Enrollment Guide
American Library Association
PPO
01/01/2024
Get the Most from Your Health Plan

Welcome to Blue Cross and Blue Shield of Illinois (BCBSIL), a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years. Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at bcbsil.com.

Your ID Card
After you enroll, you will get a member ID card in the mail. Show this ID card when you see a doctor, visit the hospital or go to any other place for care. The back of the card has phone numbers you might need.

Blue Access for Members℠
Go to bcbsil.com/member and sign up for the secure member website, Blue Access for Members. Find the “Log In” tab and click “Register Now.” Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information and much more.

Save Money – Stay In-Network
Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to bcbsil.com to look for doctors, hospitals and other places for care.

Call Customer Service for Help
Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.
### Important Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Answers</th>
<th>Why This Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>For In-Network: $500 Individual / $1,500 Family</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td></td>
<td>For Out-of-Network: $700 Individual / $2,100 Family Three Month Carryover</td>
<td></td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes. Certain preventive care, prescription drugs and emergency room services are covered before you meet your deductible.</td>
<td>You will have to meet the deductible before the plan pays for any services. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don’t have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>For In-Network: $1,800 Individual / $5,400 Family</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td></td>
<td>For Out-of-Network: $10,000 Individual / $30,000 Family Prescription drug expense limit: $1,000 Individual / $3,000 Family</td>
<td></td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, balance-billing charges, and health care this plan doesn’t cover.</td>
<td>Even though you pay these expenses, they don’t count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://www.bcbsil.com">www.bcbsil.com</a> or call 1-800-458-6024 for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan’s network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider’s charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>No.</td>
<td>You can see the specialist you choose without a referral.</td>
</tr>
</tbody>
</table>
All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td><strong>If you visit a health care provider’s office or clinic</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td></td>
</tr>
<tr>
<td>Preventive care/screening/immunization</td>
<td>No Charge; deductible does not apply</td>
<td>40% coinsurance</td>
<td>You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.</td>
</tr>
<tr>
<td><strong>If you have a test</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
<td></td>
</tr>
<tr>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
<td></td>
</tr>
</tbody>
</table>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/qvj6tyv6rkf8rhefq8p42ou98uzilp.
## Common Medical Event

### Services You May Need

<table>
<thead>
<tr>
<th>Services You May Need</th>
<th>In-Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic drugs</strong></td>
<td>$10/prescription (retail); $20/prescription (mail order); deductible does not apply</td>
<td>$10/prescription (retail); deductible does not apply</td>
<td>34-day supply at Retail</td>
</tr>
<tr>
<td><strong>Preferred brand drugs</strong></td>
<td>$40/prescription (retail); $80/prescription (mail order); deductible does not apply</td>
<td>$40/prescription (retail); deductible does not apply</td>
<td>90-day supply at Mail Order; Rx Out-Of-Pocket Expense Limit: $1,000 Individual / $3,000 Family</td>
</tr>
<tr>
<td><strong>Non-preferred brand drugs</strong></td>
<td>$60/prescription (retail); $120/prescription (mail order); deductible does not apply</td>
<td>$60/prescription (retail); deductible does not apply</td>
<td>For Out-Of-Network drug provider, you are responsible for 25% of the eligible amount after the copayment.</td>
</tr>
<tr>
<td><strong>Specialty drugs</strong></td>
<td>$80/prescription (retail); deductible does not apply</td>
<td>$80/prescription (retail); deductible does not apply</td>
<td>Certain women’s preventive services will be covered with no cost to the member. For a full list of these prescriptions and/or services, please contact Customer Service.</td>
</tr>
<tr>
<td><strong>Facility fee (e.g., ambulatory surgery center)</strong></td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
<td>The amount you may pay per 30-day supply of covered insulin drug, regardless of quantity or type, shall not exceed $100, when obtained from a Preferred Participating or Participating Pharmacy.</td>
</tr>
<tr>
<td><strong>Physician/surgeon fees</strong></td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
<td>None</td>
</tr>
</tbody>
</table>

**If you need drugs to treat your illness or condition**


**If you have outpatient surgery**

- Facility fee (e.g., ambulatory surgery center)
  - No Charge; deductible does not apply
  - 20% coinsurance; deductible does not apply
- Physician/surgeon fees
  - No Charge; deductible does not apply
  - 20% coinsurance; deductible does not apply
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>In-Network Provider (You will pay the least)</th>
<th>Out-of-Network Provider (You will pay the most)</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you need immediate medical attention</strong></td>
<td>Emergency room care</td>
<td>$150/visit; deductible does not apply</td>
<td>$150/visit; deductible does not apply</td>
<td>Emergency room copayment waived if admitted.</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>Preauthorization may be required for non-emergency transportation; see your benefit booklet* for details.</td>
</tr>
<tr>
<td></td>
<td>Urgent Care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td><strong>If you have a hospital stay</strong></td>
<td>Facility fee (e.g., hospital room)</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Preauthorization required.</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td><strong>If you need mental health, behavioral health, or substance abuse services</strong></td>
<td>Outpatient services</td>
<td>No Charge; deductible does not apply</td>
<td>20% coinsurance; deductible does not apply</td>
<td>Virtual visits: 20% coinsurance/visit; deductible applies. See your benefit booklet* for details. Preauthorization may be required; see your benefit booklet* for details.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Preauthorization required.</td>
</tr>
<tr>
<td><strong>If you are pregnant</strong></td>
<td>Office visits</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>Cost sharing does not apply for preventive services. Depending on the type of services, a coinsurance or deductible may apply. Maternity care may include tests and service described elsewhere in the SBC (i.e. ultrasound).</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>None</td>
</tr>
</tbody>
</table>

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association (herein called BCBSIL)

*For more information about limitations and exceptions, see the plan or policy document at https://policy-srv.box.com/s/qvji6tyj6rkhf8rhefqi8p42ou98uzilp.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rehabilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
<tr>
<td></td>
<td>Hospice services</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
</tr>
</tbody>
</table>

Preauthorization may be required.

Preauthorization may be required. Limited to 70 visits per calendar year for occupational therapy, 48 visits per calendar year for speech therapy, and 111 visits per calendar year for physical therapy.

Preauthorization may be required.

Benefits are limited to items used to serve a medical purpose. Durable Medical Equipment benefits are provided for both purchase and rental equipment (up to the purchase price). Preauthorization may be required.

Preauthorization may be required.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay</th>
<th>Limitations, Exceptions, &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In-Network Provider (You will pay the least)</td>
<td>Out-of-Network Provider (You will pay the most)</td>
</tr>
<tr>
<td>If your child needs</td>
<td>Children's eye exam</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>dental or eye care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children's glasses</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td>Children's dental check-up</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)**

- Acupuncture
- Dental care (Adult)
- Long-term care
- Weight loss programs

**Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)**

- Bariatric surgery
- Chiropractic care (Chiropractic and Osteopathic manipulation limited to 30 visits per calendar year)
- Cosmetic surgery (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases)
- Hearing aids (for children 1 per ear every 24 months, for adults up to $2,500 per ear every 24 months)
- Infertility Treatment (4 invitro attempt maximum with special approval up to 6 per benefit period)
- Most coverage provided outside the United States. See [www.bcbsil.com](https://www.bcbsil.com)
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (with the exception of inpatient private duty nursing) (limited to 48 visits per calendar year)
- Routine eye care (Adult)
- Routine foot care (only in connection with diabetes)

*For more information about limitations and exceptions, see the plan or policy document at [https://policy-srv.box.com/s/qvj6tyvj6rkr8r8h8ri8p42ou98uzilp](https://policy-srv.box.com/s/qvj6tyvj6rkr8r8h8ri8p42ou98uzilp).*
Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com. For group health coverage subject to ERISA contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: Blue Cross and Blue Shield of Illinois at 1-800-458-6024 or visit www.bcbsil.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. Contact the Illinois Department of Insurance at (877) 527-9431 or visit http://insurance.illinois.gov.

