

How Independence Blue Cross members may be affected by the ending of agreements with Community Health Systems, Inc.

On October 1, 2017, regional Community Health Systems, Inc. (CHS) hospitals were acquired by a new parent company, Reading Health System (Reading), now Tower Health. As a result, the Independence Blue Cross (Independence) contractual agreements with the hospitals, facilities, and physicians employed by (former) CHS automatically ended as of the date of the acquisition and are no longer in the Independence network.

CHS includes the following entities:

- Brandywine Hospital
- Chestnut Hill Hospital
- Jennersville Regional Hospital
- Phoenixville Hospital
- Pottstown Memorial Medical Center
- Surgery Center of the Main Line
- Surgery Center at Limerick
- Blue Bell Surgery Center
- Pottstown Medical Transport
- Pottstown Clinic Company
- Phoenixville Clinic Company
- Coatesville Clinic Company
- Chestnut Hill Clinic Company
- West Grove Clinic Company
- Phoenixville Specialty Clinics
- Schuylkill Internal Medicine Associates
- West Grove Family Practice
- Jennersville Family Medicine
- Coatesville Cardiology Clinic
- Phoenixville Orthopedic Specialists
- Coventry Clinic Company
- Village Medical Center Associates

How this will affect you depends on what kind of health plan you have. Please read through the questions and answers that follow, which explains how PPO, EPO, DPOS, POS, and HMO members are affected.

How do I know what type of health plan I have?

If you are not sure what kind of health plan you have, you can find out by looking at your member ID card. On the front of your card, the plan type is printed next to the word “Plan” and you will see whether your plan is a PPO, EPO, DPOS, POS, or HMO.

Will emergency services be covered at the former CHS hospitals?

Yes. All plan types offer emergency services. Those services are covered at in-network cost-sharing amounts, regardless of the hospital or outpatient emergency facility’s network status. Reimbursement for emergency care services may be paid directly to you, and you would be responsible for paying any bills you receive from the hospitals.

When does this change affect me?

The contracts with the above listed entities ended as of October 1, 2017. However, we are committed to providing our members with in network coverage at the former CHS (now Tower Health) hospitals, entities and physicians they employ for 30 days (through October 31, 2017).

Are these hospitals, facilities, and their employed physicians now considered out of network?

Yes. The former CHS hospitals, facilities, and their employed physicians are no longer part of the Independence network. However, we will provide a grace period for Independence members receiving care at those entities, subject to in-network member benefits.

Does my plan offer out-of-network benefits?

PPO, DPOS, and POS plans offer coverage for care received from an out-of-network provider, but often require significantly higher cost-sharing, such as deductibles, copayments, and coinsurance, when compared to an in-network hospital or physician. This means that if you have a PPO, DPOS, or POS plan, you should expect significant out-of-pocket costs when receiving non-emergent care from former CHS providers.

HMO, EPO, and some customer-specific Closed Panel PPO plans do not cover elective or scheduled out-of-network services.

What happens if I have a procedure scheduled at one of the former CHS hospitals and/or with a physician they employ on or after October 1, 2017?

Covered services will continue at the in-network level during the grace period to allow you time to transition your care to an in-network provider.

After the grace period, your costs will be much higher. If you have out-of-network benefits (a DPOS, POS, or PPO plan) and you choose to obtain covered services on or after the grace period, these services will be subject to the deductible, coinsurance, benefit limitations, and precertification requirements of the out-of-network portion of your benefits plan, **even if you had already scheduled the procedure**. Out-of-network providers may also balance-bill you for charges that are above the amounts paid by Independence. These costs are your responsibility and could be significant.

Please note: Whether or not we have received precertification forms, Independence cannot honor authorizations issued for elective services to be performed after the grace period ends by these hospitals or other physicians who are not participating in our network at that time.

Please contact our Customer Service team if you and your physicians need help arranging for covered services to be delivered in-network.

What happens if I am currently in treatment for a chronic or acute medical condition, or if I am undergoing maternity care? How can I continue to receive services at or by a CHS provider?

You, and/or your physician on your behalf, may request an exception to allow for continuity of care for a treating physician who is no longer participating in the Independence network or has yet to secure admitting privileges or a collaborative agreement at a hospital in the Independence network. Requests for exceptions will be considered, subject to your member benefit limitations, when there is an ongoing, active course of treatment for a chronic or acute medical condition and prudent medical practice requires continued care from the same physician. For maternity care, authorizations will be issued for members who are in their second or third trimester of pregnancy as of the date a physician is no longer in the Independence network. These authorizations will allow for coverage of pregnancy-related care through the postpartum period.

Please note: Approvals for continuity of care exceptions are contingent upon the hospitals and the physicians they employ agreeing to honor the terms of their prior agreements with Independence,

including the payment provisions. You or your physician can view the instructions and obtain a Continuation of Care Request Form at ibx.com/providerforms or by calling Customer Service at **1-888-580-9500** or **the number on the back of your ID card**.

What happens if I need elective care?

If you have an HMO, EPO, or a customer-specific Closed Panel PPO plan, need elective care, and want that care covered under your benefits, you must use in-network health care providers, since services provided by out-of-network health care providers are not covered.

If you have a PPO, DPOS, or POS plan, need elective care, and want that care covered under your in-network benefits, you will need to go to a participating health care provider in our network and obtain precertification from Independence where required. If you choose to obtain covered services from a former CHS provider on or after the grace period ends, these services will be subject to the deductible, coinsurance, benefits limitations, and applicable precertification requirements of your plan's out-of-network benefits. Out-of-network providers may also balance-bill you for charges that are above the amounts paid by Independence. These amounts are your responsibility and could be significant.

To locate in-network health care providers, please visit ibx.com/findadoctor. You can also call Customer Service at **1-888-580-9500** or **the number on the back of your ID card** for assistance with transitioning your care to a health care provider who participates in our network.

If I have an HMO, DPOS, or POS plan, do I need to choose a new primary care physician (PCP)?

If your PCP is employed by one of these hospitals, your PCP is no longer in the Independence network. ***If you have an HMO, DPOS, or POS plan, you need to select a new PCP.*** You can select a PCP by using the *Find a Doctor* tool at ibx.com/findadoctor or by logging on to our secure member portal at ibxpress.com, selecting the *My Care* tab, and then selecting *Change my Primary Care Physician*. When you're prompted for a reason for choosing a new PCP, please select **PCP No Longer in Network** to ensure the change goes into effect as of the first of the current month. You can also call Customer Service at **1-888-580-9500** or **the number on the back of your ID card**.

If your PCP is not employed by CHS but only has admitting privileges at one of these hospitals, then your physician will no longer be in the Independence network unless he or she obtains admitting privileges or a collaborative agreement at another Independence-participating hospital prior to February 1, 2018.

Please note: You should be aware that each PCP office uses specific, designated sites for radiology, laboratory, and physical therapy services. If you choose a new PCP, your new PCP's office may have different designated sites than those of your former PCP. You may wish to contact your new PCP's office to determine the designated sites for these services. This information can also be found through the *Find a Doctor* tool.