

Why Blue Cross and Blue Shield of Illinois?



**More Doctors
and Hospitals**



**Coverage
Everywhere You Go**



**Personalized
Customer Service**



**Health and
Wellness Programs**



**Tools and
Resources**



**Digital
Capabilities**

Plan Options — What to Think About

1

Provider availability

Will you be able to visit the doctors, hospitals and other facilities you want to?

2

Your costs

How much is going to come out of your paycheck every month? What about for the whole year?

3

Benefit payments

How much will you have to pay out of your pocket for your medical expenses?

4

Medical services

Consider your health status and services you expect to use during the year. What has your experience been in past years?

Customer Service

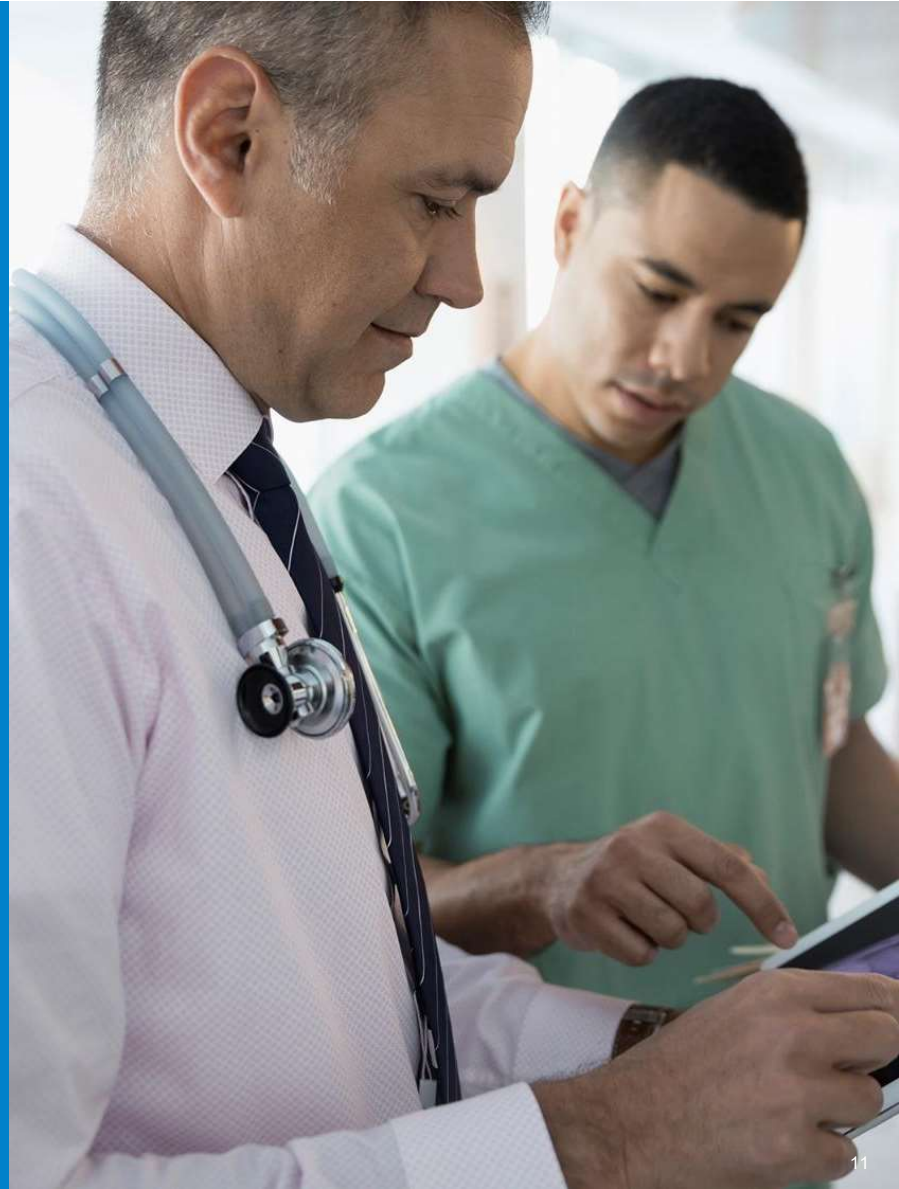
Call Customer Service for assistance and questions about:

- Claims
- Medical benefit coverage
- Finding network providers
- Membership and eligibility
- Navigating digital tools and resources
- ID card requests
- Health education and transfer to other health programs
- Transition of care

800-892-2803



PPO BENEFIT PLAN



PPO — How It Works

In-Network Providers

ADVANTAGES

- Receive the highest level of benefits and potentially pay less for care
- Protection from billing over the allowed amounts (balance billing)
- No claim forms (provider files claim)
- No referrals required
- No requirement to select a PCP
- Access to a national PPO network

Out-of-Network Providers

DRAWBACKS

You do have coverage, but

- You pay a greater share of the costs
- You may receive fewer benefits out-of-network
- You may need to file your own claims
- You may be billed for charges over the allowed amount (balance billing)

How to Find a PPO Provider



- From your computer or mobile device, log on to bcbsil.com and click on **Provider Finder®**



- Call the Customer Service number on your ID card
- Call BlueCard® Access — available 24/7 **800-810-2583**



- Speak with your provider's office

American Library Association – PPO Plan

Benefit	PPO Plan	
	In-Network	Out-of-Network
Individual Deductible	\$500	\$700
Family Deductible	\$1,500	\$2,100
Individual Out-of-Pocket Max	\$1,800	\$10,000
Family Out-of-Pocket Max	\$5,400	\$30,000
Office Visit	80%*	60%*
Preventive Care	100%	60%*
Inpatient Admission	80%*	60%*
Emergency Room	\$150 Copayment	
All Other Covered Services	80%*	60%*
Retail Rx – Generic/Preferred/Non-Preferred/Specialty	\$10/\$40/\$60/\$80	75% of the eligible charge will be paid minus the Copayment/Coinsurance amount
Mail Order Rx – Generic/Preferred/Non-Preferred	2x Retail	75% of the eligible charge will be paid minus the Copayment/Coinsurance amount

*After deductible

HMO Benefit Plans



HMO Benefit Overview

HMO Benefit Plans believe that the best people to determine what medical care is needed are members and their doctors.

Our model is unique and different from other HMOs. We don't get involved in deciding a member's treatment.

Primary Care Physicians (PCPs) help members navigate the health care system by coordinating comprehensive care. They:

- Determine medical needs
- Help inform the member's health care treatment decisions
- Get members involved in preventive care activities

Out-of-network coverage on the HMO plan is available in case of emergency — in an emergency, call 911 or go directly to the nearest emergency department.

How the Primary Care Physician (PCP) Relationship Works

- Each covered employee and dependent chooses a participating medical group/Independent Physician Association (IPA) and selects a PCP within that group
 - Female members may also choose an OB-GYN or a woman's principal health care provider (WPHCP)* in addition to their PCP
- Your PCP will coordinate your covered health care services and provide specialist referrals when appropriate
- If you need urgent care, check with your medical group before seeking services to find out if you need your PCP's referral or approval

*Must be in same Medical Group as the member's PCP

Out-of-network coverage on the HMO plan is available in case of emergency — in an emergency, call 911 or go directly to the nearest emergency department.



Your PCP will guide you in making health care treatment decisions for preventive care and managing chronic conditions

PCP Guides Your Care

Preventive Care

- Childhood Immunizations
- Breast/Cervical/Colorectal Cancer Screening
- Cardiovascular Disease Prevention
- Adult Wellness
- Pediatric Wellness

Condition Management

- Asthma
- Diabetes

How to Change Your Medical Group or PCP

- You may change medical groups by calling BCBSIL customer service
 - Changes can be made up until the last day of the month for an effective date of the first of the following month
 - For example: Make changes by January 31 for an effective date of February 1
- Change PCPs within your medical group by notifying the group directly



HMO Illinois® Network

HMO Illinois offers the largest provider network for those who want an HMO through BCBSIL with the most provider choices.