Does this plan provide Minimum Essential Coverage? Yes
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:
Spanish (Español): Para obtener asistencia en Español, llame al 1-800-458-6024.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-458-6024.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-458-6024.
Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-458-6024.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.
## About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan’s overall deductible: $500
- Specialist coinsurance: 20%
- Hospital (facility) coinsurance: 20%
- Other coinsurance: 20%

This EXAMPLE event includes services like:
- Specialist office visits *(prenatal care)*
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests *(ultrasounds and blood work)*
- Specialist visit *(anesthesia)*

**Total Example Cost** $12,700

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$1,300</td>
</tr>
</tbody>
</table>

What isn’t covered

- Limits or exclusions: $60

The total Peg would pay is $1,860

### Managing Joe’s Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan’s overall deductible: $500
- Specialist coinsurance: 20%
- Hospital (facility) coinsurance: 20%
- Other coinsurance: 20%

This EXAMPLE event includes services like:
- Primary care physician office visits *(including disease education)*
- Diagnostic tests *(blood work)*
- Prescription drugs
- Durable Medical Equipment *(glucose meter)*

**Total Example Cost** $5,600

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$700</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$300</td>
</tr>
</tbody>
</table>

What isn’t covered

- Limits or exclusions: $20

The total Joe would pay is $1,520

### Mia’s Simple Fracture
(in-network emergency room visit and follow up care)

- The plan’s overall deductible: $500
- Specialist coinsurance: 20%
- Hospital (facility) coinsurance: 20%
- Other coinsurance: 20%

This EXAMPLE event includes services like:
- Emergency room care *(including medical supplies)*
- Diagnostic test *(x-ray)*
- Durable medical equipment *(crutches)*
- Rehabilitation services *(physical therapy)*

**Total Example Cost** $2,800

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost sharing</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$200</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$300</td>
</tr>
</tbody>
</table>

What isn’t covered

- Limits or exclusions: $0

The total Mia would pay is $1,000

The plan would be responsible for the other costs of these EXAMPLE covered services.
**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

<table>
<thead>
<tr>
<th>Office of Civil Rights Coordinator</th>
<th>Phone:</th>
<th>855-664-7270 (voicemail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 E. Randolph St.</td>
<td>TTY/TDD:</td>
<td>855-661-6965</td>
</tr>
<tr>
<td>35th Floor</td>
<td>Fax:</td>
<td>855-661-6960</td>
</tr>
<tr>
<td>Chicago, Illinois 60601</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

<table>
<thead>
<tr>
<th>U.S. Dept. of Health &amp; Human Services</th>
<th>Phone:</th>
<th>800-368-1019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence Avenue SW</td>
<td>TTY/TDD:</td>
<td>800-537-7697</td>
</tr>
<tr>
<td>Room 509F, HHH Building 1019</td>
<td>Complaint Portal:</td>
<td><a href="https://ocrportal.hhs.gov/ocr/portal/lobby.jsf">https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></td>
</tr>
</tbody>
</table>
If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost.
To talk to an interpreter, call 855-710-6984.

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Español</td>
<td>Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.</td>
</tr>
<tr>
<td>Arabic</td>
<td>إن كان لديك أو لدى شخص تساعده أسئلة، لديك الحق في الحصول على المساعدة والمعلومات بصورة مجانية من دون أي تكلفة. للتحدث مع مرشح مترجم، اتصل عبر الرقم 855-710-6984.</td>
</tr>
<tr>
<td>繁體中文</td>
<td>如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。</td>
</tr>
<tr>
<td>Français</td>
<td>Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.</td>
</tr>
<tr>
<td>Deutsch</td>
<td>Falls Sie oder jemanden, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.</td>
</tr>
<tr>
<td>ગુજરાતી</td>
<td>તમે તમારા મદ્દત માટે જો કોઈ પણ પ્રશ્ન હોય તો, તમે તમારી ભાષા માટે મ્રાંચન અને સહાય મેળવવાની કદમ કરી શકો છો. પણ સાથે સાથે તમારી મદ્દત માટે કોઈ મ્રાંચન અથવા સહાય મેળવવાની કદમો તમે સ્વાવલય કરી શકો છો.</td>
</tr>
<tr>
<td>हिंदी</td>
<td>यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, रोकते हैं, तो आपके अपनी भाषा म सहायक सहायता और जानकारी प्राप्त करना का अधिकार है। किसी अन्याय से बाहर करने के लिए 855-710-6984 पर कॉल करें।</td>
</tr>
<tr>
<td>Italiano</td>
<td>Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlarne con un interprete, puoi chiamare il numero 855-710-6984.</td>
</tr>
<tr>
<td>한국어</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하의 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화해십시오.</td>
</tr>
<tr>
<td>Diné</td>
<td>T'ií ańi, ni yáa doodaga la'da biká anánííwó’ii’i, na'idlíchídgo, ts'íída beé na ahóóít’ii’i; t’íí na'a nik’ee niik’ee a’dooluó dóo bina’idlíkidííi bee niil h odoomih. A ta’ahalí néci bíchí’í’i Hodgíilíwé 855-710-6984.</td>
</tr>
<tr>
<td>فارسی</td>
<td>اگر شما، یا کسی که شما به آن کمک می‌کنید، سوالات را داشته باشید، حق این‌را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت داشته باشید که مترجم شما، به شماره 855-710-6984 تماس حاصل نمایید.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeśli Ty lub osoba, której pomagasz, ma jakieś pytania, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский</td>
<td>Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по номеру 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang magamit na ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagalog-na wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>Urdu</td>
<td>اگر آپ کو، یا کسی کو جو آپ کمک کرتے ہیں، کسی بالکل صورتحال میں نہیں ہے کہ آپ کو ایسے امرات جمعرات کے قید کے لئے جن قید و یافت کے لئے جن میں ایک مترجم کو سلامتی اور حفاظت کے لئے بھی رکھا گیا ہے، آپ کو 855-710-6984 میں تعلق کریں.</td>
</tr>
</tbody>
</table>
| Tiếng Việt | Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thống dịch viên, gọi 855-710-6984.
The following is a listing of common services available through your BlueCare Dental PPO network. The member’s share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. Passive PPO’s provide identical benefits for ‘contracting’ and ‘non-contracting’ providers.

### DENTAL BENEFIT HIGHLIGHTS

<table>
<thead>
<tr>
<th>Program Basics</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Period Maximum: Calendar Year</strong></td>
<td>$2,500.00</td>
<td>$2,500.00</td>
</tr>
<tr>
<td><strong>Deductible: Calendar Year</strong></td>
<td>$50.00 Individual</td>
<td>$50.00 Individual</td>
</tr>
<tr>
<td></td>
<td>$150.00 Family</td>
<td>$150.00 Family</td>
</tr>
</tbody>
</table>

### Services

**Diagnostic Services (Deductible does not apply)**
- Periodic oral evaluations
- Problem focused oral evaluations
- Comprehensive oral evaluations

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic Radiographs (Deductible does not apply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-mouth and panoramic films</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bitewing films</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periapical films</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Services (Deductible does not apply)**
- Prophylaxis (cleanings)
- Topical fluoride applications

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Miscellaneous Preventive Services (Deductible does not apply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Basic Restorative Dental Services**
- Amalgams
- Resin-based composite restorations

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Surgical Extractions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removal of retained coronal remnants</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Removal of erupted tooth or exposed root</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Non-Surgical Periodontic Services**
- Periodontal scaling and root planing
- Full-mouth debridement
- Periodontal maintenance procedures

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
</table>

Rev. 03/09/21
### Adjunctive Services
- Palliative treatment (emergency)
- Deep sedation / general anesthesia

### Endodontic Services
- Therapeutic pulpotomy and pulpal debridement
- Root canal therapy
- Apexification/recalcification

### Oral Surgery Services
- Surgical tooth extractions
- Alveoloplasty and vestibuloplasty
- Excision of benign odontogenic tumor/cyst
- Excision of bone tissue
- Incision and drainage of an intraoral abscess
  (Bony impactions typically covered under medical plan)

### Surgical Periodontal Services
- Gingivectomy or gingivoplasty and gingival flap procedures
- Clinical crown lengthening
- Osseous surgery
- Osseous grafts
- Soft tissue grafts/allografts
- Distal or proximal wedge procedure

### Major Restorative Services
- Single crown restorations
- Inlay/onlay restorations
- Labial veneer restorations
- Crowns placed over implants

### Prosthodontic Services
- Complete and removable partial dentures
- Denture reline/rebase procedures
- Fixed bridgework
- Prosthetics placed over implants
- Implants: Yes ☑ No ☐

### Misc. Restorative & Prosthodontic Services
- Prefabricated crowns
- Recementations
- Post and core, pin retention and crown/bridge repairs
- Adjustments

### Orthodontics (Deductible Waived)
- Orthodontic Diagnostic Procedures and Treatment: 50% 50%
  - Adults eligible: Yes ☑ No ☐
  - Dependent Children eligible: Yes ☑ No ☐
  - Age Limitation: 19

### Lifetime Maximum Benefit per Participant
- $1,000.00 $1,000.00
Insured: Coordination of Benefits
- Birthday rule applies
- Non-duplication of benefits (COB):
  - ☑ Yes (all benefits combined not to exceed benefits of this program)
  - ☐ No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:
- ☑ Within 365 days of the date of service
- ☒ End of the year following the year of service
- ☒ Two years from the date of service
- ☐ Other (explain in additional provisions section below)

Additional Provisions: Fluoride to age 14, Sealants 1 in 36 months to age 16, Periodontal Scaling & Root Planing 1 in 24 months, 10 year replacement for Major Restorative and Prosthodontic appliances.

