergency care from CHI Memorial facilities or doctors on and after July 1, 2024, you'll have to pay more out of your own pocket.** This is the case even if you or your doctor get prior authorization for your care. You'll pay your out-of-network copay, deductible and coinsurance amounts, which are more than what you

pay when you visit in-network providers. You'll also pay for any charges above the allowed amount (the most the plan will pay for a covered service) if the provider sends you a bill for those charges.

- Before scheduling care, make sure whoever gives you care is in your provider network by going to [bcbst.com/network-s](https://www.bcbst.com/network-s).
- In an emergency, you should go to the closest emergency room. If you receive emergency care from these CHI Memorial facilities or providers, your emergency care services will still be covered at the in-network level under your plan's emergency room coverage. In an emergency, providers can't charge you more than in-network rates.

We're Here to Help

If you're getting ongoing care from a CHI Memorial doctor or facility, you can ask us to keep covering it. To do that, get help finding a new facility in your network, or if you have any questions, please call us at 1-800-558-6213. We're here Monday through Friday, 7 a.m. to 5 p.m., CT. You can also find more network hospitals, facilities and providers at [bcbst.com/members/TN_state](https://www.bcbst.com/members/TN_state), and you can visit [BCBSTNetworkUpdates.com](https://www.BCBSTNetworkUpdates.com) for news about CHI Memorial and our networks.

Best of Health,

Your Member Care Team

Frequently Asked Questions

What if I am receiving ongoing treatment on July 1, 2024?

You may be eligible for Continuity of Care. See the Continuity of Care section of this mailing for more information.

I've been approved for services that start after June 30, 2024. What should I do?

Please call us at 1-800-558-6213. We'll help you get approval for treatment at another hospital in your network. We can also work with you to determine if you're eligible for Continuity of Care.

What if my primary care or specialist provider refers patients only to CHI Memorial doctors or facilities?

You'll need to get care from in-network doctors and facilities to continue receiving in-network benefits for services. We can help you find a new PCP or specialist. Please call us at 1-800-558-6213. You can also visit [bcbst.com/members/TN_state](https://www.bcbst.com/members/TN_state) to find a list of facilities in your network.

What if I receive emergency care at CHI Memorial facilities?

Your emergency care services will be covered at the in-network level under your plan's emergency room coverage. If you're admitted to the hospital from the emergency room, medically necessary services for the approved days will be covered at the in-network level.

Continuity of Care

What is the Continuity of Care program, and what do I have to do to see if I qualify for Continuity of Care?

The Continuity of Care program lets you continue to get in-network coverage for certain medical treatments from your provider or at a hospital for a specific period of time — even after the provider leaves your plan's network. This means the plan will pay the provider or hospital as if they were still in-network, and you will pay your in-network deductible and coinsurance amounts. You will have to pay more than usual, however, if the hospital

decides to bill you for more than the maximum allowable charge. There are two ways to find out more:

1. Call 1-800-558-6213. Let us know you're in the middle of treatment. We'll work with you to determine your eligibility for Continuity of Care. We can also help you complete the request form.
2. Use bcbst.com/members/TN_state
 - a. Go to bcbst.com/members/tn_state/resources/
 - b. Scroll to the middle of the page and click on **Forms**.
 - c. Download **Medical Transition Care Form**.
 - d. Print it and fill it out, or request that your provider fill it out.
 - e. The form will have the mailing address you must send it to.

Once you submit the request form, we'll send you a letter with our decision. If you have any questions, we're happy to help. Please call us at 1-800-558-6213.

Is there a deadline for requesting Continuity of Care?

Yes. You must apply **within 30 days** of your health care provider's termination date of July 1, 2024. This is the date that your provider is leaving your plan's network.

How long will Continuity of Care services be covered at the in-network rate?

If Continuity of Care is approved before July 1, 2024, you may be able to get in-network coverage for care from the hospital and/or your provider for up to 90 days. The Continuity of Care period begins when your provider leaves the network.

If you're pregnant and in your second trimester on the date of your provider's network termination, you may be able to continue to receive care from the hospital and/or your provider at the in-network rate for the remainder of your pregnancy, as well as during your postpartum care.

Will care from my provider be covered as in-network benefits under approved Continuity of Care?

If your provider agrees to provide Continuity of Care, they're agreeing to continue coverage of your care at the in-network rate. They must also:

- continue to accept reimbursement from us at the rates we agreed to before the transitional period as payment in full;
- follow our quality assurance requirements and provide us with necessary medical information related to your care; and
- follow our policies and procedures, including but not limited to, referrals, pre- authorizations and treatment plans approved by us.

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-558-6213 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross 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 ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-558-6213 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination_OfficeGM@bcbst.com (email).

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, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-558-6213 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-558-6213 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-558-6213 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-558-6213 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-558-6213 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-558-6213 (ATS : 1-800-848-0298).

ប្រសិនបើ អ្នក រៀន ភាសា ខ្មែរ ឬ ភាសា ខ្មែរ ដទៃ ទៀត លើ ភាសា ខ្មែរ ដើម របស់ អ្នក យើង ផ្តល់ ជូន អ្នក មេត្តា ទូរស័ព្ទ លេខ 1-800-558-6213 (TTY: 1-800-848-0298) ។

ማለታዎ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገለግሉት ተዘጋጅተዋል: ወደ ሚክተሎ ቁጥር ደደውሉ 1-800-558-6213 (መስማት ለተሳናቸው: 1-800-848-0298)።

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-558-6213 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-558-6213 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-558-6213 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-558-6213 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-558-6213 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-558-6213 (телетайп: 1-800-848-0298).

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-800-558-6213 (TTY:1-800-848-0298) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-558-6213 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-558-6213 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-558-6213 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-558-6213 (TTY: 1-800-848-0298).

Díí baa akó ninízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóíq, kojí' hódííłnih 1-800-558-6213 (TTY: 1-800-848-0298).