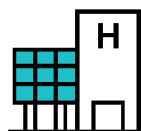
5,500+
PCPs



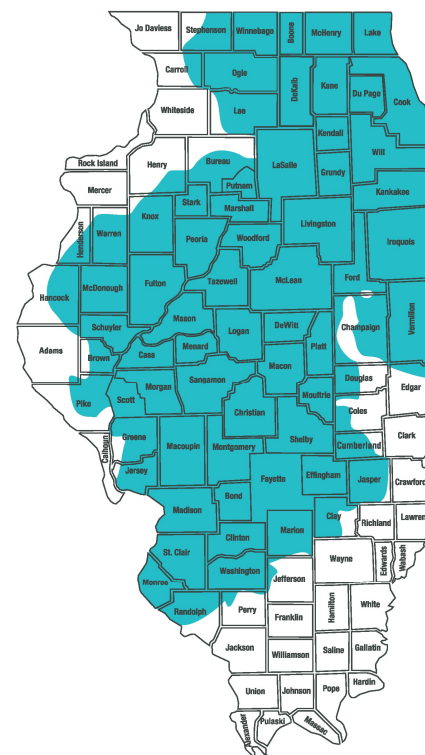
13,700+
Specialists



62 Medical Groups/ Independent Physician Associations



81 Contracting Hospitals



Blue Advantage HMOSM

If you want the most affordable health care premium cost, Blue Advantage[®] offers a slightly smaller, yet robust provider network



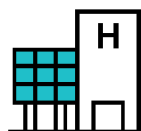
5,500+
PCPs



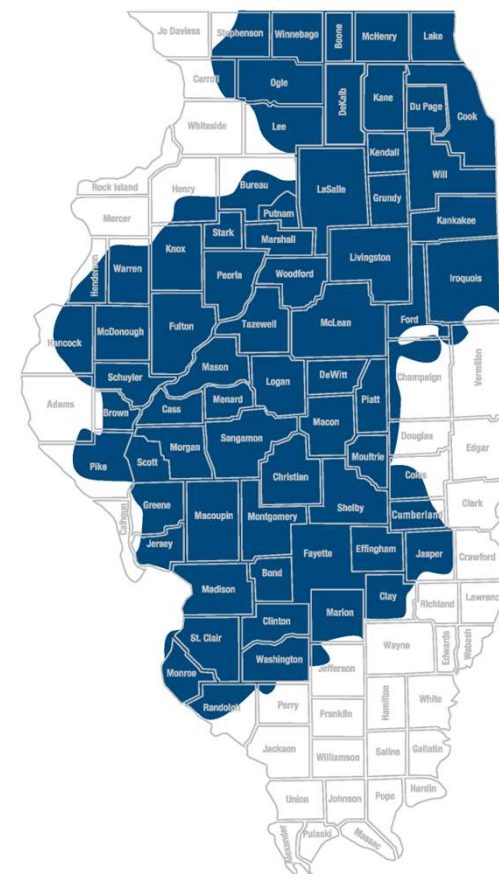
13,700+
Specialists



62
Medical Groups/
Independent Physician
Associations



81
Contracting
Hospitals



Blue Advantage provides coverage strictly within these regions with the exception of ER and emergency procedures.

Out-of-Area Coverage

Employees and covered dependents have access to health care benefits **when traveling** or **temporarily living** out-of-state



BlueCard®

- Covers members traveling outside of Illinois who need medical attention when it is not an emergency
- Members pay an applicable copayment at the time of service and don't need to submit claim forms

Guest Membership

- Covers members who are living out of the participating service area for at least 90 consecutive days
- Members can become Guest Members with full benefits at an affiliated Blue Cross and Blue Shield plan in another state

American Library Association – HMO Plan

Benefit	HMO Plans (Benefits Match for H50716 & B50716)	
	In-Network	Out-of-Network
Individual Deductible	\$0	Not Covered
Family Deductible	\$0	Not Covered
Individual Out-of-Pocket Max	\$1,500	Not Covered
Family Out-of-Pocket Max	\$3,000	Not Covered
Office Visit	\$30 Copayment	Not Covered
Specialist Visit	\$50 Copayment	Not Covered
Inpatient Admission	\$100/day (5 day max)	Not Covered
Emergency Room	\$150 Copayment	
Rehabilitation Therapy	\$30 copayment (60 treatment max combined for all therapies)	Not Covered
Retail Rx – Generic/Preferred/Non-Preferred/Specialty	\$10/\$40/\$60/\$80	Not Covered
Mail Order Rx – Generic/Preferred/Non-Preferred	2x Retail	Not Covered

Dental



Regular Dental Maintenance Saves Medical \$\$

A recent study showed members with **certain chronic medical conditions** such as:

- Diabetes
- Coronary artery disease
- Asthma
- COPD
- Congestive heart failure
- Pregnancy

had significantly better medical outcomes by receiving regular preventive dental care than those who did not.