Missing Tooth Exclusion applies:
- ☑ No Exclusion
  - All teeth covered beginning on first day of coverage
- ☐ Yes (all benefits combined not to exceed benefits of this program)

Enhanced Dental Benefit: ☑ Yes  ☐ No
Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS.

Select Covered Conditions:
- ☑ Cardiovascular disease, Diabetes or Pregnancy (standard grouping)
- ☐ Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:
- Scaling & Root Planning
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: ☑ Applies  ☒ Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

*Each time you need dental care you can choose to:

See a Contracting Provider
- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider
- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSIL to accept the Maximum Allowable In-Network Amount as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSIL Allowable Amount
- Non-contracting provider reimbursement MAC

Employee Information
- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
  - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
  - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSIL in advance of treatment.
American Library Association

Effective: 1/1/2023 - 12/31/2023

The following is a listing of common services available through your BlueCare Dental PPO network. The member’s share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. Passive PPO’s provide identical benefits for ‘contracting’ and ‘non-contracting’ providers.

### DENTAL BENEFIT HIGHLIGHTS

<table>
<thead>
<tr>
<th>Program Basics</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Period Maximum: Calendar Year</td>
<td>$1,250.00</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>Deductible: Calendar Year</td>
<td>$75.00 Individual</td>
<td>$75.00 Individual</td>
</tr>
<tr>
<td></td>
<td>$225.00 Family</td>
<td>$225.00 Family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th>Contracting Provider</th>
<th>Non-Contracting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Services (Deductible does not apply)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Periodic oral evaluations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Problem focused oral evaluations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Comprehensive oral evaluations</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Preventive Services (Deductible does not apply)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Prophylaxis (cleanings)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Topical fluoride applications</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Diagnostic Radiographs (Deductible does not apply)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Full-mouth and panoramic films</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Bite wing films</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Periapical films</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Miscellaneous Preventive Services (Deductible does not apply)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Restorative Dental Services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Amalgams</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Resin-based composite restorations</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Non-Surgical Extractions</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Removal of retained coronal remnants</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Removal of erupted tooth or exposed root</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Non-Surgical Periodontic Services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontal scaling and root planing</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Full-mouth debridement</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Periodontal maintenance procedures</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Adjunctive Services</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Palliative treatment (emergency)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep sedation / general anesthesia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endodontic Services</th>
<th>80%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic pulpotomy and pulpal debridement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root canal therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apexification/recalcification</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral Surgery Services</th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical tooth extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alveoloplasty and vestibuloplasty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excision of benign odontogenic tumor/cyst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excision of bone tissue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incision and drainage of an intraoral abscess</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Bony impactions typically covered under medical plan)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surgical Periodontal Services</th>
<th>80%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gingivectomy or gingivoplasty and gingival flap procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical crown lengthening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osseous surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osseous grafts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft tissue grafts/allografts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distal or proximal wedge procedure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Restorative Services</th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single crown restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inlay/onlay restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labial veneer restorations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crowns placed over implants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prosthodontic Services</th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete and removable partial dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denture reline/rebase procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed bridgework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthetics placed over implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants Yes ☑ No ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Misc. Restorative &amp; Prosthodontic Services</th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefabricated crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recementations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post and core, pin retention and crown/bridge repairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjustments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Orthodontics (Deductible Waived)</th>
<th>50%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthodontic Diagnostic Procedures and Treatment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults eligible Yes ☑ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Children eligible Yes ☑ No ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age Limitation 19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Lifetime Maximum Benefit per Participant | $1,000.00 | $1,000.00 |
BlueCross BlueShield of Illinois

### Insured: Coordination of Benefits
- Birthday rule applies
- Non-duplication of benefits (COB):
  - ☑ Yes (all benefits combined not to exceed benefits of this program)
  - ☐ No (standard - all benefits combined not to exceed total charges)

### Claim filing time limit:
- ☑ Within 365 days of the date of service
- ☐ End of the year following the year of service
- ☐ Two years from the date of service
- ☐ Other (explain in additional provisions section below)

### Additional Provisions:
- Fluoride to age 14, Sealants 1 in 36 months to age 16, Periodontal Scaling & Root Planing 1 in 24 months, 10 year replacement for Major Restorative and Prosthodontic appliances.

### Missing Tooth Exclusion applies:
- ☑ No Exclusion
  - All teeth covered beginning on first day of coverage

### Enhanced Dental Benefit:
- ☑ Yes  ☐ No

Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS.

### Select Covered Conditions:
- ☑ Cardiovascular disease, Diabetes or Pregnancy (standard grouping)
- ☐ Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:
- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

### Apply toward annual maximum:
- ☑ Applies  ☐ Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

### *Each time you need dental care you can choose to:

#### See a Contracting Provider
- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists

#### See a Non-Contracting Provider
- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSIL to accept the Maximum Allowable In-Network Amount as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSIL Allowable Amount
- Non-contracting provider reimbursement MAC

### Employee Information
- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
  - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
  - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSIL in advance of treatment.
The PPO Plan

With the PPO plan, you can choose any doctor whenever you need care

The PPO plan offers a wide range of benefits and the flexibility to choose any doctor or hospital when you need care. The plan includes an annual deductible that you must satisfy before your benefits begin. Qualified medical expenses are applied toward your deductible.

PPO Network
Access to the large network of contracting providers is one of the many reasons to select the PPO plan. The network includes hospitals, physicians, therapists, behavioral health professionals and alternative care practitioners. You and your covered dependents can receive care from any licensed doctor, hospital or other provider. However, when you use a contracting network provider, you will pay less out of pocket, you won’t have to file any claims and you will receive the highest level of benefits. If you use a doctor outside the network, you’ll still be covered, but your out-of-pocket costs may be significantly higher.

Medical Care
Your benefits may include coverage for:
• physician office visits
• breast cancer screenings
• cervical cancer screenings
• inpatient hospital services
• muscle manipulation services
• outpatient hospital services
• physical, speech and occupational therapies
• outpatient surgery and diagnostic tests
• infertility treatment
• maternity care
• behavioral health and substance abuse
• hospital emergency medical and accident treatment

To find a contracting doctor or hospital, just go to bcbsil.com and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool, or call BlueCard® Access at 800-810-BLUE (800-810-2583) for help. Once you become a member, you can also call the toll-free Customer Service number on the back of your member ID card.

*Coverage levels vary by health plan, so refer to your plan documents for details.
## Confused About Where to Go for Care?

SmartER Care™ options may save you money.

If you aren’t having an emergency, deciding where to go for medical care may save you time and money. You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family’s health care, you usually pay less for care. Search for in-network providers in your area at [bcbsil.com](http://bcbsil.com) or by calling the Customer Service number on your member ID card.

### Doctor’s Office
- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes

### Retail Health Clinic
- Based on retail store hours
- Usually lower out-of-pocket cost to you than urgent care
- Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems

### Urgent Care Center
- Generally includes evenings, weekends and holidays
- Often used when your doctor’s office is closed, and you don’t consider it an emergency
- Average wait time is 16-24 minutes
- Many have online and/or telephone check-in

### Hospital ER
- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more. Providers outside the network may “balance bill” you, which means they may charge you more than your health plan’s fee schedule.
- Multiple bills for services such as doctors and facility

### Freestanding ER
- Open 24 hours, seven days a week
- Could be transferred to a hospital-based ER depending on medical situation
- Services do not include trauma care
- Often freestanding ERs are out-of-network. If you receive care from an out-of-network provider, you may have to pay more. Providers outside the network may “balance bill” you, which means they may charge you more than your health plan’s fee schedule.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive other bills for each doctor you see.

### If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

---

4. The Texas Association of Health Plans.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health-care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.
## Deciding Where to Go?
Doctor’s Office, Retail Clinic, Urgent Care or ER.

<table>
<thead>
<tr>
<th>Who usually provides care</th>
<th>Doctor’s Office</th>
<th>Retail Health Clinic</th>
<th>Urgent Care Center</th>
<th>Hospital ER</th>
<th>Freestanding ER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Doctor</td>
<td>![Doc]</td>
<td>![Stethoscope]</td>
<td>![Building]</td>
<td>![Hospital]</td>
<td>![ER]</td>
</tr>
<tr>
<td>Physician Assistant or Nurse Practitioner</td>
<td>![PA]</td>
<td>![Stethoscope]</td>
<td>![Building]</td>
<td>![Hospital]</td>
<td>![ER]</td>
</tr>
<tr>
<td>Internal Medicine, Family Practice and Pediatric</td>
<td>![PA]</td>
<td>![Stethoscope]</td>
<td>![Building]</td>
<td>![Hospital]</td>
<td>![ER]</td>
</tr>
<tr>
<td>ER Doctors, Internal Medicine, Specialists</td>
<td>![PA]</td>
<td>![Stethoscope]</td>
<td>![Building]</td>
<td>![Hospital]</td>
<td>![ER]</td>
</tr>
<tr>
<td>ER Doctors</td>
<td>![PA]</td>
<td>![Stethoscope]</td>
<td>![Building]</td>
<td>![Hospital]</td>
<td>![ER]</td>
</tr>
</tbody>
</table>

- Sprains, strains
- Animal bites
- X-rays
- Stitches
- Mild asthma
- Minor headaches
- Back pain
- Nausea, vomiting, diarrhea
- Minor allergic reactions
- Coughs, sore throat
- Bumps, cuts, scrapes
- Rashes, minor burns
- Minor fevers, colds
- Ear or sinus pain
- Burning with urination
- Eye swelling, irritation, redness or pain
- Vaccinations

### Urgent Care Center or Freestanding ER – Knowing the Difference Can Save You Money

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs may be higher. A visit to a freestanding ER often results in significantly higher medical bills than the rate charged by urgent care centers for the same services.

