

<PPG Name and/or logo>

<Date>

<First Name Initial Last Name>

<Mail Address>

<Mail City, ST Mail Zip>

### IMPORTANT NEWS

#### Your Specialty Provider Will No Longer Be Contracted With <PPG Name or Health Plan Name>

Dear Beneficiary:

We understand that you may currently be receiving care from <insert *Specialist/Ancillary provider name*>,<insert specialty>. This is to advise you that <insert *Specialist/Ancillary provider name*> will no longer be contracted with <insert PPG name or Health Plan name> as of <insert *effective date*>. This termination will impact you if you are undergoing an active course of treatment from this <physician or ancillary provider>.

All requests for continuity of care will be considered on a case-by-case basis and will require prior authorization.

#### **Will Your Medical Benefits Change?**

No. All of your benefits and services through your <insert Health Plan name> health plan will remain the same.

#### **Will You Continue to See Your Same Primary Care Physician?**

Yes. You will still see the same primary care physician who will continue to coordinate your care.

#### **What Options Are Available To Me For Specialty Care?**

• **To transfer care to another specialty provider:**

Please call your primary care physician to request a referral to another specialty provider within <insert PPG name or Health Plan name>.

[<• **To continue with this specialty provider:**

You may be eligible to continue receiving care from your specialty provider following the termination. Continuation of care may require the terminated specialty provider to agree to the terms and conditions of the contract. Continued care from the terminated specialty provider may be provided for up to ninety (90) days or a longer period if:

1. medically necessary for chronic, serious or acute conditions, or
2. through postpartum for pregnancy related conditions, or
3. until your care can safely be transferred to another provider.

You may request permission to continue receiving treatment from the terminated specialty provider beyond the termination date by calling:

- <insert Health Plan name> Customer Service at <insert Health Plan customer service number>. (TTY users call < insert 711 or insert Health Plan TTY number>) or, toll free at <insert Health Plan toll free number as applicable> between the hours of < insert applicable office hours>
- Or, your <insert PPG name> Primary Care Physician. <insert Health Plan name> or your <insert PPG Name>'s Medical Director, in consultation with your terminated specialty provider, will determine the best way to manage your ongoing care.>]

**[<•To transfer to another contracting Medical Group/IPA within the <Health Plan Name> network:**

- If you wish to transfer to another Medical Group/IPA, please contact <insert Health Plan name> Customer Service at <insert Health Plan customer service number>. (TTY users call < insert 711 or insert Health Plan TTY number>) or, toll free at <insert Health Plan toll free number as applicable> between the hours of < insert applicable office hours> ]

If you need further assistance, please contact <insert PPG name> at <insert PPG number> (TTY users call <insert 711 or insert PPG TTY number>) or, toll free at <insert PPG toll free number as applicable> between the hours of < insert applicable office hours>.

Sincerely,

<insert PPG Name>

[Health Net has a contract with Medicare to offer HMO, PPO, and HMO SNP plans.]  
[Health Net has a contract with Medicare and the State of [<<California/Arizona>>] to offer HMO SNP coordinated care plans.] Enrollment in a Health Net Medicare Advantage plan depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please contact our customer service number at < insert customer service and TTY numbers and hours of operation >.