An average of
\$3,245 LOWER
annual medical costs or
average savings of **24%**



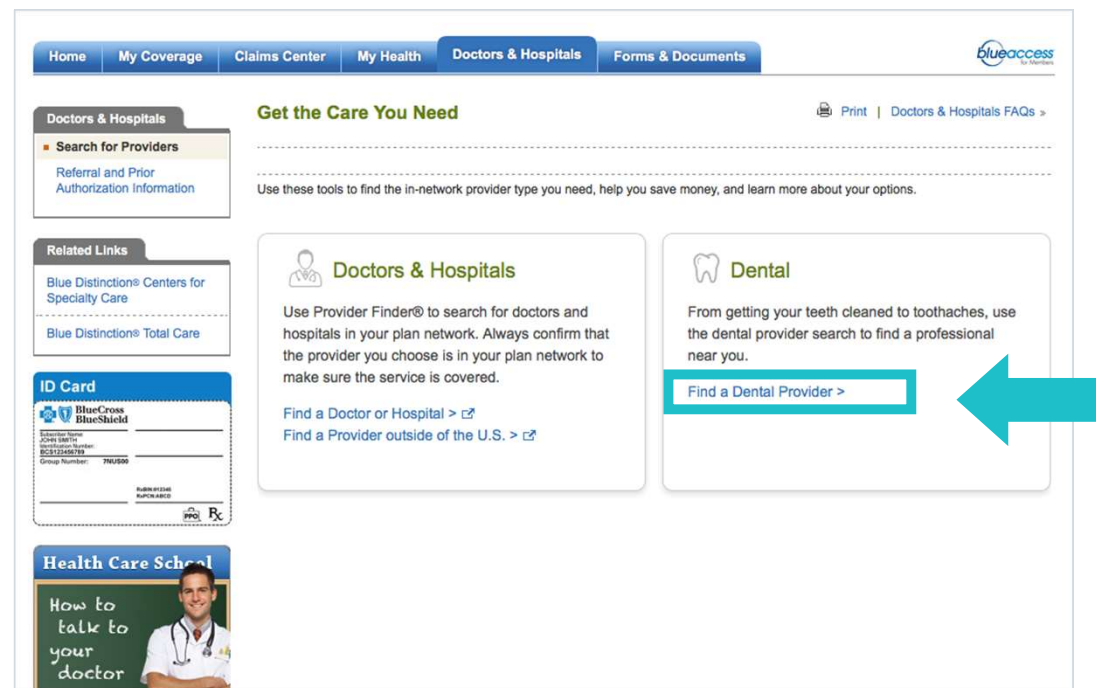
34% FEWER
ER Visits



41% FEWER
Hospital Admissions

Accessing the Dental Provider Finder®

- Log in to Blue Access for MembersSM
- Click the Doctors & Hospitals tab
- Then select “Find a Dental Provider”
- Or, access the Provider Finder in our app



American Library Association - Dental Plan Comparison

Benefit	Dental Low Plan		Dental High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Period Maximum	\$1,250	\$1,250	\$2,500	\$2,500
Individual Deductible	\$75	\$75	\$50	\$50
Family Deductible	\$225	\$225	\$150	\$150
Diagnostic Services	100%	100%	100%	100%
Preventive Services	100%	100%	100%	100%
Diagnostic Radiographs	100%	100%	100%	100%
Miscellaneous Preventive Services	100%	100%	100%	100%
Endodontic Services	80%*	80%*	80%*	80%*
Oral Surgery Services	50%*	50%*	80%*	80%*
Major Restorative Services	50%*	50%*	80%*	80%*
Prosthodontic Services	50%*	50%*	80%*	80%*
Miscellaneous Restorative and Prosthodontic Services	50%*	50%*	80%*	80%*
Orthodontics	50%	50%	50%	50%
<i>Ortho Lifetime Max</i>	<i>\$1,000</i>	<i>\$1,000</i>	<i>\$1,000</i>	<i>\$1,000</i>
<i>Adults Eligible</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>Spouse Eligible</i>	<i>No</i>	<i>No</i>	<i>No</i>	<i>No</i>
<i>Dependent Eligible</i>	Yes (age limit 19)	Yes (age limit 19)	Yes (age limit 19)	Yes (age limit 19)

