

How Independence Blue Cross members may be affected if the agreement with Trinity Health ends

As of January 31, 2019, we continue to engage in good-faith negotiations with Trinity Health (Trinity), which includes the following entities, as well as their professional providers, subsidiaries, affiliates, and divisions:

- Mercy Health System of Southeastern Pennsylvania, including Mercy Fitzgerald, Mercy Philadelphia, and Nazareth hospitals
- St. Mary Medical Center, including St. Mary Rehabilitation Hospital
- Saint Francis Healthcare, including Saint Francis Hospital, Wilmington, Delaware

In the event that a new agreement with Trinity is not reached, we want you to be aware of the changes that will take effect beginning April 1, 2019.

How this would affect you depends on what kind of health plan you have. Please read through the questions and answers that follow, which explain what PPO, EPO, DPOS, POS, and HMO members should consider if the agreement with Trinity ends.

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 Trinity physicians (providers) be considered out of network?

Yes. If the agreement with Trinity ends, the physicians they employ will be out of network.

How could this impact my physician (provider) who is not employed by Trinity?

Having admitting privileges is the right granted to a doctor to admit members to a particular hospital for providing specific diagnostic or therapeutic services. Independence strongly encourages in-network physicians to have admitting privileges at a hospital that is in the Independence network.

If your physician (provider) has admitting privileges only at a Trinity-impacted facility, then we are encouraging your physician to obtain admitting privileges at another Independence-participating hospital as soon as possible or make arrangements with another provider who has admitting privileges at an Independence-participating hospital. Your physician will be precluded from referring or admitting you to a non-participating provider if you do not have an out of network benefit.

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 Trinity providers if we are unable to reach a new agreement.

HMO and EPO plans do not cover elective or scheduled out-of-network services.

Please note: If you are an Independence PPO or EPO member who has received services at Saint Francis Hospital, or by a Saint Francis employed physician, you may be able to continue to receive services at the hospital or from the physician. However, we encourage you to call the Customer Service number on the back of your member ID card for additional information.

Will emergency services be covered at Trinity-impacted hospitals?

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

Will this impact behavioral health services currently arranged and provided by Independence’s subcontractor, Magellan Healthcare, Inc. (Magellan)?

Magellan, an independent company, maintains its own agreements with behavioral health providers, and those contracts are not impacted by this agreement expiration. As a result, if the agreement with Trinity ends, it would not impact coverage of outpatient or inpatient behavioral health services from a Trinity provider or facility, which remains contracted with Magellan.

If you have an out-of-network benefit and choose to receive inpatient behavioral health services on or after April 1, 2019, you may be balance-billed for any services that are not considered behavioral health services (i.e., medical services received at an out-of-network facility while being treated for a behavioral health condition). For HMO and EPO members, such medical services will not be covered since Trinity providers will be considered out of network. If you have any questions, please call the Customer Service number on the back of your member ID card.

What happens if I have a procedure scheduled with a Trinity provider on or after April 1, 2019?

If you have out-of-network benefits and you choose to obtain covered services from a Trinity provider on or after April 1, 2019, these services will be subject to the deductible, coinsurance, benefits limitations, and applicable precertification requirements of the out-of-network benefits of your plan, **even if you scheduled the procedure before April 1, 2019**. Out-of-network providers may also balance-bill you for charges that are above the amounts paid by Independence in accordance with the terms of your benefit agreement. These amounts are your responsibility and could be significant.

If your plan does not offer out-of-network benefits, you will not be covered for non-emergency services from a Trinity provider.

Please note: Whether or not we have received a precertification request, if your plan does not offer out-of-network benefits Independence will not honor prior authorizations issued for elective services to be performed on or after April 1, 2019, by a Trinity provider or other physicians who are not participating in our network at that time.

Our customer service team can help you and your physicians in 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 by a Trinity provider?

You and your physician may request consideration for an exception to allow for continuity of care in the event that your treating physician is no longer participating in the Independence network. Requests for

continuity of care exceptions will be considered 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 coverage for members in their second or third trimester of pregnancy. All requests for continuity of care authorizations will be issued in accordance with applicable law.

You or your physician can obtain a Continuation of Care Request Form and instructions at ibx.com/providerforms or by calling Customer Service at the number on the back of your member ID card. After review of your request, you will receive a letter notifying you of our determination. Your provider will also be notified.

Please note: All approvals for continuity of care exceptions are contingent upon Trinity agreeing to continue to honor the terms of its agreement with Independence, including their payment provisions, even after the agreement ends.

What happens if I need elective care?

If you have an HMO or EPO 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 Trinity provider on or after April 1, 2019, 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 the number on the back of your member 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 the agreement with Trinity ends and your PCP is a Trinity provider, your PCP will no longer be a participating physician with Independence as of April 1, 2019, and you will need to select a new PCP. You can search for and then select a new PCP through our secure member portal at ibxpress.com. Select the *My Care* tab, then *Find a Doctor or Hospital* to get started. You can also call Customer Service at the number on the back of your member ID card for assistance.

Please note: If your PCP is not employed by Trinity, but has admitting privileges only at a Trinity-impacted hospital, then your PCP will be encouraged to secure admitting privileges at another Independence-participating hospital or make arrangements with another participating provider that does have privileges at an Independence-participating hospital.

You should also 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 ibxpress.com. If you do not have access to the Internet, please call Customer Service at the number on the back of your member ID card.

How can I find out the status of the Trinity agreement?

To learn the current status of the Trinity agreement you can go to ibx.com/membersfirst or call Customer Service at the number on the back of your member ID card.

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