

**AMENDMENT TO THE  
SOUTH CAROLINA HEALTH INSURANCE POOL  
NETWORK PLAN AND HIGH DEDUCTIBLE HEALTH PLAN  
(Policy Form Nos. listed below)**

**CONTINUATION OF CARE AMENDMENT**

This Amendment is subject to all provisions of the South Carolina Health Insurance Pool Policy, form numbers listed below, which are not otherwise specified in the provisions of this Amendment.

12075M (Rev. 4/04) and 12661M (4/05)

**This Amendment is a supplement to the Policy and is effective on or after January 1, 2011.**

**The Policy is modified by the addition of the following section:**

**CONTINUATION OF CARE**

If a Network Provider's contract ends or is not renewed for any reason other than suspension or revocation of the provider's license, you may be eligible to continue to receive in-network benefits for that provider's services.

If you are receiving treatment for a Serious Medical Condition the time a Network Provider's contract ends, you may be eligible to continue to receive treatment from that provider. In order to receive this continuation of care for a Serious Medical Condition, you must submit a request to the Administrator on the appropriate form.

You may get the form for this request from the Administrator by going to their website at [www.SouthCarolinaBlues.com](http://www.SouthCarolinaBlues.com) or calling 803-264-3475 in Columbia or 800-868-2500, ext. 43475 outside the Columbia area. You will also need to have the treating provider include a statement on the form confirming that you have a Serious Medical Condition. Upon receipt of your request, the Administrator will notify you and the provider of the last date the provider is part of the Administrator's network and a summary of continuation of care requirements. The Administrator will review your request to determine if you qualify for the continuation of care. If additional information is necessary to make a determination, the Administrator may contact you or the provider for such information.

If the Administrator approves your request, the Administrator will provide in-network benefits for that provider for 90 days or until the end of the Benefit Period, whichever is greater. During this time, the provider will accept the network allowance as payment in full. Continuation of care is subject to all other terms and conditions of this policy, including regular benefit limits.

**The *Definitions* section is modified by the addition of the following. The addition should not be construed as a complete replacement of the section:**

**Serious Medical Condition:** A health condition or illness that requires medical attention, and for which failure to provide the current course of treatment through the current provider would place your health in serious jeopardy. This includes cancer, acute myocardial infarction and pregnancy.

**SOUTH CAROLINA HEALTH INSURANCE POOL**

SCHIP Con. Care (7/11)

Ord. #13279M

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