



# prepare for medical care

## how to prepare in advance for scheduled (or unscheduled) inpatient or outpatient *medical* care in january

### need unexpected care?



**If you have not yet received your ID card, group number or member ID number,** at the time you need care, contact your *new* health plan directly. The plans will have your enrollment processed and live on their system effective January 1. They can provide you with the information needed to verify coverage and access your digital ID card (if available).

## for scheduled care

If you have scheduled inpatient or outpatient medical care (for example surgery, laboratory, diagnostic imaging, scheduled treatments like chemotherapy, or giving birth) currently scheduled for late December - early January, here are ways you can prepare for the transition of your health benefits to Chevron.

### before the enrollment period



#### reschedule your service, if possible

This option is not always possible, or even recommended. However, if you are able, reschedule until your new medical plan election has been processed. You'll still want to take the steps suggested here to ensure the transition of your coverage and that your claims are processed smoothly. **If rescheduling is not an option, be sure to act as described in this tipsheet.**



#### determine your provider and facility network status

##### Medical HMO – Kaiser Colorado

- **Contact Kaiser.** You *must* use a network provider to receive care under this plan. Continuation of coverage is not available under a medical HMO.

##### Medical PPO, HDHP, HDHP Basic

- **Contact Anthem**
- If your provider and facility are part of Anthem's network, you can continue to use this provider and do not need to submit a request for continuation of care.
- If your provider and/or facility are *not* part of Anthem's network, you can continue to use this provider, but the plan's out-of-network provisions may apply. Depending on your situation, you may be eligible for continuation of care to receive the network level of coverage for a certain period of time. **Submit an application for continuation of care** between January 1 through March 1, 2025.

**Note:** **Continuation of care** only affects the level of benefits you receive – network level or out-of-network level. *It is not the same as pre-certification, which is a formal approval from your insurance to receive coverage for the procedure.*

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### notify your provider that your insurance will change january 1, 2025

Keep in mind that neither your provider nor new medical plan will be able to update your records or coverage until your medical plan enrollment takes effect on January 1, 2025. However advance communication with your provider will ensure they are aware of your situation and that further action may soon be needed once your coverage has changed.



### talk to your new medical plan in advance to discuss your situation

Keep in mind that your new medical plan will not be able to update pre-certifications for your procedure (if required) or otherwise update your record or coverage until your medical plan enrollment takes effect on January 1, 2025. However, your new plan can walk you through the general process, describe what to expect, and confirm the actions you'll need to take. They can also provide general coverage information about your scheduled service, including if any prior pre-certifications will need to be added to your record.

## starting january 2, 2025



### contact to your new medical plan

Contact your new medical plan administrator to inform them of your upcoming procedure and to discuss the process and steps to update any necessary pre-certifications.

- Medical HMO: [Contact Kaiser](#)
- Medical PPO, HDHP, HDHP Basic: [Contact Anthem](#)

Your **ID card will be mailed** to you as soon as your enrollment election is processed by your new medical plan in December.



**If you have not yet received your ID card, group number or member ID number**, at the time you need care, contact your new medical plan. They can provide you with the information needed to verify coverage and access your digital ID card (if available).



### provide your new medical coverage information and ID card to your provider and facility. request re-certification with your medical plan (if applicable).

- **Contact your providers** that you have scheduled services with to advise them of your insurance information change and provide them with your new ID card and/or member information. Be sure to present your new coverage information at every visit or appointment during this transition. Updating your insurance information will avoid delays when processing your insurance claims for consideration under your new medical plan.
- **You should also advise your provider to contact your new plan administrator** to initiate the pre-certification process – if applicable – to ensure the approval from your prior plan is properly set up in your new plan's claims system.



### apply for continuation of care, if necessary

Continuation of coverage is not available under the Kaiser medical HMO. If you have determined the need for continuation of care under the Medical PPO, HDHP, or HDHP Basic, don't forget to [submit an application](#) January 1 – March 31, 2025. Remember, continuation of care only affects the level of benefits you receive – network level or out-of-network level. *It is not the same as pre-certification, which is formal approval from your insurance to receive coverage for the procedure.*