Here are some ways to know if you are at a freestanding ER:

- Looks like urgent care centers, but have the word “Emergency” in their name or on the building.
- Is open 24 hours a day, seven days a week.
- Is not attached to and may not be affiliated with a hospital.
- Is subject to the same ER member share which may include a copay, coinsurance and applicable deductible.

Find urgent care centers near you by texting URGENTIL to 33633.

---

**Note:** Freestanding ED 101: What you need to know July 2016, The Advisory Board Company.
Other Benefits for Non-HMO Plans

Your health care benefit plan travels with you wherever you go – across the country or around the world.

Preventive Care

Your coverage may include preventive care benefits for children and adults, including physical exams, diagnostic tests and immunizations. Check your group plan for specific coverage.

Emergency Care

If you, as a prudent layperson (with an average knowledge of health and medicine) need to go to the emergency room of any hospital, your care will be covered subject to your plan’s deductible and any applicable copayments or coinsurance. In an emergency, you should seek care from an emergency room or other similar facility. Call 911 or other community emergency resources to obtain assistance in life-threatening situations. Your group plan may require that you, a family member or friend contact Blue Cross and Blue Shield of Illinois (BCBSIL) if you are admitted to the hospital.

National Coverage

You have nationwide access to contracting providers in networks linked through the BlueCard® program when you or your covered dependents live, work or travel anywhere in the country. The national network includes most physicians and hospitals in the country. Be sure to use a BlueCard network provider to receive the highest level of benefits.

With the BlueCard program, there are two ways to locate contracting doctors and hospitals:

- Visit the website at bcbsil.com and click on the Find a Doctor or Hospital tab to use the Provider Finder® tool or call BlueCard® Access at 800-810- BLUE (800-810-2583) for help. Maps and driving directions are also available.
- Call Customer Service at the toll-free number on the back of your member ID card.

*The Blue Cross Blue Shield Global Core program was formerly known as BlueCard WorldWide®.*
Reconstructive Surgery Following a Mastectomy

Federal and State of Illinois legislation require group health plans and health insurers to provide coverage for reconstructive surgery following a mastectomy. Specifically, these laws state that health plans that cover mastectomies must also provide coverage in a manner determined in consultation with the attending physician and patient for reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications for all stages of mastectomy, including lymphedemas.

Your coverage may also include benefits for baseline and annual mammograms. Check your group plan documents for details.

Illinois Dependent Eligibility Mandate

Under Federal law, your dependents are eligible for health and dental coverage up to the dependent limiting age and may not be denied coverage due to marital, student or employment status before age 26. Check with your employer for additional details regarding eligibility requirements. In addition, eligible military personnel may not be denied coverage before age 30 under Illinois law. If you elect Blue Choice SelectSM coverage, your dependents must live within the defined service area.

This Illinois law applies to all individual plans and insured group medical and dental plans, as well as self-insured municipalities, counties and schools. The law does not apply to self-funded national account groups or local non-municipal self-funded groups. If you have questions about this law, contact your benefits administrator.

International Coverage

When you travel outside the United States and need medical assistance services, call 800-810-BLUE (800-810-2583) or call collect to 804-673-1177 for information. Blue Cross and Blue Shield has contracts with doctors and hospitals in more than 190 countries. An assistance coordinator, in conjunction with a medical professional, can arrange your doctor’s appointment or hospitalization, if necessary.

Providers that participate in the Blue Cross Blue Shield Global® Core* program, in most cases, will not require you to pay up front for inpatient care. You are responsible for the out-of-pocket expenses such as a deductible, copayment, coinsurance and non-covered services. The doctor or hospital should submit your claim.

You also have coverage at non-contracting hospitals, but you will have to pay the doctor or hospital for care at the time of service, then submit an international claim form with original bills. Call Customer Service at the toll-free customer service number on your member ID card for the address to send the claim. You can get a claim form from your employer, Customer Service or online at bcbsil.com.
Health care at your fingertips.

Blue Cross and Blue Shield of Illinois (BCBSIL) helps you get the most from your health care benefits with Blue Access for Members (BAM℠). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

• Find care – search for in-network doctors, hospitals, pharmacies and other health care providers
• Get your digital member ID card
• Check the status or history of a claim
• View or print Explanation of Benefits statements
• Sign up for text or email alerts

It’s easy to get started.

Use your member ID card to create a BAM account at bcbsil.com, or text* BCBSILAPP to 33633 to download our mobile app.

Scan this QR code to visit bcbsil.com.

*Message and data rates may apply.
Medical Plan
Frequently Asked Questions

Q. Are my medical records kept confidential?
A. Yes. Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to keeping all specific member information confidential. Anyone who may have to review your records is required to keep your information confidential. Your medical records or claims data may have to be reviewed (for example, as part of an appeal that you request). If so, precautions are taken to keep your information confidential. In many cases, your identity will not be associated with this information.

Q. Who do I call with questions about my benefits?
A. Call the toll-free Customer Service number on the back of your member ID card.

Q. How do I find a contracting network doctor or hospital?
A. Go to bcsil.com and use Provider Finder®, or call Customer Service at the toll-free number on the back of your member ID card.

Q. What do I do when I need emergency care?
A. Call 911 or seek help from any doctor or hospital. BCBSIL will coordinate your care with the emergency provider.

Some options for non-emergency care include:

- Your doctor’s office for health exams, routine shots, colds, flu and other minor illnesses or injuries.
- Walk-in retail health clinics available in retail stores. Many have a physician assistant or nurse practitioner who can help treat ear infections, rashes, minor cuts and scrapes, allergies, colds and other minor health problems.
- Urgent or immediate care clinics for more serious health issues, such as when you need an X-ray or stitches.
Urgent Care or Freestanding Emergency Room?

Urgent care centers and freestanding ERs can be hard to tell apart. Freestanding ERs often look a lot like urgent care centers, but costs are higher, just as if you went to the ER at a hospital. Here are some ways to know if you are at a freestanding ER.

Freestanding ERs:

- Look like urgent care centers, but have EMERGENCY in the facility name.
- Are separate from a hospital but are equipped and work the same as an ER.
- Are staffed by board-certified ER physicians and are subject to the same ER copay.
- Find urgent care centers near you by texting URGENTIL to 33633 and then type in your ZIP code.

Q. What should I bring to my first appointment with a new doctor?

A. Your first appointment is an opportunity to share information about your health with your new doctor. Bring as much medical information as possible, including:

- **Medical records and insurance card** — If you are undergoing treatment at the time you change doctors, your medical records are important to your new doctor. Your insurance card provides information about copayments, billing and Customer Service phone numbers.
- **Medications** — Give your new doctor information about prescription and over-the-counter medications, including any herbal medications you take. Be sure to include the name of the medication, the dosage, how often you take it and why you take it.
- **Special needs** — Make a list of any equipment or devices you use including wheelchairs, oxygen, glucose monitors and the glucose strips. Be prepared to explain how you use them, not only to make sure you have the equipment you need, but also to make sure that there is no disruption in your care.

Q. What questions should I ask if I am selecting a new doctor?

A. In addition to preliminary questions you might ask a new doctor — such as “Are you accepting new patients?” — here are some questions to help you evaluate whether a doctor is right for you.

- What is the doctor’s experience in treating patients with the same health problems that I have?
- Where is the doctor’s office? Is there convenient and ample parking, or is it close to public transportation?
- What are the regular office hours? Does the office have drop-in hours if I have an urgent problem?
- How long should I expect to wait to see the doctor when I’m in the waiting room?
- Are routine lab tests and X-rays performed in the office, or will I have to go elsewhere?
- Which hospitals does the doctor use?
- If this is a group practice, will I always see my chosen doctor?
- How long does it usually take to get an appointment?
- How do I get in touch with the doctor after office hours?
- Can I get advice about routine medical problems over the phone or by email?
- Does the office send reminders for routine preventive tests like cholesterol checks?

Q. What if I’m already in treatment when I enroll and my provider isn’t in the network?

A. We’ll work with you to provide the most appropriate care for your medical situation, especially if you are pregnant or receiving treatment for a serious illness. You may still be able to see your out-of-network provider for a period of time. Call the toll-free Customer Service number on the back of your member ID card for more information.