*Deductible Applies



**Save time
with self-service
support tools
and health and
wellness resources
available through
a convenient and
secure website**

Blue Access for MembersSM (BAMSM)

Through BAM, you can:

- Access your digital Member ID Card which means no more carrying it around in your wallet. You can access it anytime
- View claims status and history
- See health care benefit information
- Find a doctor or pharmacy near you
- Update your communication preferences to make sure you get an email or text alert instead of a paper statement

Log in and perform protected transactions
24 hours a day, 7 days a week*

*Claim Statements/EOBs are not available 3 – 6 a.m.

What Members Can Do in Our **PROVIDER FINDER®**

[Earn Rewards](#) | [View Rx Costs](#) | [Access other health benefits](#)



Quickly find in-network doctors, medical groups, hospitals and urgent care



Search for providers by ZIP code, gender, specialty, languages spoken and more



Compare quality ratings for providers and facilities

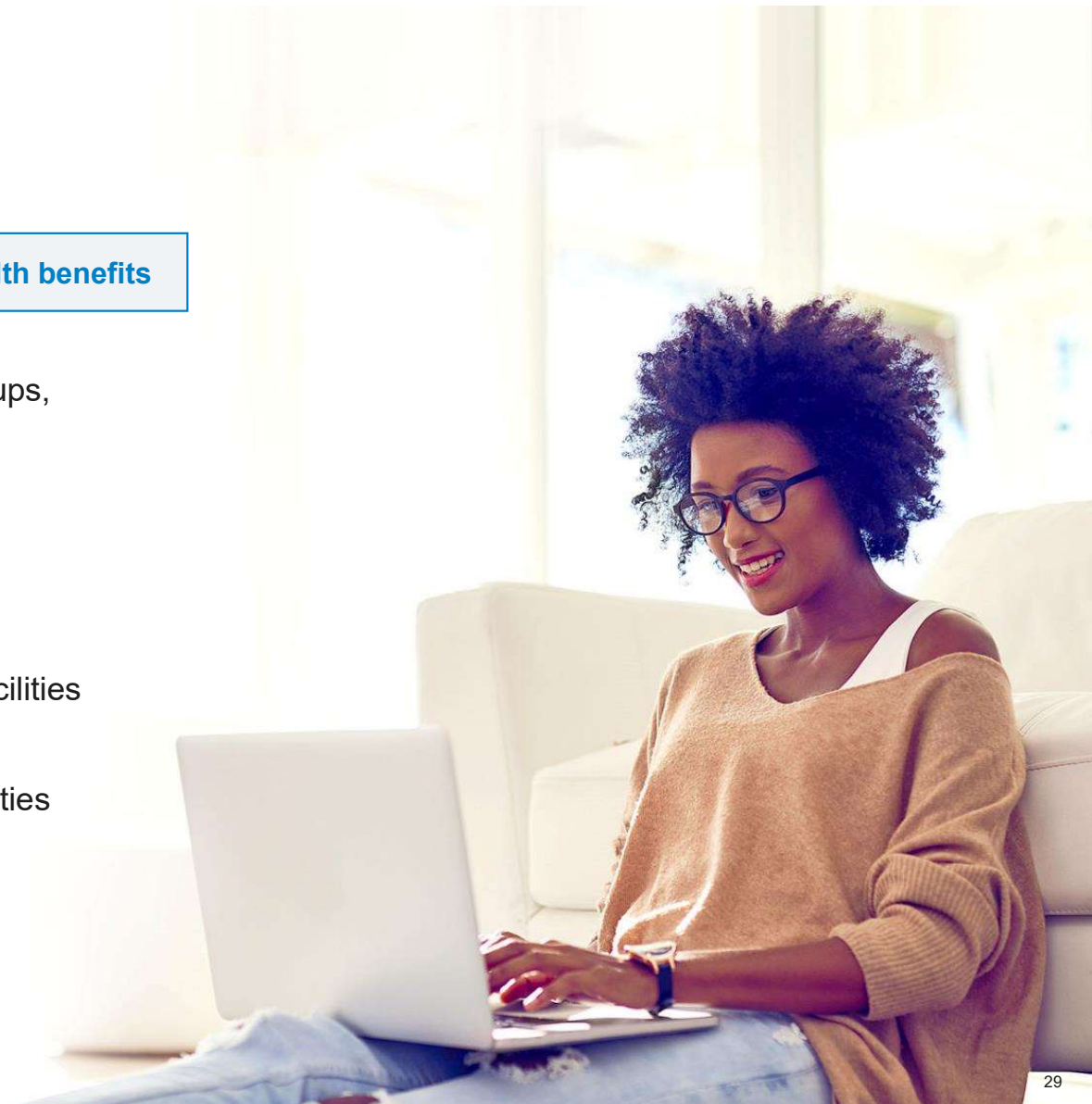


Read or write reviews for providers and facilities



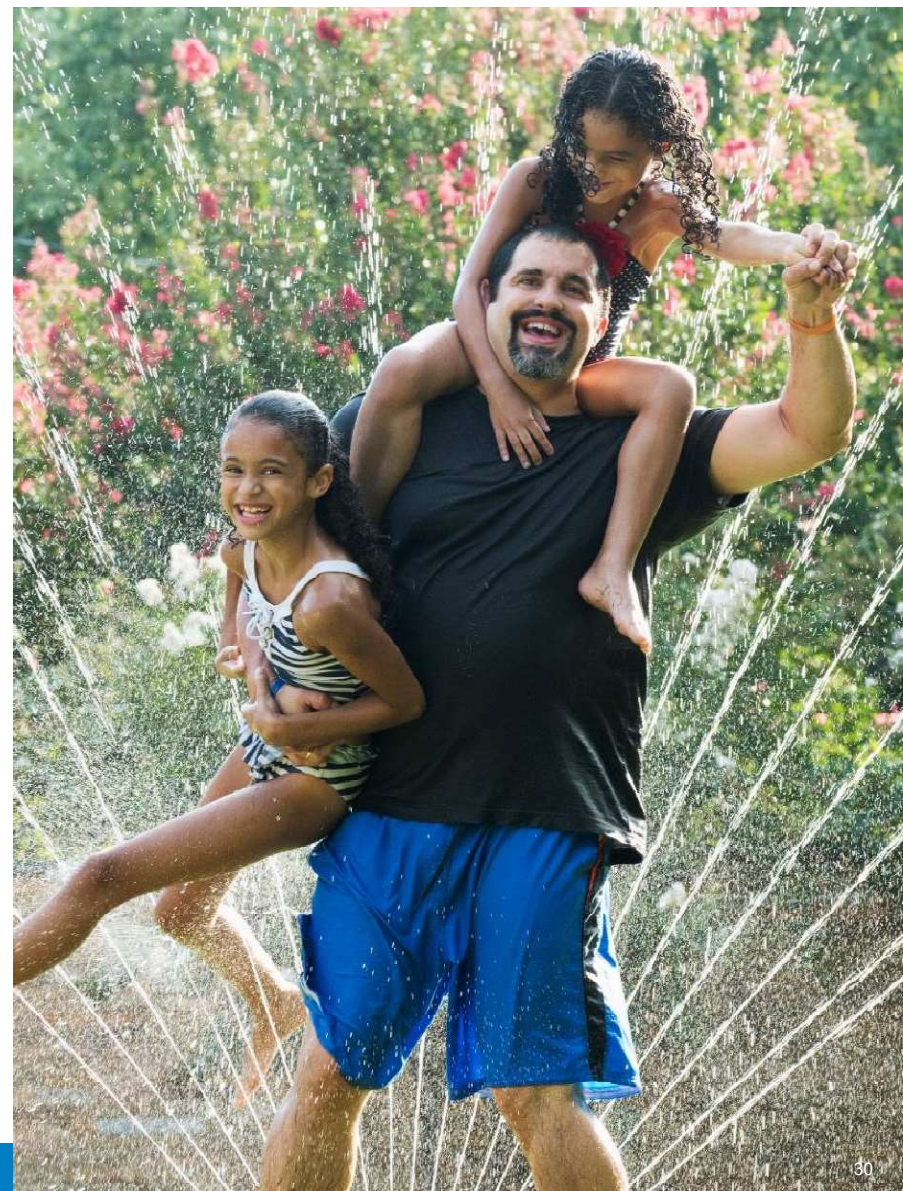
See and compare your out-of-pocket cost estimates for more than 1,700 medical procedures and services*

