<Notice Date/Current Date>

<Patient Name>
<Patient Address>
<Patient City, State, Zip>

RE: Midwest Operating Engineers Welfare Fund – Continuity of Care Information
Medical ID #: <Medical ID>

Dear Patient Name:

Effective <Efftermdate>, your current <facility or provider> will no longer be considered in-network. Our records indicate that you have a claim, referral, or prior authorization with [facility or provider]. You <may/will> have rights to continue treatment with the same <facility/provider> for a temporary period.

Under the No Surprises Act, Continuing Care Patients have the right to receive treatment from/at the same provider/facility under the same terms and conditions for a temporary period beginning on the date notice is provided for up to 90 days (or less) to avoid disruptions in treatment and to find a different in-network provider/facility.

Enclosed are Frequently Asked Questions regarding your rights to Continuity of Care. Please review this information thoroughly.

If you are considered a "Continuing Care Patient", you are allowed to request temporary Continuity of Care benefits beginning on the date notice is provided for up to 90 days (or less), from the date of this letter, with the <facility or provider>; <COCtermdate>. Claims associated with the Covered Services you receive during this temporary timeframe will be processed as though the <facility or provider> remained in-network. Once the temporary period has lapsed, any further treatment received though the <facility or provider>will be considered as out-of-network.

The <facility or provider> must accept payment from the Midwest Operating Engineers Welfare Fund as well as any applicable patient cost-sharing for such Covered Services. In addition, the <facility or provider> must continue to adhere to all policies, procedures, and quality standards.

If you wish to exercise your rights to Continuity of Care, you must review and complete the attached Continuity of Care Election Form and return the completed form in the enclosed self-addressed envelope as soon as possible:

ATTN: Claims Department
Midwest Operating Engineers Fringe Benefit Funds
6150 Joliet Road
Countryside, IL 60525

Alternatively, you can fax the completed form to the **ATTN: Claims Department** at (708) 482-7687.

If you have any questions regarding this letter or need assistance locating a <facility or provider> that is in-network, please contact Members Services at (708) 579-6600.

Sincerely,
The Midwest Operating Engineers Fringe Benefit Funds
Claims Department

Enclosures