---

1 The closest urgent care center may not be in your network. Be sure to check Provider Finder to make sure the center you go to is in-network.
2 Message and data rates may apply. Read terms, conditions and privacy policy at bcbsil.com/mobile/text-messaging.
Understanding Your Explanation of Benefits

Your Explanation of Benefits (EOB) lets you know when and how we process your claims. It isn’t a bill. It gives you a detailed look at the covered services and shows how much you may owe your provider after we apply your benefits.

Page One Covers the Basics
A. Confirm your policy ID.
B. Learn how to download the mobile app and access your claims online.
C. Find helpful contacts and a glossary.
On Page Two You Can:

At a glance, confirm the:

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>Patient</td>
<td>E</td>
<td>Provider</td>
<td>F</td>
</tr>
</tbody>
</table>

Get the Details

**YOUR BENEFITS APPLIED** – This section shows your list of services and how they’re covered.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Service Dates</th>
<th>Amount Billed</th>
<th>Discounts and Reductions</th>
<th>Amount Covered (Allowed)</th>
<th>Health Plan Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Charges</td>
<td>04/04/2022</td>
<td>4,000.00</td>
<td>(1) 1,900.00</td>
<td>2,100.00</td>
<td>960.00</td>
</tr>
<tr>
<td>Recovery Room</td>
<td>04/04/2022</td>
<td>900.00</td>
<td>(1) 410.00</td>
<td>490.00</td>
<td>392.00</td>
</tr>
<tr>
<td>Med/Surg Supplies</td>
<td>04/04/2022</td>
<td>300.00</td>
<td>(1) 140.00</td>
<td>160.00</td>
<td>128.00</td>
</tr>
<tr>
<td>Med/Surg Supplies</td>
<td>04/04/2022</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>04/04/2022</td>
<td>1,200.00</td>
<td>(1) 820.00</td>
<td>380.00</td>
<td>304.00</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>04/04/2022</td>
<td>400.00</td>
<td>(1) 270.00</td>
<td>130.00</td>
<td>72.00</td>
</tr>
<tr>
<td>MRI Outpatient</td>
<td>04/04/2022</td>
<td>950.00</td>
<td>(1) 490.00</td>
<td>460.00</td>
<td>363.00</td>
</tr>
<tr>
<td><strong>CLAIM TOTALS</strong></td>
<td></td>
<td><strong>$7,850.00</strong></td>
<td><strong>$3,930.00</strong></td>
<td><strong>$3,820.00</strong></td>
<td><strong>$2,219.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deductible Amount</th>
<th>Copay Amount</th>
<th>Coinsurance</th>
<th>Amount Not Covered</th>
<th>Your Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,000.00</td>
<td>85.00</td>
<td>240.00</td>
<td>1,240.00</td>
<td></td>
</tr>
</tbody>
</table>

**YOUR RESPONSIBILITY**

Notes about amounts under **“YOUR BENEFITS APPLIED” and “YOUR RESPONSIBILITY”**

1. The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

2. Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

JOHN SMITH - Benefit Period: 01-01-22 Through 12-31-22 To date this patient has met $2,900.00 of his health insurance benefits. Out-of-pocket Expense $2,900.00.

Benefit Period: 01-01-22 Through 12-31-22 To date $3,870.78 of the Family $5,800.00 Out-of-pocket Expense has been met.

O. Your Total Costs details the amount shown in O, and is the sum of your copay, deductible and coinsurance. You may owe less if your provider collected any of these payments upfront. It also includes amounts not covered by your health plan (N). It does not include charges that a non-participating provider may bill you. If your benefits feature a Health Care Account (HCA), or other Health Savings Account (HSA), any payments from those accounts will be reflected in this line (O). HCAs and HSAs do not apply to all benefit plans.

Get More Information

Your EOB may include a little more information about:

J. Total covered benefits approved – This is the amount and the date we paid your provider. The total matches the total in the Health Plan Responsibility column (J).

P. See discounts and reductions (H), and any amounts that aren’t covered (N).

Q. Track your yearly out-of-pocket totals so you’ll know when your patient cost-shares are met.

EOB samples are for illustrative purposes only. Not all EOBs are the same. The format and content of an EOB depends on your benefit plan and the services provided.

* Message and data rates may apply. See terms and conditions and our privacy policy at bcbsil.com/member/account-access/mobile/text-messaging.
We’re with you wherever you go

Download the Blue Cross and Blue Shield of Illinois (BCBSIL) App to manage your health wherever you are.

• Find an in-network doctor, hospital or urgent care facility
• Access your claims, coverage and deductible information
• View or print your member ID card
• Log in securely with your fingerprint or face recognition*
• View your Explanation of Benefits

Then, Manage Your Preferences
In the BCBSIL App:
• Update your profile with your mobile number.
• Set your notification preferences to text.

Choose the messages and information you want to get:
• Claims, prior authorization or referral updates
• New documents to review
• Secure message notifications
• Find out about new benefits and services

Ready to get started? Text BCBSILAPP to 33633** to get the app.

* Availability varies by device.
** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/member/account-access/mobile/text-messaging.
Illnesses and injuries seldom happen at convenient times. Regardless whether it’s after doctor’s hours, on the weekend or on the road, you want access to immediate, cost-effective care.

With Virtual Visits, powered by MDLIVE® and provided by Blue Cross and Blue Shield of Illinois (BCBSIL), the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from almost anywhere. Skip expensive urgent care or ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes. Services are available in both English and Spanish with translation services available in other languages.
Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of Illinois. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE ® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Blue Cross ® , Blue Shield ® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

### Why Virtual Visits?
- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

### The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:
- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

### First, call your doctor’s office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSIL benefit, please call the number on the back of your ID card.

### Activate your Virtual Visits account today:
- Call 888-676-4204
- Go to MDLIVE.com/bcbsil
- Text BCBSIL to 635-483
- Download the app
The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to bcbsil.com, members can login or create an account on Blue Access for MembersSM (BAMSM) and use Provider Finder to:

• Find in-network providers, clinics, hospitals and drugstores.
• Search by specialty, ZIP code, language spoken, gender and more.
• See clinical certifications and recognitions.
• Compare quality awards for doctors, hospitals and more.
• Read or add reviews for providers.
• Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
• Find cost savings opportunities using the Medication Finder tool.

Your Doctor Is In...
Provider Finder®

Provider Finder from Blue Cross and Blue Shield of Illinois (BCBSIL) is a fast, easy-to-use tool that improves members’ experience when they’re looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

Go Mobile with BCBSIL

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It’s easy: Log into or create a BAM account at bcbsil.com or text BCBSIL to 33633** to download our mobile app.

* Not all plans provide this information.
** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsil.com/mobile/text-messaging.
Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? Blue Cross and Blue Shield of Illinois (BCBSIL) provides Member Rewards, a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected.

- Compare it to where you park your car—the $30 lot or the $15 one just a few blocks away.
- Member Rewards allows you to shop for health care services in a similar way, and as the examples in the chart show, you can save money depending on the option you select.
- Best of all, shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

<table>
<thead>
<tr>
<th>Reward Eligible Procedure</th>
<th>Provider A Cost</th>
<th>Provider B Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI of the Brain</td>
<td>$682</td>
<td>$2,723</td>
</tr>
<tr>
<td>Artificial Joint Repair</td>
<td>$17,003</td>
<td>$47,617</td>
</tr>
</tbody>
</table>

Examples shown are for illustration purposes and are not intended to represent costs for procedures in your area.
**Program Benefits**

**Member Rewards uses our Provider Finder® tool to help you:**

- Compare costs and quality for numerous procedures such as screenings, scans, surgeries and more
- Estimate out-of-pocket costs
- Earn cash rewards
- Save money and make the most efficient use of your health care benefits
- Consider treatment decisions with your doctors

**Most of us look for value when we’re shopping — why not apply this practice to shopping for health care services? With Member Rewards, you can reduce your costs and take more control of your health care financial decisions.**

**How Does It Work?**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Find a reward-eligible location by shopping online with Provider Finder — visit <a href="http://bcbsil.com">bcbsil.com</a>, register or log in to Blue Access for Members℠ and select <strong>Find Care</strong>.</td>
</tr>
<tr>
<td>2.</td>
<td>Get the procedure or service at your chosen reward-eligible location.</td>
</tr>
<tr>
<td>3.</td>
<td>Receive a cash reward by check, which will be mailed directly to your home, after the claim is paid and the location is verified as reward-eligible.</td>
</tr>
</tbody>
</table>

**Questions? Call the number on the back of your member ID card.**
Prescription Drug and Wellness Information
A home delivery (mail order) pharmacy service you can trust.

Express Scripts® Pharmacy delivers your long-term (or maintenance) medicines right where you want them. No driving to the pharmacy. No waiting in line for your prescriptions to be filled.

