

**FREQUENTLY
ASKED
QUESTIONS**

**About Transition of
Care**



Q. What is transition of care?

A. Transition of care enables health plan members who have had a plan option or network terminate to receive network-level benefits for certain conditions from a provider who does not participate in the new plan or network – for a limited time frame.

Q. When would transition of care apply?

A. Transition of care generally applies for a brief period of time following a change in AbbVie’s health program administrators (for example, elimination of your health plan option) or an unanticipated change in your health plan’s network (for example, a major hospital group drops out of your PPO plan’s network mid-year). Transition of care could also apply for new hires. Transition of care provisions described here will not apply to insured medical options.

Q. How do I apply for transition of care?

A. Call the member services phone number found on the health plan summary for the plan in which you are enrolling. You may generally submit transition of care requests beginning Dec. 1 and they must be received by Jan. 31. If you are a new employee, you must submit your request within 30 days after your enrollment date.

Q. How long is transition of care available?

A. For approved transition of care services, the following timeframes apply:

- Pregnancies: generally available through your first post-natal visit
- Other medical care: generally available for 30 days (or until the end of a specified course of treatment, such as radiation or chemotherapy)
- Behavioral health care: generally available for no longer than 90 days for outpatient care if provider leaves the network and 30 days for inpatient care

Q. What other conditions might be eligible for transition of care?

A. Other conditions that may be eligible for transition of care benefits include:

- Non-surgical treatments for cancer (radiation, chemotherapy)
- Transplant patients in need of ongoing care
- Major Surgeries or acute conditions in the requiring active treatment
- Treatment for severe or end-stage renal disease
- Current, active cycle of infertility treatment
- Other serious health conditions in an active course of treatment

Q. I just joined AbbVie and I am in the middle of an infertility cycle. I would like to stay with the specialist that I am seeing now. What do I do?

A. For employees enrolled in a health plan with UHC or BCBS, Transition of care allows you to complete an active cycle of treatment with an infertility specialist, even if that provider is not part of the Fertility Solutions (FS) network. However, you must call FS at **866-774-4626** to pre-certify treatment, complete all transition of care information, and be approved before continuing care with your current provider. Otherwise your benefits will be denied. Once you have completed the active cycle, all future care must be provided by an approved FS provider in order for you to receive benefits.

Q. What are examples that do not qualify for Transition of Care?

A. Routine and non-emergent care does not qualify:

- Exams, vaccinations and health assessments
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, kidney disease and hypertension
- Colds, sore throats and ear infections
- Elected scheduled surgeries

Benefits and services described herein apply only to those employees and family members eligible under the individual plans, policies or programs. In case of any conflict or question, the official plan documents or applicable policies, as amended from time to time, will govern. AbbVie reserves the right to change or end its benefit plans or program at any time.