



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 always looking for ways to lower costs for our members. That's why we're negotiating new contracts with providers who ask for significantly higher rates than their peers. This includes the Methodist Le Bonheur Healthcare system.

We're reaching out to let you know about a potential change to your BlueCross provider network. We prefer not to make changes to our networks, but sometimes it's necessary. If we're not able to reach an agreement, the following Methodist Le Bonheur Healthcare facilities will no longer be in your provider network starting Jan. 1, 2023.

- Methodist Healthcare University Hospital
- Methodist Blood and Marrow Transplant Center at Methodist University Hospital
- Methodist Comprehensive Breast Center (Germantown and Midtown locations)
- Methodist Healthcare North Hospital
- Methodist Healthcare South Hospital
- Methodist Healthcare Olive Branch
- Methodist Healthcare Germantown
- Methodist Surgery Center – Germantown
- Le Bonheur Children's Medical Center
- Le Bonheur Children's Medical Center – Germantown

Our records show that you or a member of your family recently got care at one of these facilities. Once they're out of your network, you'll have to pay more if you go there for care. You can avoid paying more if you go to facilities in your network. You can find a list of facilities that offer similar care by going to [bcbstnetworkupdates.com](https://www.bcbstnetworkupdates.com).

What's Next?

- If you get care at a Methodist Le Bonheur facility through Dec. 31, 2022, we'll pay for your care at in-network rates, and you'll get in-network benefits.
- If you get non-emergency care at a Methodist Le Bonheur facility on and after Jan. 1, 2023, 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.
- Before scheduling services, make sure whoever gives you care is in your network.

We're Here to Help

If you're getting ongoing care at one of these facilities, you can ask us to keep covering it. To do that, or for help finding a new provider in your network, just give us a call at the Member Service number on the back of your Member ID card. We're here Monday through Friday, 8 a.m. to 6 p.m. ET. You can also find more network hospitals, facilities and providers at bcbst.com/FindCare.

Best of Health,

A handwritten signature in black ink that reads "Robin Young". The signature is written in a cursive, flowing style.

Robin Young
Senior Vice President, Operations and Chief Marketing Officer

BlueCross BlueShield of Tennessee (BlueCross) oomplies 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 1-800-565-9140 (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 1-800-565-9140 (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; do 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.

BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace.

ATENCION: si habla español, tienea sudisposición servicios gratuitos de asistencia lingüística. Si usted es miembro, llame al número de Servicio de Atención a miembros que figura al reverso de su tarjeta de identificación de Miembro o al 1-800-565-9140 (TTY: 1-800-848-0298).

J... i. s. l. Jilfa<i>.,lll bld. lS. Ji ll fal l #j. J. (1-800-848-0298: lw, J) 1-800-565-9140. -, Ji, i _., J' J' J' <> "l-i >>u" , , , , , l. L. c. J. l. t. , , ? . J. J. - l. j. . l. ; _ . c . l. j . - : - m . - . t - - f l m t - . . . J l l n a ID - t i l i i \$. * m 1 s " e 1 1 - a o o - 5 5 5 - 9 1 4 0 (l l l W f & (T T Y) : 1 - 8 0 0 - 8 4 8 - 0 2 9 8 > .

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. 21: tt o j f A l A l l = ¥. 'ljo j l > - i l : 1 1 l j s . 5 ' . 0 l < 1 / 4 * t . . J q . 7 f X l . 2 l ¥ . 7 f X l i d : 1 f . 2 l 7 f X l A i t : 1 1 6 m f i ! ! . t e 1 - 8 0 0 - 5 6 5 - 9 1 4 0 (T T Y : 1 - 8 0 0 - 8 4 8 - 0 2 9 8) ! ! £ * " 5 f A l 7 l w i w q .

ATTENTION : Si vous parlez fra11y1is, des services d'aide linguistique vous sont proposes gratuitement. Si vous etes adherent, appelezle numero du Service adherents indique audos de votre carte d'assure adherent ou appelezle 1-800-565-9140 (TTY/ATS: 1-800-848-0298).

l t J c i u : T j d t r i m 5 ' 1 1 1 1 . l a . m u u n u a u l l f l : c j u w i . l c m 6 , t s J t i . l l i i u l l u : i l J o i t r i u . T j l t r i u ! ! J u t l J n , t l 1 1 1 1 1 1 1 1 1 1 0 2 ; 5 c l ' t d 0 1 ' l U t J n b ' l l l j c i o ' a j 5 ! 1 C 1 I D = l J ' n 2 8 j m l J M 1 - 8 0 0 - 5 6 5 - 9 1 4 0 (T T Y : 1 - 8 0 0 - 8 4 8 - 0 2 9 8) .

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hi s dienleistungen zur Verfügung. Falls Sie ein Mitglied sind, rufen Sie die Nummer des Mitgliederdienstes auf der Rückseite Ihrer Mhglieds-ID-Karte oder 1-800-565-9140 (TTY: 1-800-848-0298) an.

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PAUNAWA: Kung nagsasalita ka ng Tagalog, maaarikang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Kung ikaw ay isang miyembro, tawagan ang numero ng Serbisyo sa Miyembro nanasalikod ng iyong Kard ng l Dng Miyembro o sa 1-800-565-9140 (TTY: 1-800-848-0298).

w - l ' t 3 I N 0 0 & < l t f i i f : I N T i t < f n t & l a m : a m ! i j j - 3 f 1 f . t r p f < l i f i l i < W ; ' l l (r , n : i n 1 - 8 0 0 - 5 6 5 - 9 1 4 0 (T T Y : 1 - 8 0 0 - 8 4 8 - 0 2 9 8) ' R i j q l i f o < ' R < t r ! ! l i ' t t

BHl1MAHl1E: EcnHBbl roeopHTE HapycckOMR3b1Ke, TO 88M AOCTY'Hbl 6ecnaTHble ycnym nepeBOAa. EcnHBbl BnReTeCb)'laCT11HKOM, noJBOHITTe BOTaen o6cny>t<HBaHHR)'laCT11HKOB no HOMepy, YJ<aJaHOM)' Ha o6paTHOH cropOHe BaweH IUleffil4>HJ<allHOHHOH J<aPTbJ)'laCT11HJ<a, HnHnoHOMepy 1-800-565-9140 (TTY: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. در صورتیکه عضو هستید، با شماره خدمات اعضا در پشت کارت شناسایی عضو خود یا 1-800-565-9140 (TTY: 1-800-848-0298) تماس بگیرید.

ATANSYON: Siw pale Kreyol Ayisyen, gensevis edpoulang ki disponib gratis pou ou. Si ou seyon manm, rele nimewo Sevis Manmki sou dokatid Manm ouan oswa 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeieli m6wisz po polsku, moiesz skorzystat z bezplatnej pomocy j zykowej. Czlonkowie mogijdzwonic podnumer dzialu Member Service podany na odwrocie karty identyfikacyjnej czlonka lub numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENQAO: Se lala portugues, enoontram-se disponveis servi<os linguisticos, gratis. Caso seja membro, ligue para o telefone do servi de Atendimento ao Membro informado no versodeseu cartao de identifica o de membro ou para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: Incasola lingua parlata sial'italiano, sono disponibili servizi di assistenza linguistica gratuiti. See un membro, chiami il numero del Servizio per i membri riportato sul retro della Sua scheda identificativa del membro oppure il numero 1-800-565-9140 (TTY: 1-800-848-0298).

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