**Savings and Convenience**
- Express Scripts® Pharmacy delivers up to a 90-day supply of long-term medicines.¹
- Prescriptions are delivered to the address of your choice, within the U.S., with free standard shipping.
- You can order from the comfort of your home — through your mobile device, online or over the phone. Your doctor can fax, call or send your prescription electronically to Express Scripts® Pharmacy.
- Tamper-evident, unmarked packaging protects your privacy.

**Support and Service**
- You can receive notices by phone, email or text — your choice — when your orders are placed and shipped. You will be contacted, if needed, to complete your order. To select your notice preference, register online at express-scripts.com/rx or call 833-715-0942.
- 24/7 access to a team of knowledgeable pharmacists and support staff.
- Choose to receive refill reminder notices by phone or email.
- Multiple pharmacy locations are located across the U.S., for fast processing and dispensing.

> Medicines may take up to 5 business days to deliver after Express Scripts® Pharmacy receives and verifies your order.
Getting Started with Express Scripts® Pharmacy

Mail Order

Online and Mobile
You have more than one option to fill or refill a prescription online or from a mobile device:

• Visit express-scripts.com/rx. Follow the instructions to register and create a profile. See your active prescriptions and/or send your refill order.
• Log in to myprime.com and follow the links to Express Scripts® Pharmacy.

Over the Phone
Call 833-715-0942, 24/7, to refill, transfer a current prescription or get started with mail order. Please have your member ID card, prescription information and your doctor's contact information ready.

Through the Mail
To send a prescription order through the mail, visit bcbsil.com and log in to Blue Access for MembersSM (BAMSM). Complete the mail order form. Mail your prescription, completed order form and payment to Express Scripts® Pharmacy.

Talk to Your Doctor
Ask your doctor for a prescription for up to a 90-day supply of each of your long-term medicines.¹ You can ask your doctor to send your prescription electronically to Express Scripts® Pharmacy, call 888-327-9791 for faxing instructions or call the pharmacy at 833-715-0942. If you need to start your medicine right away, request a prescription for up to a one-month supply you can fill at a local retail pharmacy.

Refills Are Easy
Refill dates are shown on each prescription label. You can choose to have Express Scripts® Pharmacy remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Questions?
Visit bcbsil.com. Or call the phone number listed on your member ID card.

Use the mobile app to manage your prescriptions
• Refill prescriptions
• Track your order
• Make payments
• Set reminders to take medicines and more

¹ Prescriptions of up to a 90-day supply, or the most amount allowed by the benefit plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Illinois. The relationship between Express Scripts® Pharmacy and Blue Cross and Blue Shield of Illinois is that of independent contractors. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.
Prime Therapeutics LLC is a pharmacy benefit management company, contracted by BCBSIL to provide pharmacy benefit management and related other services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC. MyPrime.com is an online resource offered by Prime Therapeutics, LLC.
What is a prescription drug list?
Your prescription drug benefit plan is based on the Blue Cross and Blue Shield of Illinois (BCBSIL) drug list. It is a list of drugs routinely reviewed and chosen based on the recommendations of a group of people from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on their safety, cost and how well they work.

The Enhanced Drug List is a smaller version of the Basic Drug List. It has mostly generic and select preferred brand drugs.

The Balanced Drug List, Performance Drug List, Performance Select Drug List and 2023 Drug List (for Metallic plans) show all covered drugs.

Major drug classes are covered on all drug lists. To learn more about your drug list, please call the number on your ID card.

Why should I use the drug list?
Your prescription drug list has many levels of coverage, called tiers. Each tier has its own cost. As a rule, your copay/coinsurance amount will be less for covered drugs in the lower tier. For example, the cost for preferred brand drugs is often lower than for non-preferred brand drugs.

If your benefits are based on the Basic or Enhanced Drug List, most medicines may be covered that are not on the drug list, but you may pay more out of pocket. If your benefits are based on the Balanced Drug List, Performance Drug List, Performance Select Drug List or 2023 Drug List (for Metallic plans), medicines that are not shown on these drug lists are not covered. You will need to pay for the full cost of the medicine.

The drug list is a source for your doctor when prescribing medicines. But it is up to you and your doctor to decide the medicine that is best for you.

Why use generic drugs?
Generics are medicines that are safe and work just as well as a brand drug. Generics often cost less than a brand drug. A generic can usually be substituted for a brand drug if it has the same active ingredients, the same strength and dosage and gives the same results. Talk to your doctor or pharmacist to find out if a generic drug is right for you.

How do I know if a drug is on the drug list and what my cost will be?
The other side of this flier lists some commonly prescribed generic and preferred brand drugs. If a drug you are looking for is not on this flier, search the full drug list at bcbsil.com/rx-drugs/drug-lists/drug-lists or call customer service at the number on your BCBSIL member ID card.

How much you may pay out of pocket will be based on your plan benefits and what tier the drug is on your drug list. To find out what you will pay, log in to your Blue Access for MembersSM (BAMSM) account at bcbsil.com or call customer service at the number on your BCBSIL member ID card.

Please note: Drugs that call for a health care provider to give them to you (often in a hospital, doctor’s office or other health care setting) may be covered under your health plan’s medical benefit instead of your pharmacy benefits. These drugs are not on the drug list. If you have questions about these drugs, please call customer service at the number on your BCBSIL member ID card.

What are dispensing limits?
Some drugs listed on the drug list may have additional requirements, or extra steps to take before getting your prescription filled. One of those requirements is dispensing limits. This means you may only be able to get a certain amount of your drug at one time. For example, the osteoporosis drug Actonel® (risedronate) can only be filled as 30 tablets per 30 days because the FDA-approved labeling recommends the dose of one 5 mg tablet taken daily by mouth.

What if I have questions?
Call customer service at the number on your ID card, 24 hours a day, 7 days a week, or visit bcbsil.com.
October 2023 Commonly Prescribed Drugs

This list is a sample of commonly prescribed generic and preferred brand drugs. See the full and up-to-date BCBSIL prescription drug lists at bcbsil.com/rx-drugs/drug-lists/drug-lists. The online drug list (Balanced Drug List, Basic Drug List, Enhanced Drug List, Performance Drug List, Performance Select Drug List and 2023 Drug List for Metallic plans) may be changed as often as four times a year, based on your prescription drug benefit plan. Some online drug lists (Annual versions) may only be changed once a year, based on your plan benefits. The drug list may show medicines not covered under your prescription drug benefit plan. Also, prescription versions of over-the-counter (OTC) medicines may not be covered based on your plan. If you have questions about your benefits, call the number on your ID card.

ANTIHYPERTENSIVES
Angiotensin Converting Enzyme (ACE) Inhibitors and Combinations
benazepril hcl tab
enalapril maleate tab
hydrochlorothiazide tab
captopril tab
doxazosin mesylate tab
tenopiramol maleate tab
torasemide tab
calcium channel blocker
 fosinopril sodium tab
lisinopril tab
telmisartan tab
valsartan tab
 telmisartan tab

calcium channel blockers
 amlodipine besylate-
hcl cap
verapamil hcl tab
labetalol hcl tab
metoprolol-hydrochlorothiazide tab
metoprolol succinate tab er 24hr
metoprolol tartrate tab
nadolol tab
pindolol tab
propranolol hcl cap er 24hr
propranolol hcl tab
tosotal hcl
Calcium Channel Blockers
and Combinations
amlodipine besylate tab
amlodipine besylate-benazepril hcl cap
amlodipine besylate-valsalantab
diltiazem hcl coated beads cap er 24hr
diltiazem hcl tab
felodipine tab er 24hr
nifedipine tab er 24hr
osmotic release
nimodipine cap
verapamil hcl tab er
verapamil hcl tab
Other Antihypertensives
clonidine hcl tab
clonidine td patch weekly
eplerenone tab
guanfacine hcl tab
hydralazine hcl tab
minoxidil tab
phenoxymenzamine hcl cap
terazosin hcl cap

ASTHMA/COPD
ADVAIR DISKUS
ADVAIR HFA
albuterol hcl
albuterol sulfate soln nebu
albuterol sulfate syrup
albuterol sulfate tab
ANOLO ELLIPTA
ARNUNITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide inhalation susp
COMBIVENT RESPIMAT
DULERA
FASENRA PEN
FLOWENT DISKUS
FLOWENT HFA
INCRUSE ELLIPTA
ipratropium bromide inhal soln
ipratropium-albuterol nebu soln
levalbuterol hcl soln nebu conc
montelukast sodium
NUCALA
QVAR REDIHALER
SEVERSE DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
STILOTTO RESPIMAT
STRIVERDI RESPIMAT
SYMBICORT
terbutaline sulfate tab
theophylline tab er 24hr
TRELEGY ELLIPTA
zafirlukast tab