*Available for most networks and plans

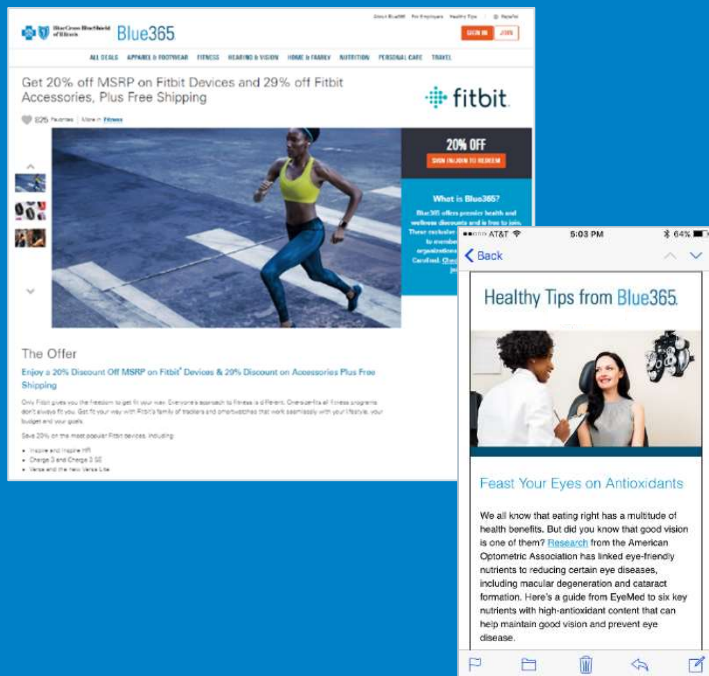


Prior Authorization

- Prior authorization is a process used to determine whether a medical service meets the requirements for health plan coverage.
- You need to have prior authorization for some types of medical care such as:
 - Hospital stays
 - High-cost specialty drugs
 - Some services you get outside a hospital
- Your network provider will usually take care of prior authorization. To be sure, call Customer Service before your service.
- Check your benefits booklet to learn more. You can find it on Blue Access for MembersSM under Coverage > Coverage and Benefits > All My Benefits



Member discounts simply for being a BCBSIL member



Screen images are for illustrative purposes only.

Blue365® Member Discount Program

- Exclusive health and wellness deals from national and local retailers
- Save money on fitness gear, family activities, gym memberships, healthy eating, dental, vision, hearing aids and more from top national and local retailers
- Go to www.blue365deals.com/BCBSIL to register, view your available discounts and sign up for weekly emails

Blue365 is a discount program only for BCBSIL members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. Employees should check their benefit booklet or call the Customer Service number on the back of their ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are only given through vendors that take part in this program and are subject to change. BCBSIL does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSIL reserves the right to stop or change this program at any time without notice. BCBSIL makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Flexible Gym Network

A choice of gym networks to fit budgets and preferences.*

Plan Options	Digital Only	Base	Core	Power	Elite
Monthly fee	\$10	\$19	\$29	\$39	\$99
Gym* facility network size	Digital access only	3,000	7,500	12,000	12,400
\$19 initiation fee (no initiation fee for digital-only option)					

- **Studio Class Network:** Boutique-style classes and specialty gyms are pay-as-you-go with 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount. Member pays only one enrollment fee per family.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

*Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

Selecting Options

- You can select an option based on your preference. Once you pay, you'll have access to all locations within the purchased plan and those at the lower price, too.
- The Elite plan has the option to select one home elite gym and access to all other gyms.
- You have the option to change your Elite home gym monthly.

Questions & Discussion