CHOLESTEROL
atorvastatin calcium tab
colesevelam hcl
colestipol hcl granule packets
ezetimibe tab
ezetimibe-simvastatin tab
clofibrate micronized cap
fenofibrate tab
gemfibrozil tab
lovastatin tab
niacin tab er
pravastatin sodium tab
rosuvastatin calcium tab
simvastatin tab

DEPRESSION
amitriptyline hcl tab
bupropion hcl tab
bupropion hcl tab er
citalopram hydrobromide
clopidogrel bisulfate cap
desipramine hcl tab
duloxetine hcl enteric coated pellets cap
escitalopram oxalate tab
fluoxetine hcl
fluvoxamine maleate tab
imipramine hcl tab
mirtazapine tab
nortriptyline hcl cap
paroxetine hcl tab
sertraline hcl
tranylcypromine sulfate tab
trazodone hcl tab
venlafaxine hcl cap er
venlafaxine hcl tab

DIABETES
acarbose tab
BAQSIMI ONE PACK
FARXIGA
glimepiride tab
glipizide tab
glipizide tab er 24hr
glipizide-metformin hcl tab
GLUCAGON EMERGENCY KIT
glyburide micronized tab
glyburide tab
glyburide-metformin tab
GLYXAMBI
GVOKE HYPOPEN 1-PACK
GVOKE HYPOPEN 2-PACK
GVOKE PFS
HUMULIN R U-500
INSULIN GLARGINE-YFGN
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
LEVEMIR
LEVEMIR FLEXTOUCH
metformin hcl tab
metformin hcl tab er
nateglinide tab
NOVOLN 70/30
NOVOLN N
NOVOLN R
NOVOLN R FLEXOPEN
NOVOLOG
NOVOLOG MIX 70/30
NOVOLOG MIX 70/30 PREFILL
NOVOLOG RELION
pioglitazone hcl-metformin hcl tab
pioglitazone hcl tab
repaglinide tab
Rybelsus
SEMGLEE
SOLIQUA 100/33
SYNARDY
SYNARDY XR
TREIBA
TRIJARDY XR
VICTOZA
XIGDUO XR
XULTOPHY 100/3.6
ZEGALOGUE

Preferred brand drugs are shown in all CAPITAL LETTERS. Generic drugs are shown in lower-case type. Drug trademarks and service marks are the property of their respective third-party owners.
Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

**Member Wellness Portal**

The heart of Well onTarget is the member portal, available at [wellontarget.com](http://wellontarget.com)*. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)**: The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.

- **Self-Management Programs**: These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points™.2

Start experiencing the wellness portal today. Go to [wellontarget.com](http://wellontarget.com).

*Members can use their Blue Access for Members™ credentials to access the wellontarget.com site.
Check out the AlwaysOn Wellness mobile app, available for iPhone® and AndroidTM smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.3
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

**Fitness Program**

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. You can visit locations while you’re on vacation or traveling for work. Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from $19 to $99 per month and studio classes are available.4
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.
- **Complementary and Alternative Medicine (CAM):** Discounts Through the Whole Health Living Choices Program, a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. Register at whlchoices.com.

It’s easy to join the Fitness Program! Just call the toll-free number 888-762-BLUE (2583) Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

**Wellness Program Questions?**

Call Customer Service at 877-806-9380.

---

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
4. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member’s account as an “additional member.”

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc. Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.
Live Well with the Well onTarget Member Wellness Portal

The Well onTarget® Member Wellness Portal at wellontarget.com provides you with tools to help you set and reach your wellness goals. The portal is user-friendly, so you can find everything you need quickly and easily.

Explore Your Wellness World
When you log in to your portal, you will find a wide variety of health and wellness resources, including:

• The Health Assessment (HA)
• Self-Management Programs
• Health trackers
• Trusted news and health education content

See Your Stats in a Flash
Everything you want to see quickly is on your dashboard. The dashboard shows all of your Well onTarget programs. You can see where you are today compared with where you were when you started. You can also read the latest health news, check your activity progress and more.

Take a Snapshot of Your Health
The HA asks you questions about your health and habits.1 You then get a Personal Wellness Report. This report suggests ways to make positive lifestyle changes. Your report can also help you decide which Well onTarget program to start first to get the most benefit. You can even print a Provider Report to share with your doctor.
Blue Points℠ Program

Small rewards may motivate you to make positive changes to meet your wellness goals. With Well onTarget, you can earn Blue Points for making healthy choices. If you enroll in the Fitness Program or take your HA, you earn points.³ You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.⁴

Health Tools and Trackers

Knowing what you eat and how much you work out can help you reach your goals. But keeping track of all you do can be time-consuming. To make it easy, the portal has trackers that let you record how much sleep you get, your stress levels, your blood pressure readings and your cholesterol levels.

The portal also offers a symptom checker. When you don’t feel well, this tool can help you decide if you should see a doctor.

Self-Management Programs

These programs consist of:

1. Interactive programs with learning activities and content that focus on behavioral changes to reinforce healthier habits.

2. Educational programs that inform about symptoms, treatment options and lifestyle changes.

These two learning methods allow you to study on your own time and may help you get to the next level of wellness. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

Fitness Tracking

Earn Blue Points for tracking your fitness activity using popular fitness devices and mobile apps.

Take Wellness on the Go

Check out the Well onTarget AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your wellness goals — anytime and anywhere.

---

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.
2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.
3. This does not apply to points you earn for completing Fitness Program activities.
4. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.
Experience a New Kind of Wellness — Log In to the Well onTarget® Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

**Member Wellness Portal**

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.™
Now you have a step-by-step plan to guide you on the way to living your best life.

The suite of programs and tools include:

- **Digital Self-management Programs**: Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!

- **Health and Wellness Library**: The health library has useful articles, podcasts and videos on health topics that are important to you.

- **Blue PointsSM Program**: Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.

- **Tools and Trackers**: These interactive resources help keep you on track while making wellness fun.

- **Health Assessment**: Answer some questions to learn more about your health and receive a personal wellness report.

- **Fitness and Nutrition Tracking**: Get Blue Points for tracking activity with popular devices and mobile apps.

- **Personal Challenges**: Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

**How to Access the Portal**

Use your Blue Access for MembersSM (BAMSM) account:

- Log in to BAM at bcbsil.com/member. If this is your first time logging in, you will need to register your account. Click **Create an Account** on the login screen.

- Once you are in BAM, click on the **Wellness tab**. Then click on Visit Well onTarget and you will be taken to the Well onTarget portal.

**Questions?**

If you have any questions about Well onTarget, call Customer Service at 877-806-9380.
Blue365®
A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Illinois (BCBSIL) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsil, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

**EyeMed  |  Davis Vision**
You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

**TruHearing®  |  Beltone™  |  American Hearing Benefits**
You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

**Dental Solutions℠**
You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

**Jenny Craig®  |  Sun Basket  |  Nutrisystem®**
Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsil.
The relationship between these vendors and Blue Cross and Blue Shield of Illinois (BCBSIL) is that of independent contractors. BCBSIL makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

**Dental Solutions** requires a $9.95 signup and $6 monthly fee.

**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. You should check your benefit booklet or call the customer service number on the back of your 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 given only through vendors that take part in this program and may be 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.

---

**Fitbit®**

You can customize your workout routine with Fitbit’s family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You’ll get a 20% discount on Fitbit devices plus free shipping.

**Reebok | SKECHERS®**

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men’s and women’s styles. You can get 30% off plus free shipping for your online orders.

**InVite® Health**

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a $25 purchase.

**Livekick**

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.

**eMindful**

Get a 25% discount on any of eMindful’s live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

---

For more great deals, or to learn more about Blue365, visit blue365deals.com/bcbsil.
Blue Cross and Blue Shield of Illinois (BCBSIL) is required to provide you a HIPAA Notice of Privacy Practices as well as a State Notice of Privacy Practices. The HIPAA Notice of Privacy Practices describes how BCBSIL can use or disclose your protected health information and your rights to that information under federal law. The State Notice of Privacy Practices describes how BCBSIL can use or disclose your nonpublic personal financial information and your rights to that information under state law. Please take a few minutes and review these notices. You are encouraged to go to the Blue Access for Members (BAM) portal at BCBSIL.com to sign up to receive these notices electronically. Our contact information can be found at the end of these notices.

HIPAA NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

**YOUR RIGHTS. When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

<table>
<thead>
<tr>
<th><strong>Get a copy of your health and claims records</strong></th>
<th>You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this by using the contact information at the end of this notice.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>We will provide a copy or a summary of your health and claims records usually within 30 days of the request. We may charge a reasonable, cost-based fee.</td>
</tr>
<tr>
<td><strong>Ask us to correct health and claims records</strong></td>
<td>You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this by using the contact information at the end of this notice.</td>
</tr>
<tr>
<td></td>
<td>We may say “no” to your request. We’ll tell you why in writing within 60 days.</td>
</tr>
<tr>
<td><strong>Request confidential communications</strong></td>
<td>You can ask us to contact you in a specific way or to send mail to a different address. Ask us how to do this by using the contact information at the end of this notice.</td>
</tr>
<tr>
<td></td>
<td>We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</td>
</tr>
<tr>
<td><strong>Ask us to limit what we use or share</strong></td>
<td>You can ask us <strong>not</strong> to share or use certain health information for treatment, payment or our operations. Ask how to do this by using the contact information at the end of this notice.</td>
</tr>
<tr>
<td></td>
<td>We are not required to agree to your request, and we may say “no” if it would affect your care.</td>
</tr>
<tr>
<td><strong>Get a list of those with whom we've shared information</strong></td>
<td>You can ask for a list (accounting) for six years prior to your request date of when we shared your information, who we shared it with and why. Ask us how to do this by using the contact information at the end of this notice.</td>
</tr>
<tr>
<td></td>
<td>We will include all the disclosures except for those about treatment, payment, and our operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but we may charge a reasonable, cost-based fee if you ask for another one within 12 months.</td>
</tr>
<tr>
<td><strong>Get a copy of this Notice</strong></td>
<td>You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. To request a copy of this notice, use the contact information at the end of this notice and we will send you one promptly.</td>
</tr>
<tr>
<td><strong>Choose someone to act for you</strong></td>
<td>If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices for you.</td>
</tr>
<tr>
<td></td>
<td>We confirm this information before we release them any of your information.</td>
</tr>
</tbody>
</table>
**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your privacy rights by using the contact information at the end of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775; or by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or by sending a letter to them at: 200 Independence Ave., SW, Washington, D.C. 20201.
- We will not retaliate against you for filing a complaint.

**YOUR CHOICES. For certain health information, you can tell us your choices about what we share.**

If you have a clear preference on how you want us to share your information in the situations described below, tell us and we will follow your instructions. Use the contact information at the end of this notice.

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster or relief situation
- Contact you for fundraising efforts

*If there is a reason you can’t tell us who we can share information with, we may share it if we believe it is in your best interest to do so. We may also share information to lessen a serious or imminent threat to health or safety.*

**We never share your information in these situations unless you give us written permission**

- Marketing purposes
- Sale of your information

**OUR USES AND DISCLOSURES. How do we use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.
  *Example:* A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
  *Example:* We use health information to develop better services for you.

*We can’t use any genetic information to decide whether we will give you coverage except for long-term care plans.*

**Pay for your health Services**

- We can use and disclose your health information since we pay for your health services.
  *Example:* We share information about you with your dental plan to coordinate payment for your dental work.

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration purposes.
  *Example:* If your company contracts with us to provide a health plan, we may provide them certain statistics to explain the premiums we charge.
How else can we use or share your health information?

We are allowed or required to share your information in other ways, usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information go to:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues
- We can share your health information for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

Do research
- We can use or share your information for health research.

Comply with the law
- We will share information about you when state or federal law requires it, including the Department of Health and Human Services if they want to determine that we are complying with federal privacy laws.

Respond to organ/tissue donation requests and work with certain professionals
- We can share health information about you with an organ procurement organization.
- We can share information with a medical examiner, coroner or funeral director.

Address workers compensation, law enforcement, and Other government requests
- We can use or share health information about you:
  - For workers compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services or with prisons regarding inmates.

Respond to lawsuits And legal actions
- We can share health information about you in response to an administrative or court order, or in response to a subpoena.

Certain health information
- State law may provide additional protection on some specific medical conditions or health information. For example, these laws may prohibit us from disclosing or using information related to HIV/AIDS, mental health, alcohol or substance abuse and genetic information without your authorization. In these situations, we will follow the requirements of the state law.

OUR RESPONSIBILITIES. When it comes to your information, we have certain responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that compromises the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing.

You may change your mind at any time. Let us know in writing if you change your mind.

Additional information about your Privacy Rights can be found @ https://www.hhs.gov/hipaa/
STATE NOTICE OF PRIVACY PRACTICES – Effective 9/23/13

Blue Cross and Blue Shield of Illinois (BCBSIL) collects nonpublic personal information about you from your insurance application, healthcare claims, payment information and consumer reporting agencies. BCBSIL:

- **Will not** disclose this information, even if your customer relationship with us ends, to any non-affiliated third parties except with your consent or as permitted by law.
- **Will** restrict access to this information to only those employees who perform functions necessary to administer our business and provide services to our customers.
- **Will** maintain security and privacy practices that include physical, technical and administrative safeguards to protect this information from unauthorized access.
- **Will** only use this information to administer your insurance plan, process your claims, ensure proper billing, provide you with customer service and comply with the law.

BCBSIL is able to share this information with certain third parties who either perform functions or services on our behalf or when required by law. These are some examples of third parties that we can share your information with:

- Company affiliates
- Business partners that provide services on our behalf (claims management, marketing, clinical support)
- Insurance brokers or agents, financial services firms, stop-loss carriers
- Regulatory agencies, other governmental entities and law enforcement agencies
- Your Employer Group Health Plan

You have a right to ask us what nonpublic financial information that we have about you and to request access to it.

**CHANGES TO THESE NOTICES**

We have the right to change the terms of these notices, and the changes we make will apply to all information we have about you. The new notices will be available upon request or from our website. We will also mail a copy of the new notices to you as required by law.

**CONTACT INFORMATION FOR THESE NOTICES**

If you would like general information about your privacy rights or would like a copy of these notices, go to: [www.bcbsil.com/important-info/hipaa](http://www.bcbsil.com/important-info/hipaa)

If you have specific questions about your rights or these notices, contact us in one of the following ways:

- Call us by using the toll-free number located on the back of your member identification card.
- Call us at 1-877-361-7594.
- Write us at Privacy Office Divisional Vice President
  Blue Cross and Blue Shield of Illinois
  P.O. Box 804836
  Chicago, IL 60680-4110

**REVIEWED: January 2020**
Health care coverage is important for everyone.
We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601
Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201
Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

<table>
<thead>
<tr>
<th>Language</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Español</td>
<td>Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.</td>
</tr>
<tr>
<td>العربية</td>
<td>إن كان لديك أو لدى شخص تساعدته أسئلة، فلديك الحق في الحصول على المساعدة والعلومات المجانية باللغة التي تتحدث بها. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.</td>
</tr>
<tr>
<td>繁體中文</td>
<td>如果您，或您正在援助的对象，对此有疑问，您有权免费用您的母语获得帮助和讯息。洽询一位翻译员，拨打電話 號碼 855-710-6984。</td>
</tr>
<tr>
<td>Français</td>
<td>Si vous, ou quelqu’un que vous êtes en train d’aider, avez des questions, vous avez le droit d’obtenir de l’aide et l’information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.</td>
</tr>
<tr>
<td>Deutsch</td>
<td>Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.</td>
</tr>
<tr>
<td>हिन्दी</td>
<td>यदि आपके, या आप उन्हें सहायता करने वाले को भी, प्रश्न हैं, तो आपकी अपनी मांग में तेरहीन सहायता और आनंदकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।</td>
</tr>
<tr>
<td>Italiano</td>
<td>Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.</td>
</tr>
<tr>
<td>한국어</td>
<td>만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하의 무료로 그려드는 도움을 받아볼 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984로 전화하십시오.</td>
</tr>
<tr>
<td>Diné</td>
<td>T’áá ni, éi doodago l’á da bíká anánílwo’ígíí, na’ídlkidgo, ts’idá bee ná ahóóí i’i t’áá níkk’e níká a’doólwoł dóó bíná’i’dlíkidííge bée ni h odoomí. Ata’á dahalhe’iígíí bích’i’ hodilíííníí kwe’é 855-710-6984.</td>
</tr>
<tr>
<td>فارسی</td>
<td>اگر شما، یا کسی که شما به آن کمک می‌کنید، سوالی داشته باشید، حق را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت همکاری با یک مترجم شاهی، با شماره 855-710-6984 تماس حاضر نمایید.</td>
</tr>
<tr>
<td>Polski</td>
<td>Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej pomocy i pomocy w własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.</td>
</tr>
<tr>
<td>Русский</td>
<td>Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставляемую на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.</td>
</tr>
<tr>
<td>Tagalog</td>
<td>Kung ikaw, o ang isang taong iyong tunutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.</td>
</tr>
<tr>
<td>اردو</td>
<td>اگر آپ کو، یا کسی ایسے فرد کو جس کی اپ میں کمک کی ضرورت ہے، کونو سوالات دوسرے سے بھی تو، اپ کو اپنی زبان میں مفت مہربانی اطمینان حاصل کرنے کا حق ہے۔ مترجم سے بات کریں کہ 855-710-6984 پر کال کریں۔</td>
</tr>
<tr>
<td>Tiếng Việt</td>
<td>Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.</td>
</tr>
</tbody>
</table>

bcbsil.com